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

TABLE OF CONTENTS

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2015-16

TABLE OF CONTENTS

AMA
AMERICAN MEDICAL ASSOCIATION

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October 6, 2014

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

Subject: RUC Recommendations

Dear Ms. Tavenner:

The American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC) submits the enclosed recommendations for work relative values and direct practice expense inputs to the Centers for Medicare and Medicaid Services (CMS). These recommendations relate to new and revised codes for *CPT 2015* and *2016* as well as to existing services identified by the RUC's Relativity Assessment Workgroup and CMS. If implemented, the RUC recommendations should result in a positive adjustment to the Medicare conversion factor.

CPT 2015/2016 New and Revised Codes
Enclosed are binders containing RUC recommendations, including those for new and revised CPT codes. The total number of enclosed coding changes for *CPT 2015* is 4, which are all revisions. The number of enclosed coding changes for *CPT 2016* is 8, including 5 additions and 3 revisions.

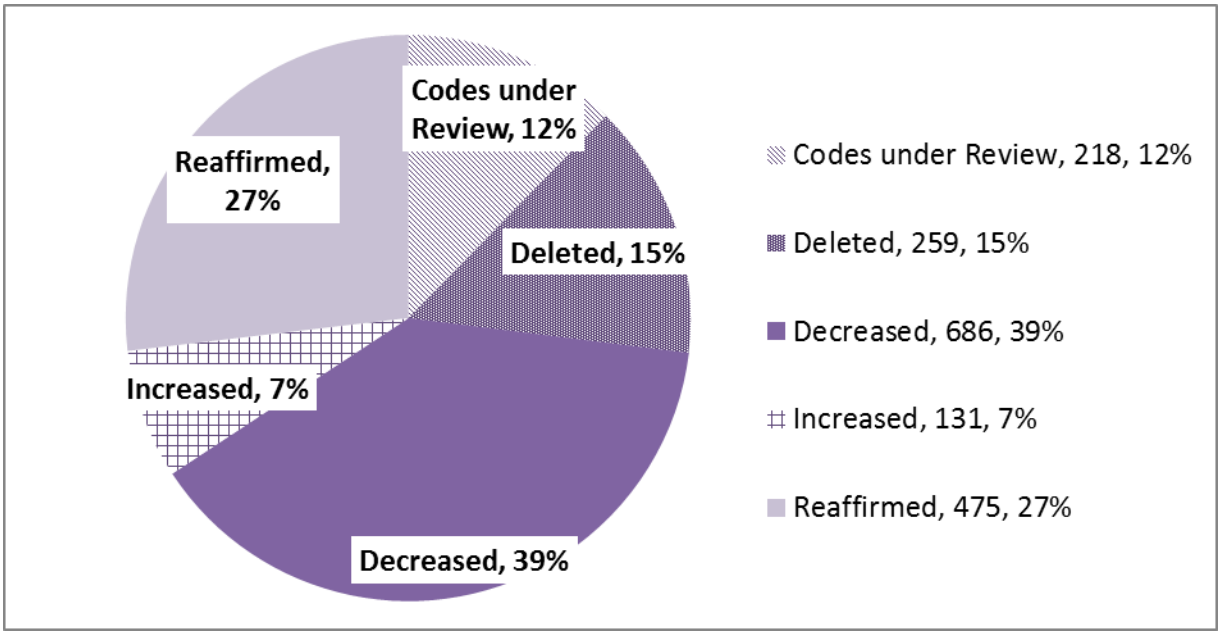
- The RUC requested that 4 CPT new/revised CPT codes be referred to the CPT Editorial Panel.

The RUC submits work value and/or practice expense inputs for 12 new/revised/related family CPT codes.

Existing Services Identified by RUC and CMS for Review
In addition to the new/revised CPT code submission, the RUC submits recommendations for 29 services identified by the RUC or CMS as potentially misvalued and reviewed at the September 2014 RUC meeting.

RUC Progress in Identifying and Reviewing Potentially Misvalued Codes

Since 2006, the RUC has identified 1,769 potentially misvalued services through objective screening criteria and has completed review of 1,551 of these services. The RUC has recommended that nearly half of the services identified be decreased or deleted (Table 1). The RUC has worked vigorously over the past several years to identify and address misvaluations in the RBRVS through provision of revised physician time data and resource recommendations to CMS. The RUC looks forward to working with CMS on a concerted effort to address potentially misvalued services. *A detailed report of the RUC's progress is appended to this letter.*



Pre-Time Analysis

In January 2014, the RUC identified codes reviewed prior to April 2008 (prior to the creation of pre-time packages) with pre-time greater than pre-time package 4 *Facility - Difficult Patient/Difficult Procedure* (63 minutes), the longest standardized package, for services with 2012 Medicare Utilization over 10,000. The Relativity Assessment Workgroup noted that all services were valued by magnitude estimation; therefore the readjustments in pre-service time category did not alter the work RVU. Additionally, crosswalks for each service were presented validating the pre-time adjustment recommended. The Workgroup determined 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 reviewed action plans submitted by the specialty societies and recommends specific adjustments below. The action plans submitted and these pre-time recommendations are also included in the submission attachments and the physician time file.**

CPT Code	Recommendation	Eval	Posit-ioning	SDW	Total
15002	Maintain work RVU and adjust the times from pre-time package 4 to be consistent with pre-time packages for this family of services.	40	15	15	70
15004	Maintain work RVU and adjust the times from pre-time package 4 to be consistent with pre-time packages for this family of services.	40	15	15	70
15100	Maintain work RVU and adjust the times from pre-time package 4 to be consistent with pre-time packages for this family of services.	40	10	10	60
15240	Maintain work RVU and adjust the times from pre-time package 4 to be consistent with pre-time packages for this family of services.	40	3	10	53
20680	Maintain work RVU and adjust the times from pre-time package 3 to be consistent with pre-time packages for this family of services.	33	15	15	63
22612	Maintain work RVU and adjust the times from pre-time package 4 to be consistent with pre-time packages for this family of services.	40	18	15	73
23412	Maintain work RVU and adjust the times from pre-time package 4 to be consistent with pre-time packages for this family of services.	40	15	15	70

25609 25606 25607 25608	Maintain work RVU and adjust the times from pre-time package 3. Change the pre-time for codes 25606, 25607 and 25608.	33	10	15	58
27134	Maintain work RVU and adjust the times from pre-time package 4 to be consistent with pre-time packages for this family of services.	40	15	20	75
27814	Maintain work RVU and adjust the times from pre-time package 3 to be consistent with pre-time packages for this family of services.	33	10	15	58
29827	Maintain work RVU and adjust the times from pre-time package 3 to be consistent with pre-time packages for this family of services.	33	15	15	63
47562	Maintain work RVU and adjust the times from pre-time package 3 to be consistent with pre-time packages for this family of services.	33	10	15	58
63030	Maintain work RVU and adjust the times from pre-time package 4 to be consistent with pre-time packages for this family of services.	40	18	17	75
63042	Maintain work RVU and adjust the times from pre-time package 4 to be consistent with pre-time packages for this family of services.	40	18	20	78
93641	Maintain work RVU and adjust the times from pre-time package 2B.	33	1	5	39

NPRM for 2015 MPFS Identified Services

High Expenditure Allowed Charges > $10 million

In 2011, CMS identified 70 High Expenditure codes that had not been reviewed in the past five years (after 2006) and requested review. After expanding to 128 services to ensure review of families, the RUC reviewed and submitted recommendations for all of these services. In the NPRM published in July 2014, CMS repeated this list, resulting in 64 codes. Twenty-one (21) of these 64 codes were services just reviewed by the RUC or already in the CPT process (eg, physical therapy services). Including CPT code 88185, (the RUC comment letter inadvertently did not address this service as part of those codes already addressed by the RUC in its comment letter on the Proposed Rule for 2015). CPT code 88185 was reviewed by the RUC in April 2014 through the RUC's practice expense review of potentially impacted services by CMS' OPPS/ASC payment cap proposal and a recommendation was submitted for the 2015 Medicare Physician Payment Schedule. This is a technical component add-on code with no physician work. **The remaining 43 high expenditure services identified by CMS and their associated code families are scheduled to be reviewed in the CPT 2016 and 2017 cycles. *See list appended to this letter.***

The RUC understands that the High Expenditure list CMS developed is not an objective screen. Unlike CMS, the RUC has used indicators that something may be potentially misvalued, such as site of service anomalies or different specialty currently performing the service as originally surveyed. The RUC also discussed the number of years since the last RUC review in which CMS established as a threshold for these high expenditure services (not RUC reviewed since 2009/5 years ago). The RUC noted that 2009 was the first year recommendations for codes identified through the potentially misvalued code review project (rolling five-year review) were implemented. Therefore, services reviewed since 2009 have gone through rigorous review with comprehensive compelling evidence criteria, development of standard packages, including explanations for aberrations from such standards and comparison to many services, substantiating relativity. Additionally, the RUC notes that although a service has not been RUC reviewed in a number of years or was valued by the Harvard studies, it is not necessarily misvalued. For example, of the 224 Harvard valued services identified through the potentially misvalued services project, the RUC supported Harvard valuation for approximately half of the codes reviewed. For codes that the RUC

believed to be misvalued, increases were recommended for 13% and decreases were recommended for 42%.

The RUC determined that simply a random number of years since the last time a code has been RUC reviewed, or because a code has a large amount of Medicare allowed charges, is not an objective and adequate process for identifying potentially misvalued services. **The RUC recommends that in the future CMS should consider that codes evaluated in 2009 or later should be reviewed only if there is a specific reason, via an objective screen, to consider that the codes may be misvalued.**

Publicly Nominated Potentially Misvalued Services
In the Proposed Rule for 2015, CMS noted that CPT code 41530 was nominated via the public as potentially misvalued. CPT code 41530 was identified for review of direct practice expense inputs. **Upon further review the RUC recommends that 41530 be removed from this list of potentially misvalued services as it has already been addressed through the ASC/OPPS Cap review and new direct PE inputs were submitted for the 2015 Medicare Physician Payment Schedule.**

Request for Global Period Change

Chemodenervation Codes (64615, 64616 and 64617)
During the 2013 and 2014 CPT cycles, three new chemodenervation codes (64615, 64616 and 64617) were surveyed as 000-day global periods. Both the specialties who surveyed and the RUC agreed that these services will typically not have a post-operative office visit in the corresponding global period. For this reason, all three codes were surveyed and valued as 000-day global periods. In the 2013 Medicare Physician Payment Final Rule, CMS stated that although the RUC requested these codes be assigned 000-day globals, they classified them 010-day global periods because other services in the family were 010-day global codes. The RUC and interested specialties remain concerned that the appropriate global periods are not assigned to these codes. We further note that modifying the global periods for these services will not affect valuation in any way since the codes currently do not have a post-operative office visit in the physician time file. **The RUC recommends that CMS assign 000-day global periods for CPT code 64615, 64616 and 64617.**

Enclosed Recommendations and Supporting Materials:

Included in these binders and on the enclosed CD are:

- RUC Recommendation Status Report for New and Revised Codes
- RUC Recommendation Status Report for 1,769 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.
- Pre-Time Folder of Action Plans
- 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 September 2014 RUC meeting.

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

- PLI Crosswalk Table: The RUC has committed to selecting appropriate professional liability insurance crosswalks for new and revised codes and existing codes under review. We have provided a PLI Crosswalk Table listing the reviewed code and its crosswalk code for easy reference. We hope that the provision of this table will assist CMS in reviewing and implementing the RUC recommendations.

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

- New Technology List and Flow Chart – In April 2006, the RUC adopted a process to identify and review codes that represent new technology or services that have the potential to change in value. To date, the RUC has identified 480 of these procedures through the review of new CPT codes. A table of these codes identified as new technology services and the date of review is enclosed, as well as a flow chart providing a detailed description of the process to be utilized to review these services.

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

Sincerely,

Barbara Levy, MD

Enclosures

cc: Kathy Bryant
Jessica Bruton
Edith Hambrick, MD
Ryan Howe
Kathy Kersell
Steve Phurrough, MD
Chava Sheffield

RUC Participants

Action Plan for Review of Potentially Misvalued Services
September 2014

CPT Code	Descriptor	Work RVU	Global
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	3.65	000

Screen: *Pre-Time Analysis*

Include codes from family (please list all): N/A

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)

- ❑ **Survey**
- ❑ **Refer to CPT/CPT Assistant**
- ☒ **Maintain work RVU**
- ☒ **Other Action (please describe): Update pre-service time to be consistent with pre-time packages.**

Rationale for Recommended Action:

1. **Current total pre-service time:** 75

2. **Median times for pre-service components from the most recent survey:**

RUC Year	CPT Code	Median Survey Times		
		EVAL	POSIT	SDW
2006	15002	45	15	15

3. **Specialty recommendation for pre-service package to be applied to the code, with any recommended adjustments to the package:**

   Recommended Pre-time Package: 4 - Difficult Patient/Difficult Procedure

	EVAL	POSIT	SDW
Recommended Pre-Time Package 4	40	3	20
+ /- Adjustments to Pre-Time Package	0	+12	-5
Specialty Recommended Pre-Service Time	40	15	15

4. **Specialty recommendation for a crosswalk code to support the recommended pre-service time changes:**

   Evaluation: No change to pre-time package.

   Positioning: Add 12 minutes (total = 15 minutes). Burn patients typically encounter burns on multiple surfaces that will require re-positioning throughout the procedure. For example, a burn of the shoulder, chest, and arm (typical for 15002) will involve separate supine and lateral positioning to allow access to all burn sites. In addition, patients do not typically arrive in the OR with their prior dressings removed, resulting in a more extensive procedure prep. After transfer to the OR table, the patients will be sedated &/or anesthetized prior to removal of previous dressings. This is followed by surgical prepping and draping prior to the procedure. A total of 15 minutes for positioning is supported by CPT code 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* (reviewed by the RUC in 2011).

   Scrub, dress, wait: Subtract 5 minutes to be consistent with the survey median.

5. **Summary of the RUC rationale for code valuation, to indicate whether the code was valued based on magnitude estimation or other methodology:**

   The RUC accepted the median survey work RVU using magnitude estimation. This value was then adjusted (reduced) for family work neutrality.

Timeline (please list expected CPT/RUC meetings as applicable):

September 2014 RUC meeting.

Action Plan for Review of Potentially Misvalued Services
September 2014

CPT Code	Descriptor	Work RVU	Global
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	4.58	000

Screen: *Pre-Time Analysis*

Include codes from family (please list all): N/A

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)
❑ **Survey**
❑ **Refer to CPT/CPT Assistant**
☒ **Maintain work RVU**
☒ **Other Action (please describe): Update pre-service time to be consistent with pre-time packages.**

Rationale for Recommended Action:

1. **Current total pre-service time:** 75

2. **Median times for pre-service components from the most recent survey:**

RUC Year	CPT Code	Median Survey Times		
		EVAL	POSIT	SDW
2006	15004	45	15	15

3. **Specialty recommendation for pre-service package to be applied to the code, with any recommended adjustments to the package:**

   Recommended Pre-time Package: 4 - Difficult Patient/Difficult Procedure

	EVAL	POSIT	SDW
Recommended Pre-Time Package 4	40	3	20
+ /- Adjustments to Pre-Time Package	0	+12	-5
Specialty Recommended Pre-Service Time	40	15	15

4. **Specialty recommendation for a crosswalk code to support the recommended pre-service time changes:**

   Evaluation: No change to pre-time package.

   Positioning: Add 12 minutes (total = 15 minutes). Burn patients typically encounter burns on multiple surfaces that will require re-positioning throughout the procedure. For example, a burn of the face, scalp, and neck (typical for 15004) will involve separate supine and lateral positioning to allow access to all burn sites. In addition, patients do not typically arrive in the OR with their prior dressings removed, resulting in a more extensive procedure prep. After transfer to the OR table, the patients will be sedated &/or anesthetized prior to removal of previous dressings. This is followed by surgical prepping and draping prior to the procedure. A total of 15 minutes for positioning is supported by CPT code 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* (reviewed by the RUC in 2011).

   Scrub, dress, wait: Subtract 5 minutes to be consistent with the survey median.

5. **Summary of the RUC rationale for code valuation, to indicate whether the code was valued based on magnitude estimation or other methodology:**

   The RUC accepted the median survey work RVU using magnitude estimation. This value was then adjusted (reduced) for family work neutrality.

Timeline (please list expected CPT/RUC meetings as applicable):

September 2014 RUC meeting.

Action Plan for Review of Potentially Misvalued Services
September 2014

CPT Code	Descriptor	Work RVU	Global
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	9.90	090

Screen: *Pre-Time Analysis*

Include codes from family (please list all): N/A

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)

❑ **Survey**
❑ **Refer to CPT/CPT Assistant**
☒ **Maintain work RVU**
☒ **Other Action (please describe): Update pre-service time to be consistent with pre-time packages.**

Rationale for Recommended Action:

1. **Current total pre-service time:** 65

2. **Median times for pre-service components from the most recent survey:**

RUC Year	CPT Code	Median Survey Times		
		EVAL	POSIT	SDW
2005	15100	45	10	10

3. **Specialty recommendation for pre-service package to be applied to the code, with any recommended adjustments to the package:**

   Recommended Pre-time Package: 4 - Difficult Patient/Difficult Procedure

	EVAL	POSIT	SDW
Recommended Pre-Time Package 4	40	3	20
+ /- Adjustments to Pre-Time Package	0	+7	-10
Specialty Recommended Pre-Service Time	40	10	10

4. **Specialty recommendation for a crosswalk code to support the recommended pre-service time changes:**

   Evaluation: No change to pre-time package.

Positioning: Add 7 minutes (total = 10 minutes). Split thickness grafts will involve several separate operative sites. For example, a graft may be taken from the lower extremity and applied to the upper extremity. The involved sites may require supine, lateral, and / or prone positioning / repositioning. A total of 10 minutes for positioning is supported by CPT code 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* (reviewed by the RUC in 2011).

Scrub, dress, wait: Subtract 10 minutes to be consistent with the survey median.

5. **Summary of the RUC rationale for code valuation, to indicate whether the code was valued based on magnitude estimation or other methodology:**

   The RUC determined the survey 25th percentile work RVU was almost identical to the current work RVU and recommended maintaining the current RVU.

Timeline (please list expected CPT/RUC meetings as applicable):

September 2014 RUC meeting.

Action Plan for Review of Potentially Misvalued Services
September 2014

CPT Code	Descriptor	Work RVU	Global
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	10.41	090

Screen: *Pre-Time Analysis*

Include codes from family (please list all): N/A

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)

❑ **Survey**
❑ **Refer to CPT/CPT Assistant**
☒ **Maintain work RVU**
☒ **Other Action (please describe): Update pre-service time to be consistent with pre-time packages.**

Rationale for Recommended Action:

1. **Current total pre-service time:** 65

2. **Median times for pre-service components from the most recent survey:**

RUC Year	CPT Code	Median Survey Times		
		EVAL	POSIT	SDW
2005	15240	45	10	10

3. **Specialty recommendation for pre-service package to be applied to the code, with any recommended adjustments to the package:**

Recommended Pre-time Package: 4 - Difficult Patient/Difficult Procedure, Facility

	EVAL	POSIT	SDW
Recommended Pre-Time Package Time	40	3	20
+ /- Adjustments to Pre-Time Package	0	0	0
Specialty Recommended Pre-Service Time	40	3	20

4. **Specialty recommendation for a crosswalk code to support the recommended pre-service time changes:**

   Evaluation: No change from the pre-time package of 40 minutes. 5 minute reduction from current RUC time.

   Positioning: No change from pre-time package of 3 minutes. 7 minute reduction from current RUC time.

   Scrub, dress, wait: Use standard package. Add 10 minutes to current RUC time.

5. **Summary of the RUC rationale for code valuation, to indicate whether the code was valued based on magnitude estimation or other methodology:**

   Changed current RUC pre-time to match standard package 4. This is a reduction of 2 minutes from the current RUC times.

Timeline (please list expected CPT/RUC meetings as applicable):

N/A

Action Plan for Review of Potentially Misvalued Services
September 2014

CPT Code	Descriptor	Work RVU	Global
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	5.96	090

Screen: *Pre-Time Analysis*

Include codes from family (please list all):

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)

❑ **Survey**
❑ **Refer to CPT/CPT Assistant**
☒ **Maintain work RVU**
☒ **Other Action (please describe): Update pre-service time to be consistent with pre-time packages.**

Rationale for Recommended Action:

1. **Current total pre-service time:** 65 minutes

2. **Median times for pre-service components from the most recent survey**

RUC Year	CPT Code	Median Survey Times		
		EVAL	POSIT	SDW
2005	20680	35	15	15

3. **Specialty recommendation for pre-service package to be applied to the code, with any recommended adjustments to the package;**

Recommended Pre-time Package: 3-Straightforward Procedure/Difficult Patient

	EVAL	POSIT	SDW
Recommended Pre-Time Package Time	33	3	15
+ /- Adjustments to Pre-Time Package	0	12	0
Specialty Recommended Pre-Service Time	33	15	15

Evaluation: No change to pre-time package.

Positioning: Add 12 minutes (total = 15 minutes) for positioning. A total of 15 minutes for positioning is supported by CPT codes 23334 *Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component* (reviewed by the RUC in 2013).

Scrub, dress, wait: No change to pre-time package.

4. **Specialty recommendation for a crosswalk code to support the recommended pre-service time changes**
   CPT code 23334, Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component which was RUC surveyed in 2013.

RUC Year	CPT Code	Median Survey Times		
		EVAL	POSIT	SDW
2013	23334	40	15	20

5. **Summary of the RUC rationale for code valuation, to indicate whether the code was valued based on magnitude estimation or other methodology**

   The RUC used magnitude estimation as part of the review of 20680 in 2005 which accepted a value near the 25th percentile survey RVW while accounting for a change in site-of-service.

Timeline (please list expected CPT/RUC meetings as applicable):

September 2014 RUC meeting.

Action Plan for Review of Potentially Misvalued Services
September 2014

CPT Code	Descriptor	Work RVU	Global
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	23.53	090

Screen: *Pre-Time Analysis*

Include codes from family (please list all):

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)

❑ **Survey**
❑ **Refer to CPT/CPT Assistant**
☒ **Maintain work RVU**
☒ **Other Action (please describe): Update pre-service time to be consistent with pre-time packages.**

Rationale for Recommended Action:

1. **Current total pre-service time:** 95 minutes

2. **Median times for pre-service components from the most recent survey**

RUC Year	CPT Code	Median Survey Times		
		EVAL	POSIT	SDW
2005	22612	60	20	15

3. **Specialty recommendation for pre-service package to be applied to the code, with any recommended adjustments to the package;**

   Recommended Pre-time Package: 4-Difficult Procedure/Difficult Patient

	EVAL	POSIT	SDW
Recommended Pre-Time Package Time	40	3	20
+ /- Adjustments to Pre-Time Package	0	15	-5
Specialty Recommended Pre-Service Time	40	18	15

4. **Specialty recommendation for a crosswalk code to support the recommended pre-service time changes**

   Evaluation: No change to pre-time package.

   Positioning: Add 15 minutes (total = 18 minutes) for SS3 positioning [Posterior Thoracic/Lumbar (Prone) (eg laminectomy)] which occurs after patient is placed supine and lines /anesthesia are placed. A total of 18 minutes for positioning is supported by CPT codes 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* (reviewed by the RUC in 2011).

   Scrub, dress, wait: Subtract 5 minutes from package time to be consistent with survey median of 15 minutes.

5. **Summary of the RUC rationale for code valuation, to indicate whether the code was valued based on magnitude estimation or other methodology**

   The RUC used magnitude estimation and recommended the survey 25th percentile work RVU.

Timeline (please list expected CPT/RUC meetings as applicable):

September 2014 RUC meeting.

Action Plan for Review of Potentially Misvalued Services
September 2014

CPT Code	Descriptor	Work RVU	Global
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	11.93	090

Screen: *Pre-Time Analysis*

Include codes from family (please list all):

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)

❑ **Survey**
❑ **Refer to CPT/CPT Assistant**
☒ **Maintain work RVU**
☒ **Other Action (please describe): Update pre-service time to be consistent with pre-time packages.**

Rationale for Recommended Action:

1. **Current total pre-service time:** 70 minutes

2. **Median times for pre-service components from the most recent survey**

RUC Year	CPT Code	Median Survey Times		
		EVAL	POSIT	SDW
2008	23412	40	15	15

3. **Specialty recommendation for pre-service package to be applied to the code, with any recommended adjustments to the package;**

Recommended Pre-time Package: 4-Difficult Procedure/Difficult Patient

	EVAL	POSIT	SDW
Recommended Pre-Time Package Time	40	3	20
+ /- Adjustments to Pre-Time Package	0	12	-5
Specialty Recommended Pre-Service Time	40	15	15

Evaluation: No change to pre-time package.

Positioning: Add 12 minutes (total = 15 minutes) for positioning. A total of 15 minutes for positioning is supported by CPT codes 23472 *Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))* (reviewed by the RUC in 2012).

Scrub, dress, wait: Subtract 5 minutes from pre-time package 4 to match survey SDW time.

4. **Specialty recommendation for a crosswalk code to support the recommended pre-service time changes**
   CPT code 23472, Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder)) which was RUC surveyed in 2012.

RUC Year	CPT Code	Median Survey Times		
		EVAL	POSIT	SDW
2012	23472	40	15	20

5. **Summary of the RUC rationale for code valuation, to indicate whether the code was valued based on magnitude estimation or other methodology**

   The RUC used a combination of magnitude estimation and reverse building block methodology as part of the review of 23412 in 2008. However, our recommended pre-service times result in no change in total pre-service time.

Timeline (please list expected CPT/RUC meetings as applicable):

September 2014 RUC meeting.

Action Plan for Review of Potentially Misvalued Services
September 2014

CPT Code	Descriptor	Work RVU	Global
25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments	14.38	090

Screen: *Pre-Time Analysis*

Include codes from family (please list all):

25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation	8.31	090
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation	9.56	090
25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments	11.07	090

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)

- ☐ **Survey**
- ☐ **Refer to CPT/CPT Assistant**
- ☒ **Maintain: work RVU**
- ☒ **Other Action (please describe): Update pre-service time to be consistent with pre-time packages.**

Rationale for Recommended Action:

1. **Current total pre-service time:** 65 for all four codes

2. **Median times for pre-service components from the most recent survey:**

RUC Year	CPT Code	Median Survey Times		
		EVAL	POSIT	SDW
2006	25606	40	10	15
2006	25607	40	10	15
2006	25608	40	10	15
2006	25609	40	10	15

3. **Specialty recommendation for pre-service package to be applied to the code, with any recommended adjustments to the package:**

   Recommendation applies to all four codes.

Recommended Pre-time Package: 3 - FAC Straightforward Patient/Difficult Procedure

	EVAL	POSIT	SDW
Recommended Pre-Time Package 3	33	3	15
+ /- Adjustments to Pre-Time Package	0	+7	0
Specialty Recommended Pre-Service Time	33	10	15

4. Specialty recommendation for a crosswalk code to support the recommended pre-service time changes:

Evaluation: No change to pre-time package.

Positioning: Add 7 minutes (total = 10 minutes) for application of a tourniquet, rotating patient onto a hand table, setting up fluoroscopy for guidance during procedure, and shoulder bump padding. This is less than additional positioning time that has been approved for many similar hand operations, but is consistent with the survey median time. A total of 10 minutes for positioning is supported by CPT codes 27792 *Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed* (reviewed by the RUC in 2011) and 14301 *Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm* (reviewed by the RUC in 2009)

Scrub, dress, wait: No change to pre-time package.

5. Summary of the RUC rationale for code valuation, to indicate whether the code was valued based on magnitude estimation or other methodology:

The RUC used magnitude estimation compared with other similar fracture repair services and recommended the survey 25th percentile for all four codes.

Timeline (please list expected CPT/RUC meetings as applicable):

September 2014 RUC meeting.

Action Plan for Review of Potentially Misvalued Services
September 2014

CPT Code	Descriptor	Work RVU	Global
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	30.28	090

Screen: *Pre-Time Analysis*

Include codes from family (please list all):

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)

❑ **Survey**
❑ **Refer to CPT/CPT Assistant**
☒ **Maintain work RVU**
☒ **Other Action (please describe): Update pre-service time to be consistent with pre-time packages.**

Rationale for Recommended Action:

1. **Current total pre-service time:** 90 minutes

2. **Median times for pre-service components from the most recent survey**

RUC Year	CPT Code	Median Survey Times		
		EVAL	POSIT	SDW
1995	27134	90		

3. **Specialty recommendation for pre-service package to be applied to the code, with any recommended adjustments to the package;**

   Recommended Pre-time Package: 4-Difficult Procedure/Difficult Patient

	EVAL	POSIT	SDW
Recommended Pre-Time Package Time	40	3	20
+ /- Adjustments to Pre-Time Package	15	12	0
Specialty Recommended Pre-Service Time	55	15	20

Rationale for Recommended Data:

Evaluation time: Recommend the standard package time of 40 minutes plus 15 additional minutes (55 minutes total) for check/set up room, supplies and equipment which is assigned 5 minutes under package 4. For 27134, the typical procedure requires coordination with company reps making sure the appropriate implants are sterilized and available. The bone graft options have to be available, reviewed and ready for the case. The extraction devices for the implants also need to be present and reviewed and verified. In revision total joint surgery this take much more time since multiple combinations of implants have to be available especially for bone loss situations. In addition, a urinary catheter is typically inserted in revision cases and this also occurs pre-positioning of the patient.

Positioning time: Recommend additional 12 minutes (15 minutes total) for patient positioning which is consistent with positioning time for other recently surveyed hip procedures such as CPT code 27130, RUC reviewed in 2013.

Scrub, Dress, Wait time: No change from standard pre-service package.

4. **Specialty recommendation for a crosswalk code to support the recommended pre-service time changes**
   CPT code 27130, Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft which was RUC surveyed in 2013.

RUC Year	CPT Code	Median Survey Times		
		EVAL	POSIT	SDW
2013	27130	40	15	20

   Please note that 27134 represents considerably more work than 27130, including pre-service work as detailed above.

5. **Summary of the RUC rationale for code valuation, to indicate whether the code was valued based on magnitude estimation or other methodology**

   The RUC used magnitude estimation to arrive at the current RVW for 27134 as part of the 5 year review. It is also noted that our recommended pre-service time represents no change from the current pre-service time, but only redistributes the time across the three categories and accounts for the additional clinical pre-service physician work time typical for 27134.

Timeline (please list expected CPT/RUC meetings as applicable):

September 2014 RUC meeting.

Action Plan for Review of Potentially Misvalued Services
September 2014

CPT Code	Descriptor	Work RVU	Global
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	10.62	090

Screen: *Pre-Time Analysis*

Include codes from family (please list all):

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)

- ❑ **Survey**
- ❑ **Refer to CPT/CPT Assistant**
- ☒ **Maintain work RVU**
- ☒ **Other Action (please describe): Update pre-service time to be consistent with pre-time packages.**

Rationale for Recommended Action:

1. **Current total pre-service time:** 70 minutes

2. **Median times for pre-service components from the most recent survey**

RUC Year	CPT Code	Median Survey Times		
		EVAL	POSIT	SDW
2007	27814	45	10	15

3. **Specialty recommendation for pre-service package to be applied to the code, with any recommended adjustments to the package;**

   Recommended Pre-time Package: 3-Straightforward Procedure/Difficult Patient

	EVAL	POSIT	SDW
Recommended Pre-Time Package Time	33	3	15
+ /- Adjustments to Pre-Time Package	0	7	0
Specialty Recommended Pre-Service Time	33	10	15

   Evaluation: No change to pre-time package.

Positioning: Add 7 minutes (total = 10 minutes) for positioning. A total of 10 minutes for positioning is supported by CPT codes 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)* (reviewed by the RUC in 2008). For bimalleolar fractures, during positioning the physician will apply padding and tourniquet to the patient's limb, set tourniquet pressure and duration alarms; confirm control unit is function, place bump under buttock, support ipsilateral upper extremity (eg, pillow/blankets under shoulder/arm), support opposite lower extremity so it does not fall off the table (tape, bolsters, etc) and position the c-arm or fluoroscopy equipment and monitor and confirm ability to image the operative area and in the case of fluoroscopy, take and wait for images as part of positioning.

Scrub, dress, wait: No change to pre-time package.

4. **Specialty recommendation for a crosswalk code to support the recommended pre-service time changes**

   CPT code 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) which was RUC surveyed in 2008.

RUC Year	CPT Code	Median Survey Times		
		EVAL	POSIT	SDW
2008	27691	33	10	15

5. **Summary of the RUC rationale for code valuation, to indicate whether the code was valued based on magnitude estimation or other methodology**

   The RUC used a magnitude estimation to arrive at the current RVW for 27814 in 2008 as part of the review of all fracture repair with internal fixation codes.

Timeline (please list expected CPT/RUC meetings as applicable):

September 2014 RUC meeting.

Action Plan for Review of Potentially Misvalued Services
September 2014

CPT Code	Descriptor	Work RVU	Global
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	15.59	090

Screen: *Pre-Time Analysis*

Include codes from family (please list all):

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)

❑ **Survey**
❑ **Refer to CPT/CPT Assistant**
☒ **Maintain work RVU**
☒ **Other Action (please describe): Update pre-service time to be consistent with pre-time packages.**

Rationale for Recommended Action:

1. **Current total pre-service time:** 75 minutes

2. **Median times for pre-service components from the most recent survey**

RUC Year	CPT Code	Median Survey Times		
		EVAL	POSIT	SDW
2002	29827	75		

3. **Specialty recommendation for pre-service package to be applied to the code, with any recommended adjustments to the package;**

Recommended Pre-time Package: 3-Straightforward Procedure/Difficult Patient

	EVAL	POSIT	SDW
Recommended Pre-Time Package Time	33	3	15
+ /- Adjustments to Pre-Time Package	0	12	0
Specialty Recommended Pre-Service Time	33	15	15

Evaluation: No change to pre-time package.

Positioning: Add 12 minutes (total = 15 minutes) for positioning. A total of 15 minutes for positioning is supported by CPT codes 29828 *Arthroscopy, shoulder, surgical; biceps tenodesis* (reviewed by the RUC in 2012).

Scrub, dress, wait: No change to pre-time package.

4. **Specialty recommendation for a crosswalk code to support the recommended pre-service time changes**
   CPT code 29828, Arthroscopy, shoulder, surgical; biceps tenodesis which was RUC surveyed in 2012.

RUC Year	CPT Code	Median Survey Times		
		EVAL	POSIT	SDW
2012	29828	33	15	15

5. **Summary of the RUC rationale for code valuation, to indicate whether the code was valued based on magnitude estimation or other methodology**

   The RUC used magnitude estimation to arrive at the current RVW for 29827 in 2002. Specifically the RUC compared the survey RVW for 29827 to 29806 for the overall RVW recommendation.

Timeline (please list expected CPT/RUC meetings as applicable):

September 2014 RUC meeting.

Action Plan for Review of Potentially Misvalued Services
September 2014

CPT Code	Descriptor	Work RVU	Global
47562	Laparoscopy, surgical; cholecystectomy	10.47	090

Screen: *Pre-Time Analysis*

Include codes from family (please list all): N/A

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)

❑ **Survey**
❑ **Refer to CPT/CPT Assistant**
☒ **Maintain: work RVU**
☒ **Other Action (please describe): Update pre-service time to be consistent with pre-time packages.**

Rationale for Recommended Action:

1. **Current total pre-service time:** 65

2. **Median times for pre-service components from the most recent survey:**

RUC Year	CPT Code	Median Survey Times		
		EVAL	POSIT	SDW
2005	47562	40	10	15

3. **Specialty recommendation for pre-service package to be applied to the code, with any recommended adjustments to the package:**

   Recommended Pre-time Package: 3 - FAC Straightforward Patient/Difficult Procedure

	EVAL	POSIT	SDW
Recommended Pre-Time Package 3	33	3	15
+ /- Adjustments to Pre-Time Package	0	+7	0
Specialty Recommended Pre-Service Time	33	10	15

4. **Specialty recommendation for a crosswalk code to support the recommended pre-service time changes:**

   Evaluation: No change to pre-time package.

Positioning: Add 7 minutes (total = 10 minutes). Additional time is required for patient positioning, with special attention to padding arms, legs, and pressure points when the patient is secured to the table to prevent the patient movement when patient is placed in reverse Trendelenburg position or when turned from side to side. Additional time is also required for equipment positioning relative to the patient and to other equipment to insure access to the operative site, including the scope and video equipment, intra-operative imaging equipment, surgical instruments, and anesthesia lines. A total of 10 minutes for positioning is supported by CPT codes 47563 *Laparoscopy, surgical; cholecystectomy with cholangiography* (reviewed by the RUC in 2010) and 47564 *Laparoscopy, surgical; cholecystectomy with exploration of common duct* (reviewed by the RUC in 2010).

Scrub, dress, wait: No change to pre-time package.

5. **Summary of the RUC rationale for code valuation, to indicate whether the code was valued based on magnitude estimation or other methodology:**

In 2005, The RUC recommended and CMS agreed to maintain the value which was based on magnitude estimation. In the 2012 NPRM for the 2013 PFS, CMS identified codes 47562 and 47563 as potentially misvalued based on one commenter that questioned the rank order. In January 2012, the RUC Relativity Assessment Workgroup agreed that the physician work had not changed since the October 2010 review and reaffirmed the RUC's original recommendation for correctly ranked work RVUs (11.87 for 47562 and 12.11 for 47563). For 2013, CMS did not agree with the RUC and instead reduced the work RVU for 47562 to correct the rank order anomaly that CMS created when it reduced the work RVU for 47563.

Timeline (please list expected CPT/RUC meetings as applicable):

September 2014 RUC meeting.

Action Plan for Review of Potentially Misvalued Services
September 2014

CPT Code	Descriptor	Work RVU	Global
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	13.18	090

Screen: *Pre-Time Analysis*

Include codes from family (please list all):

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)

- ❑ **Survey**
- ❑ **Refer to CPT/CPT Assistant**
- ☒ **Maintain work RVU**
- ☒ **Other Action (please describe): Update pre-service time to be consistent with pre-time packages.**

Rationale for Recommended Action:

1. **Current total pre-service time:** 75 minutes

2. **Median times for pre-service components from the most recent survey**

RUC Year	CPT Code	Median Survey Times		
		EVAL	POSIT	SDW
1995	63030	75		

3. **Specialty recommendation for pre-service package to be applied to the code, with any recommended adjustments to the package;**

   Recommended Pre-time Package: 4-Difficult Procedure/Difficult Patient

	EVAL	POSIT	SDW
Recommended Pre-Time Package Time	40	3	20
+ /- Adjustments to Pre-Time Package	0	15	-3
Specialty Recommended Pre-Service Time	40	18	17

4. **Specialty recommendation for a crosswalk code to support the recommended pre-service time changes**

Evaluation: No change to pre-time package.

Positioning: Add 15 minutes (total = 18 minutes) for SS3 positioning [Posterior Thoracic/Lumbar (Prone) (eg laminectomy)] which occurs after patient is placed supine and lines /anesthesia are placed. A total of 18 minutes for positioning is supported by CPT codes 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* (reviewed by the RUC in 2011).

Scrub, dress, wait: Subtract 3 minutes from pre-time package so that total recommended time does not exceed survey median time.

5. **Summary of the RUC rationale for code valuation, to indicate whether the code was valued based on magnitude estimation or other methodology**

For the first 5YR, the AANS/CNS conducted a survey of almost 100 codes for pre, intra- and post-times (intra-time and LOS were based on operative logs). In addition, a survey ranking intensity and complexity of the codes was conducted. These data were compiled to produce a scale of total physician work that was ranked by magnitude estimation. After significant review and discussion, the RUC agreed with the relative ranking and work values for this set of codes, both within the set and compared with other non-neurosurgery procedures.

The RUC used magnitude estimation as part of the review of 63030 in 1995. This resulted in a **decrease** in the work RVU. Please also note that the recommended pre-time is the same as the current pre-time for 63030.

Timeline (please list expected CPT/RUC meetings as applicable):

September 2014 RUC meeting.

Action Plan for Review of Potentially Misvalued Services
September 2014

CPT Code	Descriptor	Work RVU	Global
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	18.76	090

Screen: *Pre-Time Analysis*

Include codes from family (please list all):

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)

- ❑ **Survey**
- ❑ **Refer to CPT/CPT Assistant**
- ☒ **Maintain work RVU**
- ☒ **Other Action (please describe): Update pre-service time to be consistent with pre-time packages.**

Rationale for Recommended Action:

1. **Current total pre-service time:** 83 minutes

2. **Median times for pre-service components from the most recent survey**

RUC Year	CPT Code	Median Survey Times		
		EVAL	POSIT	SDW
1995	63042	83		

3. **Specialty recommendation for pre-service package to be applied to the code, with any recommended adjustments to the package;**

Recommended Pre-time Package: 4-Difficult Procedure/Difficult Patient

	EVAL	POSIT	SDW
Recommended Pre-Time Package Time	40	3	20
+ /- Adjustments to Pre-Time Package	0	15	0
Specialty Recommended Pre-Service Time	40	18	20

4. **Specialty recommendation for a crosswalk code to support the recommended pre-service time changes**

   Evaluation: No change to pre-time package.

   Positioning: Add 15 minutes (total = 18 minutes) for SS3 positioning [Posterior Thoracic/Lumbar (Prone) (eg laminectomy)] which occurs after patient is placed supine and lines /anesthesia are placed. A total of 18 minutes for positioning is supported by CPT codes 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* (reviewed by the RUC in 2011).

   Scrub, dress, wait: No change to pre-time package.

5. **Summary of the RUC rationale for code valuation, to indicate whether the code was valued based on magnitude estimation or other methodology**

   For the first 5YR, the AANS/CNS conducted a survey of almost 100 codes for pre, intra- and post-times (intra-time and LOS were based on operative logs). In addition, a survey ranking intensity and complexity of the codes was conducted. These data were compiled to produce a scale of total physician work that was ranked by magnitude estimation. After significant review and discussion, the RUC agreed with the relative ranking and work values for this set of codes, both within the set and compared with other non-neurosurgery procedures.

   The RUC used magnitude estimation as part of the review of 63042 in 1995. This resulted in a **decrease** in the work RVU.

Timeline (please list expected CPT/RUC meetings as applicable):

September 2014 RUC meeting.

Specialty: __ACC, HRS____

Action Plan for Review of Potentially Misvalued Services
September 2014

CPT Code Current Global Current work RVU CPT Descriptor):

93641	000	5.92	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

Screen: The RUC identified codes 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. 93641 has 75 minutes of pre-service time when the longest standardized pre-service package is 63 minutes. **The RUC requests revised action plans in which the specialty societies provide the following information:**

- **current total pre-service time;**
- **median times for pre-service components from the most recent survey;**
- **specialty recommendation for pre-service package to be applied to the code, with any recommended adjustments to the package;**
- **specialty recommendation for a crosswalk code to support the recommended pre-service time changes; and**
- **summary of the RUC rationale for code valuation, to indicate whether the code was valued based on magnitude estimation or other methodology.**

Include codes from family (please list all):

93640	000	3.51	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;
93642	000	4.88	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)

❑ **Survey**
❑ **Refer to CPT/CPT Assistant**
☒ **Maintain**

❑ **Other Action (please describe):**

Rationale for Recommended Action: We do not find a long preservice time unusual in and of itself, since surveys often indicate more preservice time than the RUC has chosen to assign using standard packages. The current preservice times for these three codes correspond with the most recent survey median preservice times. These codes were valued before use of preservice time was standardized using packages.

Utilization is low and declining for 93640 and 93642, 3,011 and 4,639 respectively. Utilization for 93641 has declined significantly from 98,505 in 2005 to 53,053 in 2013. We recommend the work values and times for these codes be maintained by the RAW and the RUC.

Since the RAW appears interested in considering changes to preservice times in isolation from complete review of the codes, we have provided requested information in the table below. We believe the preservice times for these codes could reasonably be adjusted to package 2B. Package 2B was recently approved by the RUC for a similar code included in the group of SICD services in April. However, we think the RAW should carefully consider the possible outcomes of making changes to times in this fashion. We believe maintenance of these codes without revision and dismissal of this entire screen without further action would be appropriate.

Code	Pre	Survey Pre	Pack. Rec.	Crosswalk	Rationale for existing time
93640	70	70	2B, 39 min	9364XX	Survey
93641	75	75	2B, 39 min	9364XX	Survey
93642	30	30	2B, 39 min	9364XX	Survey

Timeline (please list expected CPT/RUC meetings as applicable):

Table 10: Proposed Potentially Misvalued Codes Identified through High Expenditure Specialty Screen Medicare Allowed Charges > $10 million

Below is the RUC review status for services identified by CMS. Please note that some services scheduled for review at the January 2015 RUC meeting may be reviewed at a later date once specialty societies indicate their level of interest and CMS has finalized this proposal. AMA RUC staff will schedule items in a timely, but reasonable basis, when a specialty society has numerous codes or families identified. All final services identified and associated code families will be reviewed in the CPT 2016 and 2017 cycles.

CPT® Code	RUC Review Status
11100	Survey for work and review PE January 2015.
11101	Survey for work and review PE January 2015.
11730	Survey for work and review PE January 2015.
11750	Surveyed September 2014. RUC recommendations submitted for CPT® 2016.
14060	Survey for work and review PE January 2015.
17110	Survey for work and review PE January 2015.
31575 31579	Survey for work and review PE April 2015.
36215	Survey for work and review PE January 2015.
36475	RUC Recommendation Submitted for CPT® 2015.
36478	RUC Recommendation Submitted for CPT® 2015.
36870	Referred to CPT the CPT Editorial Panel for the 2017 cycle to bundle with frequently reported together services with 36147 (97%), 36148 (63%), and 35476 (73%) because these additional procedures are commonly required in a successful thrombectomy.
51720	Survey for work and review PE January 2015.
51728	Survey for work and review PE January 2015.
51798	Survey for work and review PE January 2015.
52000	Survey for work and review PE January 2015.
55700	Survey for work and review PE January 2015.
65855	Previously identified via 010-Day Global Post-Operative Visits and scheduled to be surveyed and reviewed at April 2015 RUC meeting. RUC recommendations to be submitted for CPT® 2016.
66821	Request global change from 090-day to 010-day and survey for Oct 2015 RUC meeting.
67228	Request global change from 090-day to 010-day and survey for Jan 2015 RUC meeting. (Request was previously requested and denied by CMS).
68761	Request global change from 010-day to 000-day and survey for Oct 2015 RUC meeting.
71010	Survey for work and review PE January 2015.
71020	Survey for work and review PE January 2015.
71260	Survey for work and review PE January 2015.
73560	Surveyed September 2014. RUC recommendations submitted for CPT® 2016.
73562	Surveyed September 2014. RUC recommendations submitted for CPT® 2016.
73564	Surveyed September 2014. RUC recommendations submitted for CPT® 2016.
74183	Survey for work and review PE for October 2015.
75978	Referred to CPT to bundle with 35476 for CPT 2017 cycle.
76536	Survey for work and review PE January 2015.
76700	RUC Recommendation Submitted for CPT® 2015.
76770	RUC Recommendation Submitted for CPT® 2015.
76775	RUC Recommendation Submitted for CPT® 2015.

77263	Survey for work and review PE January 2015.
77334	Survey for work and review PE January 2015.
78452	Survey for work and review PE January 2015.
88185	RUC Recommendation Submitted for CPT® 2015. Codes 88185 and 88184 were reviewed by the RUC in April 2014 through the RUC's practice expense review of potentially impacted services by CMS' OPPS/ASC payment cap proposal. Both codes are technical component add-on codes with no physician work.
91110	Survey for work and review PE January 2015.
92136	Survey for work and review PE for October 2015.
92250	Survey for work and review PE January 2015.
92557	Survey for work and review PE January 2015.
93280	Survey for work and review PE January 2015.
93306	Survey for work and review PE January 2015.
93351	Survey for work and review PE January 2015.
93978	RUC Recommendation Submitted for CPT® 2015.
94010	Survey for work and review PE January 2015.
95004	Survey for work and review PE January 2015.
95165	Survey for work and review PE January 2015.
95957	Survey for work and review PE January 2015.
96101 96118	Referred to CPT Editorial Panel Feb 2015 and RUC review April 2015.
96372	Survey for work and review PE January 2015.
96375	Survey for work and review PE January 2015.
96401	Survey for work and review PE January 2015.
96409	Survey for work and review PE January 2015.
97032	Referred to CPT® Editorial Panel, part of revision to entire Physical Medicine and Rehabilitation CPT® book section.
97035	Referred to CPT® Editorial Panel, part of revision to entire Physical Medicine and Rehabilitation CPT® book section.
97110	Referred to CPT® Editorial Panel, part of revision to entire Physical Medicine and Rehabilitation CPT® book section.
97112	Referred to CPT® Editorial Panel, part of revision to entire Physical Medicine and Rehabilitation CPT® book section.
97113	Referred to CPT® Editorial Panel, part of revision to entire Physical Medicine and Rehabilitation CPT® book section.
97116	Referred to CPT® Editorial Panel, part of revision to entire Physical Medicine and Rehabilitation CPT® book section.
97140	Referred to CPT® Editorial Panel, part of revision to entire Physical Medicine and Rehabilitation CPT® book section.
97530	Referred to CPT® Editorial Panel, part of revision to entire Physical Medicine and Rehabilitation CPT® book section.
G0283	Referred to CPT® Editorial Panel, part of revision to entire Physical Medicine and Rehabilitation CPT® book section.

AMA
AMERICAN MEDICAL ASSOCIATION

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October 6, 2014

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

Subject: HCPAC Recommendations

Dear Ms. Tavenner:

The RUC Health Care Professionals Advisory Committee (HCPAC) Review Board submits the enclosed recommendation to the Centers for Medicare and Medicaid Services (CMS). At the September 2014 meeting, the HCPAC reviewed one issue, Excision of Nail Bed CPT codes 11750 and 11752 .

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

Sincerely,

William J. Mangold, Jr, MD
HCPAC Chair

Anthony W. Hamm, D.C.
Anthony Hamm, DC
HCPAC Co-Chair

cc: HCPAC Participants
Jessica Bruton
Kathy Bryant
Edith Hambrick, MD
Ryan Howe
Kathy Kersell
Steve Phurrough, MD
Chava Sheffield

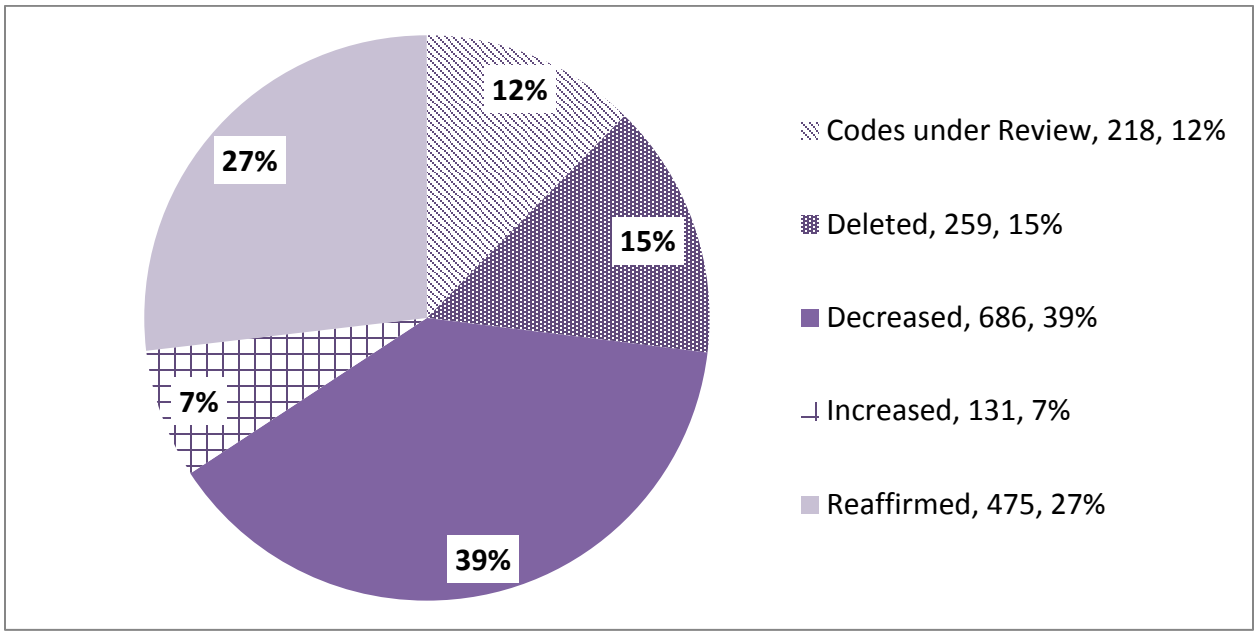
Attachments

The RUC Relativity Assessment Workgroup Progress Report

In 2006, the AMA/Specialty Society RVS Update Committee (RUC) established the Five-Year Identification Workgroup (now referred to as the Relativity Assessment Workgroup) to identify potentially misvalued services using objective mechanisms for reevaluation prior to the next Five-Year Review. Since the inception of the Relativity Assessment Workgroup, the Workgroup and the Centers for Medicare and Medicaid Services (CMS) have identified over 1,700 services through 15 different screening criteria for further review by the RUC. Additionally, the RUC charged the Workgroup with maintaining the "new technology" list of services that will be re-reviewed by the RUC as reporting and cost data become available.

To provide Medicare with reliable data on how physician work has changed over time, the RUC, with more than 300 experts in medicine and research, are examining 1,769 potentially misvalued services accounting for $38 billion in Medicare spending. The update committee has recommended reductions and deletions to 945 services, redistributing more than $3 billion. Here are the outcomes for the committee's review of 1,769 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 480 services. In September 2010, the re-review cycle began and since then the RUC has recommended 14 services to be re-examined. The remaining services

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

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

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

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

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

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

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

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

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

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

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

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

In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. The query resulted in the identification of 40 services and expanded to 50 services to include the appropriate family of services. The RUC recommended removing six services from the screen as the volume growth did not impact the resources required to provide these services. The RUC referred eleven services to the CPT® Editorial Panel for revision and recommended review of five services after an additional two years of utilization data is collected. The CPT® Editorial Panel deleted four codes and the RUC submitted recommendations for 24 services for the 2015-2016 Medicare Physician Payment Schedule.

CMS Fastest Growing

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

The RUC recommended removing 51 services from the screen as the volume growth did not impact the resources required to provide the service. The CPT® Editorial Panel deleted 26 codes and will review another four services in the CPT® 2016 cycle. The RUC submitted 25 recommendations to CMS for the 2012-2016 Medicare Physician Payment Schedules. The RUC will review the remaining five services after additional utilization data is available.

High IWPUT

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

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

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

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

Harvard Valued

Utilization over 1 Million

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

Utilization over 100,000

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

Utilization over 30,000

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

Medicare Allowed Charges >$10 million

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

CMS/Other

Utilization over 500,000

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

Utilization over 250,000
In April 2013, the RUC lowered the threshold to the CMS/Other source codes with Medicare utilization of 250,000 or more, which resulted in 26 services and was expanded to 42 services to include the family of services. The CPT Editorial Panel deleted three codes identified under this screen. The RUC referred 12 services to the CPT® Editorial Panel and submitted 27 recommendations to CMS for the 2015 and 2016 Medicare Physician Payment Schedules.

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

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

In August 2011, the Joint CPT®/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its third cycle of analysis of code pairs reported together with 75% or greater frequency. The Workgroup reviewed 30 code pair groups and recommended code bundling for 64 individual codes. In October 2012, the CPT® Editorial Panel started the review of code bundling solutions. Of the 100 total codes under review, the CPT® Editorial Panel deleted 26 services and is scheduled to review 21 codes in the 2016 cycle. The RUC has submitted 53 code recommendations for the 2014-2016 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 126 services to include additional codes as part of the family. The CPT® Editorial Panel deleted eight codes and will review four codes for the 2016 cycle. The RUC submitted 111 recommendations to CMS for the 2013-2016 Medicare Physician Payment Schedules will review utilization data for three services after additional data is available.

In the Proposed Rule for 2015, CMS repeated this list and requested that the RUC review 64 high Medicare Physician Payment Schedule expenditure procedural codes. CMS selected these codes since they have not been reviewed for at least 6 years (2009 or earlier). Twenty of these 64 codes were services recently reviewed by the RUC for the 2015 Medicare Physician Payment Schedule or already in the CPT process. The RUC will review the remaining 44 and associated code families for the 2016 and 2017 Medicare Physician Payment Schedules.

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 22 to include additional codes as part of the family. The RUC reviewed these services and referred four services to the CPT® Editorial Panel for revision. The RUC reviewed the remaining 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 18 recommendations for the 2016 Medicare Physician Payment Schedule.

Post-Operative Visits
010-Day Global Codes
In January 2014, the RUC reviewed all 477, 010-day global codes to determine any outliers. Many 010-day global period services only include one post-operative office visit. The Relativity Assessment Workgroup pared down the list to 19 services with >1.5 office visits and 2012 Medicare utilization > 1,000. The RUC reviewed the 19 services, which was expanded to 21 services for additional codes in the family of services, identified via this screen. The RUC submitted recommendations for two services for the 2015 Medicare Physician Payment Schedule, reaffirmed the post-operative visits for five services and specialty societies will survey the remaining 14 services for the RUC to review and submit recommendations to CMS for the 2016 Medicare Physician Payment Schedule.

090-Day Global Codes
In January 2014, the RUC reviewed all 3,788, 090-day global codes to determine any outliers. Based on 2012 Medicare utilization data, 10 services were identified, that were reported at least 1,000 times per year and included more than six office visits. The RUC expanded the services identified in this screen to 18 to include additional codes as part of the family. The RUC submitted recommendations for one service for the 2015 Medicare Physician Payment Schedule, reaffirmed the post-operative visits for one service, referred six services to CPT® Editorial Panel for revision or deletion and the specialty societies will survey the remaining 10 services for the RUC to review and submit recommendations to CMS for the 2016 Medicare Physician Payment Schedule.

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

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

Final Rule for 2014
CMS did not receive any publicly nominated potentially misvalued codes for inclusion in the Proposed Rule for 2014. To broaden participation in the process of identifying potentially misvalued codes, CMS sought the input of Medicare contractor medical directors (CMDs). The CMDs have identified over a dozen services which CMS is proposing as potentially misvalued. The RUC reviewed these services and appropriate families, totaling 88 services, at the October 2013 RUC meeting and noted that two services identified were recently reviewed and recommendations were submitted for the 2014 Medicare Payment Schedule. The RUC referred three services to the CPT® Editorial Panel for consideration to delete. The RUC submitted recommendations to CMS for 82 services for the 2015 and 2016 Medicare Physician Payment Schedules and will review one service after additional data is available.

Proposed Rule for 2015
In the Proposed Rule for 2015 the public and CMS nominated 20 services as potentially misvalued. The RUC will review these services for the 2016 Medicare Physician Payment Schedule.

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

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

CMS Requests and RUC Relativity Assessment Workgroup Code Status

Total Number of Codes Identified*	**1,769**
Codes Completed	**1,551**
Work and PE Maintained	475
Work Increased	131
Work Decreased	568
Direct Practice Expense Revised (beyond work changes)	118
Deleted from CPT®	259
Codes Under Review	**218**
Referred to CPT® Editorial Panel	81
RUC to Review January/April 2015	106
RUC future review after additional data obtained	31

**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 2009-2014 have resulted in $3 billion for redistribution within the Medicare Physician Payment Schedule.

RUC Recommendations for CMS Requests and Relativity Assessment Identified Codes

CPT Code	Descriptor	RUC Recommend-ation	CMS Fastest Growing	CMS/Other Source - Utilization over 250,000	CMS Request for Final Rule	High Volume Growth	Low Value High Volume	010-Day Global Post Operative Visits	090-Day Global Post Operative Visits
11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	1.99						X	
11752	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx	Tabled until January 2015						X	
20240	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)	Global change request. Survey for January 2015						X	
20245	Biopsy, bone, open; deep (eg, humerus, ischium, femur)	Survey for September 2014						X	
31582	Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy	Refer to CPT							X
31584	Laryngoplasty; with open reduction of fracture	Refer to CPT							X
31587	Laryngoplasty, cricoid split	Refer to CPT							X
31588	Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)	Refer to CPT							X
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	9.34						X	
38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	12.00	X					X	
38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	15.60						X	
46500	Injection of sclerosing solution, hemorrhoids	1.69						X	
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	91.78							X
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	17.95			X				
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	17.25			X				
68801	Dilation of lacrimal punctum, with or without irrigation	1.00 (Interim)						X	
68810	Probing of nasolacrimal duct, with or without irrigation;	1.95 (Interim)						X	

RUC Recommendations for CMS Requests and Relativity Assessment Identified Codes

CPT Code	Descriptor	RUC Recommend-ation	CMS Fastest Growing	CMS/Other Source - Utilization over 250,000	CMS Request for Final Rule	High Volume Growth	Low Value High Volume	010-Day Global Post Operative Visits	090-Day Global Post Operative Visits
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	3.06 (Interim)						X	
71100	Radiologic examination, ribs, unilateral; 2 views	0.22		X					
72070	Radiologic examination, spine; thoracic, 2 views	0.22		X					
73060	Radiologic examination; humerus, minimum of 2 views	0.16		X					
73560	Radiologic examination, knee; 1 or 2 views	0.16					X		
73562	Radiologic examination, knee; 3 views	0.18					X		
73564	Radiologic examination, knee; complete, 4 or more views	0.22		X					
73565	Radiologic examination, knee; both knees, standing, anteroposterior	0.16		X					
73590	Radiologic examination; tibia and fibula, 2 views	0.16		X					
73600	Radiologic examination, ankle; 2 views	0.16		X					
88346	Immunofluorescent study, each antibody; direct method	Refer to CPT		X					
88347	Immunofluorescent study, each antibody; indirect method	Refer to CPT		X					
88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computer-assisted technology	0.86			X				
88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; manual	0.88			X				

CPT 2015/2016 RUC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
27279	090	N	Feb14	18	Sacroiliac Joint Fusion	Y1	Apr14	8	AANS,CNS, AAOS, NASS	9.03	9.03		☑		☑
27280	090	R	May14	J	Sacroiliac Joint Fusion	Y2	Oct14	6	AANS, CNS, AAOS, NASS	20.00	20.00		☑		☑
37215	090	R	May14	25	Transcatheter Placement of Carotid Stent	CC1	Oct14	4	AANS, CNS, SVS, ACC, ACR, SIR, ASNR, SCAI	19.00	18.00		☑		☑
37216	090	R	Feb14	25	Transcatheter Placement of Carotid Stents		Apr14	12	AANS, CNS, SVS, ACC, ACR, SIR, ASNR, SCAI	18.95	18.95	Yes	☑		☐
91200	XXX	N	Feb14	85	Transient Elastography of Liver	KK1	Oct14	5	AGA,ACG, ASGE	0.72	0.37		☑		☑
95250	XXX	R	May14	23	Continuous Glucose Monitoring	B3	Oct14	7	AACE, TES				☑	Refer to CPT	☐
95251	XXX	R	May14	23	Continuous Glucose Monitoring	B4	Oct14	7	AACE, TES				☑	Refer to CPT	☐
9525X1	XXX	N	May14	23	Continuous Glucose Monitoring	B1	Oct14	7	AACE, TES				☑	Refer to CPT	☐
9525X2	XXX	N	May14	23	Continuous Glucose Monitoring	B2	Oct14	7	AACE, TES				☑	Refer to CPT	☐
99174	XXX	R	May14	24	Instrument-Based Ocular Screening	C1	Oct14	8	AAO, AAP	0.00	0.00		☑	PE Only	☐
99176X	XXX	N	May14	24	Instrument-Based Ocular Screening	C2	Oct14	8	AAO,AAP	0.00	0.00		☑	PE Only	☐
9935XX1	ZZZ	N	May14	8	Office or Other Outpatient Observation	A1	Oct14	9	ACP	0.00	0.00		☑	PE Only	☐

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
9935XX2	ZZZ	N	May14	8	Office or Other Outpatient Observation	A2	Oct14	9	ACP	0.00	0.00		☑	Pe Only	☐

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2013 Est Medicare Utilization:** 21,164

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0 **2014 NF PE RVU:** 0
2007 Fac PE RVU 0 **2014 Fac PE RVU:** 0

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

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

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

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

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACR, SIR, CAP, ACR, ASC **First Identified:** October 2008 **2013 Est Medicare Utilization:** 187,971

2007 Work RVU: 1.27 **2014 Work RVU:** 1.27
2007 NF PE RVU: 2.41 **2014 NF PE RVU:** 2.54
2007 Fac PE RVU 0.40 **2014 Fac PE RVU:** 0.48

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

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

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

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

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

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.00 **CPT Action (if applicable):** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 474,812

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 1.29 **2014 NF PE RVU:** 1.92
2007 Fac PE RVU 0.97 **2014 Fac PE RVU:** 1.39

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

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

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

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

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** APMA **First Identified:** October 2009 **2013 Est Medicare Utilization:** 177,459

2007 Work RVU: 2.45 **2014 Work RVU:** 2.45
2007 NF PE RVU: 1.89 **2014 NF PE RVU:** 3.04
2007 Fac PE RVU 1.51 **2014 Fac PE RVU:** 2.33

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

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

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

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

Most Recent RUC Meeting: September 2011 **Tab** 12 **Specialty Developing Recommendation:** APMA, AAFP **First Identified:** April 2011 **2013 Est Medicare Utilization:** 41,296

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 2.12 **2014 NF PE RVU:** 2.89
2007 Fac PE RVU 0.97 **2014 Fac PE RVU:** 1.56

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: January 2013 **2013 Est Medicare Utilization:** 12,289

2007 Work RVU: 2.30 **2014 Work RVU:** 2.30
2007 NF PE RVU: 3.06 **2014 NF PE RVU:** 4.18
2007 Fac PE RVU 1.94 **2014 Fac PE RVU:** 2.32

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

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

11040 **Deleted from CPT**

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

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

First Identified: September 2007 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.50 **2014 Work RVU:**
2007 NF PE RVU: 0.56 **2014 NF PE RVU:**
2007 Fac PE RVU 0.20 **2014 Fac PE RVU:**

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

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

11041 **Deleted from CPT**

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

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

First Identified: September 2007 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.60 **2014 Work RVU:**
2007 NF PE RVU: 0.68 **2014 NF PE RVU:**
2007 Fac PE RVU 0.30 **2014 Fac PE RVU:**

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

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA

First Identified: September 2007 **2013 Est Medicare Utilization:** 1,393,190

2007 Work RVU: 1.01 **2014 Work RVU:** 1.01
2007 NF PE RVU: 0.97 **2014 NF PE RVU:** 2.14
2007 Fac PE RVU 0.39 **2014 Fac PE RVU:** 0.63

RUC Recommendation: 1.12 **CPT Action (if applicable):** October 2009 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 211,190

2007 Work RVU: 2.70 **2014 Work RVU:** 2.70
2007 NF PE RVU: 3.45 **2014 NF PE RVU:** 3.36
2007 Fac PE RVU 2.62 **2014 Fac PE RVU:** 1.37

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

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 55,668

2007 Work RVU: 4.10 **2014 Work RVU:** 4.10
2007 NF PE RVU: 4.58 **2014 NF PE RVU:** 4.21
2007 Fac PE RVU 3.73 **2014 Fac PE RVU:** 1.92

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

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** **2013 Est Medicare Utilization:** 230,179

2007 Work RVU: 0.50 **2014 Work RVU:** 0.50
2007 NF PE RVU: **2014 NF PE RVU:** 0.59
2007 Fac PE RVU **2014 Fac PE RVU:** 0.18

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** **2013 Est Medicare Utilization:** 96,495

2007 Work RVU: 1.03 **2014 Work RVU:** 1.03
2007 NF PE RVU: **2014 NF PE RVU:** 0.88
2007 Fac PE RVU **2014 Fac PE RVU:** 0.41

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

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** **2013 Est Medicare Utilization:** 21,618

2007 Work RVU: 1.80 **2014 Work RVU:** 1.80
2007 NF PE RVU: **2014 NF PE RVU:** 1.43
2007 Fac PE RVU **2014 Fac PE RVU:** 0.76

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

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

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

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

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** APMA **First Identified:** November 2011 **2013 Est Medicare Utilization:** 871,019

2007 Work RVU: 0.35 **2014 Work RVU:** 0.35
2007 NF PE RVU: 0.63 **2014 NF PE RVU:** 0.96
2007 Fac PE RVU 0.16 **2014 Fac PE RVU:** 0.09

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2012 **Tab** 53 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,885,233

2007 Work RVU: 0.50 **2014 Work RVU:** 0.50
2007 NF PE RVU: 0.7 **2014 NF PE RVU:** 1.1
2007 Fac PE RVU 0.22 **2014 Fac PE RVU:** 0.12

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

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

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

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

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** APMA **First Identified:** November 2011 **2013 Est Medicare Utilization:** 361,689

2007 Work RVU: 0.65 **2014 Work RVU:** 0.65
2007 NF PE RVU: 0.81 **2014 NF PE RVU:** 1.15
2007 Fac PE RVU 0.28 **2014 Fac PE RVU:** 0.16

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

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

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

Global: 000 **Issue:** **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2013 Est Medicare Utilization:** 3,111,942

2007 Work RVU: 0.81 **2014 Work RVU:** 0.81
2007 NF PE RVU: 1.41 **2014 NF PE RVU:** 1.94
2007 Fac PE RVU 0.38 **2014 Fac PE RVU:** 0.47

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: ZZZ **Issue:** **Screen:** Low Value Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,361,678

2007 Work RVU: 0.41 **2014 Work RVU:** 0.41
2007 NF PE RVU: 0.35 **2014 NF PE RVU:** 0.45
2007 Fac PE RVU 0.20 **2014 Fac PE RVU:** 0.24

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Est Medicare Utilization:** 91,612

2007 Work RVU: 0.60 **2014 Work RVU:** 0.60
2007 NF PE RVU: 1.04 **2014 NF PE RVU:** 2
2007 Fac PE RVU 0.21 **2014 Fac PE RVU:** 0.32

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Est Medicare Utilization:** 180,468

2007 Work RVU: 0.90 **2014 Work RVU:** 0.90
2007 NF PE RVU: 1.21 **2014 NF PE RVU:** 2.29
2007 Fac PE RVU 0.38 **2014 Fac PE RVU:** 0.51

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Est Medicare Utilization:** 110,173

2007 Work RVU: 1.05 **2014 Work RVU:** 1.05
2007 NF PE RVU: 1.42 **2014 NF PE RVU:** 2.71
2007 Fac PE RVU 0.47 **2014 Fac PE RVU:** 0.6

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Est Medicare Utilization:** 15,729

2007 Work RVU: 1.25 **2014 Work RVU:** 1.25
2007 NF PE RVU: 1.69 **2014 NF PE RVU:** 2.9
2007 Fac PE RVU 0.53 **2014 Fac PE RVU:** 0.7

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Est Medicare Utilization:** 110,600

2007 Work RVU: 0.80 **2014 Work RVU:** 0.80
2007 NF PE RVU: 0.91 **2014 NF PE RVU:** 1.88
2007 Fac PE RVU 0.26 **2014 Fac PE RVU:** 0.25

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Est Medicare Utilization:** 96,127

2007 Work RVU: 0.96 **2014 Work RVU:** 0.96
2007 NF PE RVU: 1.18 **2014 NF PE RVU:** 2.3
2007 Fac PE RVU 0.41 **2014 Fac PE RVU:** 0.41

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Est Medicare Utilization:** 52,223

2007 Work RVU: 1.20 **2014 Work RVU:** 1.20
2007 NF PE RVU: 1.4 **2014 NF PE RVU:** 2.64
2007 Fac PE RVU 0.49 **2014 Fac PE RVU:** 0.56

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Est Medicare Utilization:** 13,465

2007 Work RVU: 1.46 **2014 Work RVU:** 1.46
2007 NF PE RVU: 1.53 **2014 NF PE RVU:** 2.6
2007 Fac PE RVU 0.58 **2014 Fac PE RVU:** 0.51

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Est Medicare Utilization:** 81,377

2007 Work RVU: 0.80 **2014 Work RVU:** 0.80
2007 NF PE RVU: 1.18 **2014 NF PE RVU:** 2.23
2007 Fac PE RVU 0.32 **2014 Fac PE RVU:** 0.44

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Est Medicare Utilization:** 109,906

2007 Work RVU: 1.10 **2014 Work RVU:** 1.10
2007 NF PE RVU: 1.34 **2014 NF PE RVU:** 1.84
2007 Fac PE RVU 0.49 **2014 Fac PE RVU:** 0.62

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: January 2012

2013 Est Medicare Utilization: 52,469

2007 Work RVU: 1.30 **2014 Work RVU:** 1.30
2007 NF PE RVU: 1.55 **2014 NF PE RVU:** 2.96
2007 Fac PE RVU 0.56 **2014 Fac PE RVU:** 0.75

RUC Recommendation: 1.80

CPT Action (if applicable):

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

Result: Increase

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

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

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

First Identified: January 2012

2013 Est Medicare Utilization: 6,025

2007 Work RVU: 1.68 **2014 Work RVU:** 1.68
2007 NF PE RVU: 1.9 **2014 NF PE RVU:** 3.25
2007 Fac PE RVU 0.73 **2014 Fac PE RVU:** 0.95

RUC Recommendation: 2.00

CPT Action (if applicable):

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

Result: Increase

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

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

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

First Identified: October 2010

2013 Est Medicare Utilization: 1,328,623

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2014 NF PE RVU:** 0.21
2007 Fac PE RVU 0.07 **2014 Fac PE RVU:** 0.04

RUC Recommendation: 0.17

CPT Action (if applicable):

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

Result: Maintain

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

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

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

First Identified:

2013 Est Medicare Utilization: 2,230,254

2007 Work RVU: 0.32 **2014 Work RVU:** 0.32
2007 NF PE RVU: 0.37 **2014 NF PE RVU:** 0.56
2007 Fac PE RVU 0.11 **2014 Fac PE RVU:** 0.08

RUC Recommendation: 0.32 (Interim)

CPT Action (if applicable):

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2011 **Tab** 53 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2013 Est Medicare Utilization:** 7,289,624

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 0.47 **2014 NF PE RVU:** 0.68
2007 Fac PE RVU 0.20 **2014 Fac PE RVU:** 0.13

RUC Recommendation: 0.54 (Interim) **CPT Action (if applicable):** **Result:** Maintain

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

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

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:**

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

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

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

Most Recent RUC Meeting: September 2014 **Tab** 26 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2013 Est Medicare Utilization:** 220,223

2007 Work RVU: 2.50 **2014 Work RVU:** 2.50
2007 NF PE RVU: 2.37 **2014 NF PE RVU:** 3.59
2007 Fac PE RVU 1.79 **2014 Fac PE RVU:** 2.23

RUC Recommendation: 1.99 **CPT Action (if applicable):** **Result:** Decrease

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

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

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

Most Recent RUC Meeting: September 2014 **Tab** 26 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2013 Est Medicare Utilization:** 1,694

2007 Work RVU: 3.63 **2014 Work RVU:** 3.63
2007 NF PE RVU: 3.28 **2014 NF PE RVU:** 5.06
2007 Fac PE RVU 2.95 **2014 Fac PE RVU:** 3.4

RUC Recommendation: Tabled until January 2015 **CPT Action (if applicable):** **Result:**

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

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

2013 Est Medicare Utilization: 184,078

2007 Work RVU: 0.52 **2014 Work RVU:** 0.52
2007 NF PE RVU: 0.72 **2014 NF PE RVU:** 0.95
2007 Fac PE RVU 0.22 **2014 Fac PE RVU:** 0.3

RUC Recommendation: 0.52

CPT Action (if applicable):

Result: Maintain

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

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

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

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

First Identified: February 2010

2013 Est Medicare Utilization: 61,418

2007 Work RVU: 0.80 **2014 Work RVU:** 0.80
2007 NF PE RVU: 0.75 **2014 NF PE RVU:** 1.04
2007 Fac PE RVU 0.37 **2014 Fac PE RVU:** 0.48

RUC Recommendation: 0.80

CPT Action (if applicable):

Result: Maintain

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

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

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

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

First Identified: April 2013

2013 Est Medicare Utilization: 29,589

2007 Work RVU: 1.48 **2014 Work RVU:** 1.48
2007 NF PE RVU: 1.1 **2014 NF PE RVU:** 1.22
2007 Fac PE RVU 0.55 **2014 Fac PE RVU:** 0.59

RUC Recommendation: 1.10

CPT Action (if applicable):

Result: Decrease

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

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

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

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

First Identified: June 2008

2013 Est Medicare Utilization: 12,669

2007 Work RVU: 1.48 **2014 Work RVU:** 1.48
2007 NF PE RVU: 1.76 **2014 NF PE RVU:** 2.16
2007 Fac PE RVU 0.66 **2014 Fac PE RVU:** 0.62

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2013 Est Medicare Utilization:** 3,648

2007 Work RVU: 1.78 **2014 Work RVU:** 1.78
2007 NF PE RVU: 1.97 **2014 NF PE RVU:** 2.37
2007 Fac PE RVU 0.81 **2014 Fac PE RVU:** 0.78

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

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

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

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

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AUA **First Identified:** June 2008 **2013 Est Medicare Utilization:** 3,333

2007 Work RVU: 3.30 **2014 Work RVU:** 3.30
2007 NF PE RVU: 2.38 **2014 NF PE RVU:** 2.47
2007 Fac PE RVU 1.44 **2014 Fac PE RVU:** 1.22

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2013 Est Medicare Utilization:** 178,912

2007 Work RVU: 0.84 **2014 Work RVU:** 0.84
2007 NF PE RVU: 1.92 **2014 NF PE RVU:** 1.55
2007 Fac PE RVU 0.76 **2014 Fac PE RVU:** 0.32

RUC Recommendation: 0.84 **CPT Action (if applicable):** **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2013 Est Medicare Utilization:** 138,829

2007 Work RVU: 1.14 **2014 Work RVU:** 1.14
2007 NF PE RVU: 1.98 **2014 NF PE RVU:** 1.74
2007 Fac PE RVU 0.89 **2014 Fac PE RVU:** 0.38

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

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

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:** **2013 Est Medicare Utilization:** 21,397

2007 Work RVU: 1.44 **2014 Work RVU:** 1.44
2007 NF PE RVU: 2.26 **2014 NF PE RVU:** 1.94
2007 Fac PE RVU 0.99 **2014 Fac PE RVU:** 0.45

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Est Medicare Utilization:** 5,702

2007 Work RVU: 1.97 **2014 Work RVU:** 1.97
2007 NF PE RVU: 2.75 **2014 NF PE RVU:** 2.41
2007 Fac PE RVU 1.17 **2014 Fac PE RVU:** 0.58

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Est Medicare Utilization:** 1,063

2007 Work RVU: 2.39 **2014 Work RVU:** 2.39
2007 NF PE RVU: 3.3 **2014 NF PE RVU:** 2.87
2007 Fac PE RVU 1.46 **2014 Fac PE RVU:** 0.7

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Est Medicare Utilization:** 390

2007 Work RVU: 2.90 **2014 Work RVU:** 2.90
2007 NF PE RVU: 3.71 **2014 NF PE RVU:** 3.18
2007 Fac PE RVU 1.73 **2014 Fac PE RVU:** 0.94

RUC Recommendation: 2.90 **CPT Action (if applicable):** **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:** **2013 Est Medicare Utilization:** 85,866

2007 Work RVU: 1.07 **2014 Work RVU:** 1.07
2007 NF PE RVU: 2.07 **2014 NF PE RVU:** 1.83
2007 Fac PE RVU 0.78 **2014 Fac PE RVU:** 0.36

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Est Medicare Utilization:** 49,502

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 2.22 **2014 NF PE RVU:** 1.96
2007 Fac PE RVU 0.92 **2014 Fac PE RVU:** 0.39

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Est Medicare Utilization:** 6,424

2007 Work RVU: 1.57 **2014 Work RVU:** 1.57
2007 NF PE RVU: 2.5 **2014 NF PE RVU:** 2.16
2007 Fac PE RVU 1.04 **2014 Fac PE RVU:** 0.47

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Est Medicare Utilization:** 3,243

2007 Work RVU: 1.98 **2014 Work RVU:** 1.98
2007 NF PE RVU: 3.04 **2014 NF PE RVU:** 2.56
2007 Fac PE RVU 1.22 **2014 Fac PE RVU:** 0.55

RUC Recommendation: 1.98 **CPT Action (if applicable):** **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:** **2013 Est Medicare Utilization:** 469

2007 Work RVU: 2.68 **2014 Work RVU:** 2.68
2007 NF PE RVU: 3.45 **2014 NF PE RVU:** 2.89
2007 Fac PE RVU 1.47 **2014 Fac PE RVU:** 0.75

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Est Medicare Utilization:** 59

2007 Work RVU: 3.18 **2014 Work RVU:** 3.18
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.79 **2014 Fac PE RVU:** 0.71

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Est Medicare Utilization:** 37

2007 Work RVU: 3.61 **2014 Work RVU:** 3.61
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.19 **2014 Fac PE RVU:** 0.79

RUC Recommendation: 3.61 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 56,516

2007 Work RVU: 2.00 **2014 Work RVU:** 2.00
2007 NF PE RVU: 2.69 **2014 NF PE RVU:** 4.29
2007 Fac PE RVU 1.17 **2014 Fac PE RVU:** 2.03

RUC Recommendation: 2.00

CPT Action (if applicable):

Result: Decrease

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

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

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

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

First Identified: October 2009 **2013 Est Medicare Utilization:** 221,237

2007 Work RVU: 2.52 **2014 Work RVU:** 2.52
2007 NF PE RVU: 4.19 **2014 NF PE RVU:** 5.53
2007 Fac PE RVU 1.92 **2014 Fac PE RVU:** 2.63

RUC Recommendation: 2.52

CPT Action (if applicable):

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 **2013 Est Medicare Utilization:** 21,833

2007 Work RVU: 2.97 **2014 Work RVU:** 2.97
2007 NF PE RVU: 3.54 **2014 NF PE RVU:** 5.25
2007 Fac PE RVU 1.59 **2014 Fac PE RVU:** 2.43

RUC Recommendation: 2.97

CPT Action (if applicable):

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 **2013 Est Medicare Utilization:** 4,503

2007 Work RVU: 3.50 **2014 Work RVU:** 3.50
2007 NF PE RVU: 5.21 **2014 NF PE RVU:** 6.68
2007 Fac PE RVU 2.14 **2014 Fac PE RVU:** 2.79

RUC Recommendation: 3.60

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

Result: Increase

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

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

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

First Identified: February 2010 **2013 Est Medicare Utilization:** 966

2007 Work RVU: 4.23 **2014 Work RVU:** 4.23
2007 NF PE RVU: 5.51 **2014 NF PE RVU:** 6.91
2007 Fac PE RVU 2.47 **2014 Fac PE RVU:** 3.02

RUC Recommendation: 4.50

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

Result: Increase

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

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

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

First Identified: February 2010 **2013 Est Medicare Utilization:** 525

2007 Work RVU: 5.00 **2014 Work RVU:** 5.00
2007 NF PE RVU: 6.05 **2014 NF PE RVU:** 7.49
2007 Fac PE RVU 2.88 **2014 Fac PE RVU:** 3.46

RUC Recommendation: 5.25

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

Result: Increase

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 **2013 Est Medicare Utilization:** 18,794

2007 Work RVU: 2.10 **2014 Work RVU:** 2.10
2007 NF PE RVU: 2.87 **2014 NF PE RVU:** 4.32
2007 Fac PE RVU 1.29 **2014 Fac PE RVU:** 2.03

RUC Recommendation: 2.10 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 46,499

2007 Work RVU: 2.79 **2014 Work RVU:** 2.79
2007 NF PE RVU: 3.57 **2014 NF PE RVU:** 4.85
2007 Fac PE RVU 1.63 **2014 Fac PE RVU:** 2.49

RUC Recommendation: 2.79 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 2,113

2007 Work RVU: 3.19 **2014 Work RVU:** 3.19
2007 NF PE RVU: 3.74 **2014 NF PE RVU:** 6.35
2007 Fac PE RVU 1.69 **2014 Fac PE RVU:** 2.45

RUC Recommendation: 3.19 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 310

2007 Work RVU: 3.75 **2014 Work RVU:** 3.75
2007 NF PE RVU: 5.21 **2014 NF PE RVU:** 6.89
2007 Fac PE RVU 2.23 **2014 Fac PE RVU:** 3.34

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

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 58

2007 Work RVU: 4.30 **2014 Work RVU:** 4.30
2007 NF PE RVU: 6.28 **2014 NF PE RVU:** 8.29
2007 Fac PE RVU 2.64 **2014 Fac PE RVU:** 3.64

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

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 30

2007 Work RVU: 4.95 **2014 Work RVU:** 4.95
2007 NF PE RVU: 6.3 **2014 NF PE RVU:** 8.85
2007 Fac PE RVU 2.95 **2014 Fac PE RVU:** 3.87

RUC Recommendation: 5.50 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 57,486

2007 Work RVU: 2.33 **2014 Work RVU:** 2.33
2007 NF PE RVU: 3.48 **2014 NF PE RVU:** 4.53
2007 Fac PE RVU 1.57 **2014 Fac PE RVU:** 2.2

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 77,882

2007 Work RVU: 2.87 **2014 Work RVU:** 2.87
2007 NF PE RVU: 3.64 **2014 NF PE RVU:** 4.92
2007 Fac PE RVU 1.72 **2014 Fac PE RVU:** 2.5

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

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 9,104

2007 Work RVU: 3.17 **2014 Work RVU:** 3.17
2007 NF PE RVU: 3.77 **2014 NF PE RVU:** 5.99
2007 Fac PE RVU 1.68 **2014 Fac PE RVU:** 2.55

RUC Recommendation: 3.17 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 2,816

2007 Work RVU: 3.50 **2014 Work RVU:** 3.50
2007 NF PE RVU: 4.02 **2014 NF PE RVU:** 6.24
2007 Fac PE RVU 1.74 **2014 Fac PE RVU:** 2.47

RUC Recommendation: 3.50 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 401

2007 Work RVU: 4.50 **2014 Work RVU:** 4.50
2007 NF PE RVU: 4.87 **2014 NF PE RVU:** 8.16
2007 Fac PE RVU 2.13 **2014 Fac PE RVU:** 3.47

RUC Recommendation: 4.65 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 39

2007 Work RVU: 5.30 **2014 Work RVU:** 5.30
2007 NF PE RVU: 6.62 **2014 NF PE RVU:** 9.45
2007 Fac PE RVU 2.89 **2014 Fac PE RVU:** 4.83

RUC Recommendation: 5.50 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 36

2007 Work RVU: 6.00 **2014 Work RVU:** 6.00
2007 NF PE RVU: 6.47 **2014 NF PE RVU:** 9.02
2007 Fac PE RVU 3.53 **2014 Fac PE RVU:** 4.13

RUC Recommendation: 6.28 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2013 Est Medicare Utilization:** 5,290

2007 Work RVU: 3.00 **2014 Work RVU:** 3.00
2007 NF PE RVU: 4.15 **2014 NF PE RVU:** 5.87
2007 Fac PE RVU 2.35 **2014 Fac PE RVU:** 2.41

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2013 Est Medicare Utilization:** 70,858

2007 Work RVU: 3.50 **2014 Work RVU:** 3.50
2007 NF PE RVU: 4.99 **2014 NF PE RVU:** 7
2007 Fac PE RVU 2.77 **2014 Fac PE RVU:** 3.19

RUC Recommendation: 3.50 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2013 Est Medicare Utilization:** 17,834

2007 Work RVU: 1.24 **2014 Work RVU:** 1.24
2007 NF PE RVU: 1.22 **2014 NF PE RVU:** 1.96
2007 Fac PE RVU 0.57 **2014 Fac PE RVU:** 0.68

RUC Recommendation: 1.24 **CPT Action (if applicable):** **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 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 9,032

2007 Work RVU: 3.23 **2014 Work RVU:** 3.23
2007 NF PE RVU: 4.26 **2014 NF PE RVU:** 6.04
2007 Fac PE RVU 2.41 **2014 Fac PE RVU:** 3.01

RUC Recommendation: 3.23 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 124,183

2007 Work RVU: 4.00 **2014 Work RVU:** 4.00
2007 NF PE RVU: 5.32 **2014 NF PE RVU:** 7.31
2007 Fac PE RVU 3.02 **2014 Fac PE RVU:** 3.03

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 18,722

2007 Work RVU: 1.44 **2014 Work RVU:** 1.44
2007 NF PE RVU: 1.48 **2014 NF PE RVU:** 2.06
2007 Fac PE RVU 0.63 **2014 Fac PE RVU:** 0.77

RUC Recommendation: 1.44 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

13131 **Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm** **Global:** 010 **Issue:** Complex Wound Repair **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 36,917

2007 Work RVU: 3.73 **2014 Work RVU:** 3.73
2007 NF PE RVU: 4.53 **2014 NF PE RVU:** 6.47
2007 Fac PE RVU 2.74 **2014 Fac PE RVU:** 2.86

RUC Recommendation: 3.73 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 222,483

2007 Work RVU: 4.78 **2014 Work RVU:** 4.78
2007 NF PE RVU: 6.42 **2014 NF PE RVU:** 7.81
2007 Fac PE RVU 4.38 **2014 Fac PE RVU:** 3.5

RUC Recommendation: 4.78 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 12,801

2007 Work RVU: 2.19 **2014 Work RVU:** 2.19
2007 NF PE RVU: 1.72 **2014 NF PE RVU:** 2.49
2007 Fac PE RVU 1.02 **2014 Fac PE RVU:** 1.24

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 2,275

2007 Work RVU: 3.82 **2014 Work RVU:**
2007 NF PE RVU: 4.83 **2014 NF PE RVU:**
2007 Fac PE RVU 2.76 **2014 Fac PE RVU:**

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 32,319

2007 Work RVU: 4.34 **2014 Work RVU:** 4.34
2007 NF PE RVU: 4.99 **2014 NF PE RVU:** 6.83
2007 Fac PE RVU 3.17 **2014 Fac PE RVU:** 3.23

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

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

Status Report: CMS Requests and Relativity Assessment Issues

13152 **Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm** **Global:** 010 **Issue:** Complex Wound Repair **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued with Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 46,612

2007 Work RVU: 5.34 **2014 Work RVU:** 5.34
2007 NF PE RVU: 6.42 **2014 NF PE RVU:** 8.03
2007 Fac PE RVU 4.03 **2014 Fac PE RVU:** 3.82

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

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

13153 **Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2013 Est Medicare Utilization:** 1,017

2007 Work RVU: 2.38 **2014 Work RVU:** 2.38
2007 NF PE RVU: 1.96 **2014 NF PE RVU:** 2.72
2007 Fac PE RVU 1.11 **2014 Fac PE RVU:** 1.33

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

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

14000 **Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** April 2008 **2013 Est Medicare Utilization:** 9,174

2007 Work RVU: 6.37 **2014 Work RVU:** 6.37
2007 NF PE RVU: 8.14 **2014 NF PE RVU:** 10.03
2007 Fac PE RVU 5.63 **2014 Fac PE RVU:** 6.85

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 8,899

2007 Work RVU: 8.78 **2014 Work RVU:** 8.78
2007 NF PE RVU: 9.86 **2014 NF PE RVU:** 12.18
2007 Fac PE RVU 7.22 **2014 Fac PE RVU:** 8.34

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

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

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** April 2008 **2013 Est Medicare Utilization:** 20,992

2007 Work RVU: 7.22 **2014 Work RVU:** 7.22
2007 NF PE RVU: 8.98 **2014 NF PE RVU:** 11.21
2007 Fac PE RVU 6.64 **2014 Fac PE RVU:** 7.82

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

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

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 18,544

2007 Work RVU: 9.72 **2014 Work RVU:** 9.72
2007 NF PE RVU: 10.63 **2014 NF PE RVU:** 13.25
2007 Fac PE RVU 8.41 **2014 Fac PE RVU:** 9.25

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

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

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2013 Est Medicare Utilization:** 76,543

2007 Work RVU: 8.60 **2014 Work RVU:** 8.60
2007 NF PE RVU: 9.17 **2014 NF PE RVU:** 11.58
2007 Fac PE RVU 7.17 **2014 Fac PE RVU:** 8.18

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 42,976

2007 Work RVU: 10.83 **2014 Work RVU:** 10.83
2007 NF PE RVU: 11.37 **2014 NF PE RVU:** 14.07
2007 Fac PE RVU 8.88 **2014 Fac PE RVU:** 9.74

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

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

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

Global: 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2013 Est Medicare Utilization:** 94,401

2007 Work RVU: 9.23 **2014 Work RVU:** 9.23
2007 NF PE RVU: 9.02 **2014 NF PE RVU:** 11.31
2007 Fac PE RVU 7.39 **2014 Fac PE RVU:** 8.63

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:** Maintain

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

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

Global: 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly/ CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 27,357

2007 Work RVU: 11.48 **2014 Work RVU:** 11.48
2007 NF PE RVU: 12.45 **2014 NF PE RVU:** 15.31
2007 Fac PE RVU 9.72 **2014 Fac PE RVU:** 10.54

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

14300 **Deleted from CPT**

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

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

2007 Work RVU: 13.26 **2014 Work RVU:**
2007 NF PE RVU: 11.77 **2014 NF PE RVU:**
2007 Fac PE RVU 9.28 **2014 Fac PE RVU:**

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

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

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

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 27,340

2007 Work RVU: 12.65 **2014 Work RVU:** 12.65
2007 NF PE RVU: **2014 NF PE RVU:** 15.66
2007 Fac PE RVU **2014 Fac PE RVU:** 10.52

RUC Recommendation: 12.47 **CPT Action (if applicable):** February 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 20,450

2007 Work RVU: 3.73 **2014 Work RVU:** 3.73
2007 NF PE RVU: **2014 NF PE RVU:** 2.04
2007 Fac PE RVU **2014 Fac PE RVU:** 2.04

RUC Recommendation: 3.73 **CPT Action (if applicable):** February 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 18,696

2007 Work RVU: 3.65 **2014 Work RVU:** 3.65
2007 NF PE RVU: 4.12 **2014 NF PE RVU:** 5.52
2007 Fac PE RVU 1.65 **2014 Fac PE RVU:** 2.24
Result: Maintain

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

CPT Action (if applicable):

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

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

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS, APMA **First Identified:** January 2014 **2013 Est Medicare Utilization:** 22,435

2007 Work RVU: 4.58 **2014 Work RVU:** 4.58
2007 NF PE RVU: 4.77 **2014 NF PE RVU:** 6.14
2007 Fac PE RVU 1.97 **2014 Fac PE RVU:** 2.59
Result: Maintain

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

CPT Action (if applicable):

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

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

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 15,831

2007 Work RVU: 9.90 **2014 Work RVU:** 9.90
2007 NF PE RVU: 11.91 **2014 NF PE RVU:** 12.55
2007 Fac PE RVU 7.57 **2014 Fac PE RVU:** 8.74
Result: Maintain

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

CPT Action (if applicable):

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 10,581

2007 Work RVU: 10.15 **2014 Work RVU:** 10.15
2007 NF PE RVU: 10.87 **2014 NF PE RVU:** 12.33
2007 Fac PE RVU 7.71 **2014 Fac PE RVU:** 8.23

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

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

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

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

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

2007 Work RVU: 5.99 **2014 Work RVU:**
2007 NF PE RVU: 3.79 **2014 NF PE RVU:**
2007 Fac PE RVU 2.37 **2014 Fac PE RVU:**

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

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

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

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

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

2007 Work RVU: 1.55 **2014 Work RVU:**
2007 NF PE RVU: 0.68 **2014 NF PE RVU:**
2007 Fac PE RVU 0.60 **2014 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

2007 Work RVU: 7.99 **2014 Work RVU:**
2007 NF PE RVU: 5.4 **2014 NF PE RVU:**
2007 Fac PE RVU 3.96 **2014 Fac PE RVU:**

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

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

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

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

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

2007 Work RVU: 2.45 **2014 Work RVU:**
2007 NF PE RVU: 1.1 **2014 NF PE RVU:**
2007 Fac PE RVU 0.95 **2014 Fac PE RVU:**

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

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

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 8,125

2007 Work RVU: 8.09 **2014 Work RVU:** 8.09
2007 NF PE RVU: 9.5 **2014 NF PE RVU:** 12.28
2007 Fac PE RVU 6.69 **2014 Fac PE RVU:** 8.14

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS, AAD **First Identified:** January 2014 **2013 Est Medicare Utilization:** 12,771

2007 Work RVU: 10.41 **2014 Work RVU:** 10.41
2007 NF PE RVU: 10.66 **2014 NF PE RVU:** 14.25
2007 Fac PE RVU 8.2 **2014 Fac PE RVU:** 10.81

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

CPT Action (if applicable):

Result: Maintain

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 65,588

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: **2014 NF PE RVU:** 2.26
2007 Fac PE RVU **2014 Fac PE RVU:** 0.73

RUC Recommendation: 1.50

CPT Action (if applicable): February 2011

Result: Decrease

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 10,220

2007 Work RVU: 0.33 **2014 Work RVU:** 0.33
2007 NF PE RVU: **2014 NF PE RVU:** 0.38
2007 Fac PE RVU **2014 Fac PE RVU:** 0.12

RUC Recommendation: 0.59

CPT Action (if applicable): February 2011

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 4,596

2007 Work RVU: 3.50 **2014 Work RVU:** 3.50
2007 NF PE RVU: **2014 NF PE RVU:** 4.26
2007 Fac PE RVU **2014 Fac PE RVU:** 1.7

RUC Recommendation: 3.50 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 21,303

2007 Work RVU: 0.80 **2014 Work RVU:** 0.80
2007 NF PE RVU: **2014 NF PE RVU:** 1.05
2007 Fac PE RVU **2014 Fac PE RVU:** 0.36

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 76,566

2007 Work RVU: 1.83 **2014 Work RVU:** 1.83
2007 NF PE RVU: **2014 NF PE RVU:** 2.19
2007 Fac PE RVU **2014 Fac PE RVU:** 0.74

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 4,962

2007 Work RVU: 0.50 **2014 Work RVU:** 0.50
2007 NF PE RVU: **2014 NF PE RVU:** 0.41
2007 Fac PE RVU **2014 Fac PE RVU:** 0.16

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 1,476

2007 Work RVU: 4.00 **2014 Work RVU:** 4.00
2007 NF PE RVU: **2014 NF PE RVU:** 4.37
2007 Fac PE RVU **2014 Fac PE RVU:** 1.76

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 2,265

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: **2014 NF PE RVU:** 1.21
2007 Fac PE RVU **2014 Fac PE RVU:** 0.45

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

Status Report: CMS Requests and Relativity Assessment Issues

15320 **Deleted from CPT**

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

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

2007 Work RVU: 5.36 **2014 Work RVU:**
2007 NF PE RVU: 3.66 **2014 NF PE RVU:**
2007 Fac PE RVU 2.49 **2014 Fac PE RVU:**

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

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

15321 **Deleted from CPT**

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

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

2007 Work RVU: 1.50 **2014 Work RVU:**
2007 NF PE RVU: 0.69 **2014 NF PE RVU:**
2007 Fac PE RVU 0.57 **2014 Fac PE RVU:**

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

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

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

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

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

2007 Work RVU: 3.99 **2014 Work RVU:**
2007 NF PE RVU: 3.18 **2014 NF PE RVU:**
2007 Fac PE RVU 2.15 **2014 Fac PE RVU:**

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

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

15331 **Deleted from CPT**

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

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

2007 Work RVU: 1.00 **2014 Work RVU:**
2007 NF PE RVU: 0.46 **2014 NF PE RVU:**
2007 Fac PE RVU 0.39 **2014 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

2007 Work RVU: 4.50 **2014 Work RVU:**
2007 NF PE RVU: 3.46 **2014 NF PE RVU:**
2007 Fac PE RVU 2.35 **2014 Fac PE RVU:**

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

15336 **Deleted from CPT** **Global:** ZZZ **Issue:** Acellular Dermal Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

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

2007 Work RVU: 1.43 **2014 Work RVU:**
2007 NF PE RVU: 0.7 **2014 NF PE RVU:**
2007 Fac PE RVU 0.55 **2014 Fac PE RVU:**

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

15360 **Deleted from CPT** **Global:** 090 **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

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

2007 Work RVU: 3.93 **2014 Work RVU:**
2007 NF PE RVU: 4.47 **2014 NF PE RVU:**
2007 Fac PE RVU 3.13 **2014 Fac PE RVU:**

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

15361 **Deleted from CPT** **Global:** ZZZ **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

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

2007 Work RVU: 1.15 **2014 Work RVU:**
2007 NF PE RVU: 0.58 **2014 NF PE RVU:**
2007 Fac PE RVU 0.44 **2014 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

15365 **Deleted from CPT** **Global:** 090 **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

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

2007 Work RVU: 4.21 **2014 Work RVU:**
2007 NF PE RVU: 4.5 **2014 NF PE RVU:**
2007 Fac PE RVU 3.2 **2014 Fac PE RVU:**

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

15366 **Deleted from CPT** **Global:** ZZZ **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

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

2007 Work RVU: 1.45 **2014 Work RVU:**
2007 NF PE RVU: 0.7 **2014 NF PE RVU:**
2007 Fac PE RVU 0.56 **2014 Fac PE RVU:**

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

15400 **Deleted from CPT** **Global:** 090 **Issue:** Xenograft **Screen:** Site of Service Anomaly **Complete?** Yes

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

2007 Work RVU: 4.38 **2014 Work RVU:**
2007 NF PE RVU: 4.25 **2014 NF PE RVU:**
2007 Fac PE RVU 3.95 **2014 Fac PE RVU:**

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

15401 **Deleted from CPT** **Global:** ZZZ **Issue:** Xenograft **Screen:** High Volume Growth1 **Complete?** Yes

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

2007 Work RVU: 1.00 **2014 Work RVU:**
2007 NF PE RVU: 1.67 **2014 NF PE RVU:**
2007 Fac PE RVU 0.42 **2014 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

15420 **Deleted from CPT**

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

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

2007 Work RVU: 4.89 **2014 Work RVU:**
2007 NF PE RVU: 4.86 **2014 NF PE RVU:**
2007 Fac PE RVU 3.83 **2014 Fac PE RVU:**

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

15421 **Deleted from CPT**

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

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

2007 Work RVU: 1.50 **2014 Work RVU:**
2007 NF PE RVU: 1.29 **2014 NF PE RVU:**
2007 Fac PE RVU 0.60 **2014 Fac PE RVU:**

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

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

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 430

2007 Work RVU: 10.21 **2014 Work RVU:** 10.21
2007 NF PE RVU: 11.09 **2014 NF PE RVU:** 13.71
2007 Fac PE RVU 6.71 **2014 Fac PE RVU:** 8.97

RUC Recommendation: 10.00 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** April 2008 **2013 Est Medicare Utilization:** 684

2007 Work RVU: 10.12 **2014 Work RVU:** 10.12
2007 NF PE RVU: 9.59 **2014 NF PE RVU:** 13.2
2007 Fac PE RVU 6.53 **2014 Fac PE RVU:** 9.45

RUC Recommendation: 9.94 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,138

2007 Work RVU: 10.70 **2014 Work RVU:** 10.70
2007 NF PE RVU: 10.64 **2014 NF PE RVU:** 13.46
2007 Fac PE RVU 7.6 **2014 Fac PE RVU:** 9.56

RUC Recommendation: 10.52 **CPT Action (if applicable):** **Result:** Maintain

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

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

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 3,754

2007 Work RVU: 9.37 **2014 Work RVU:** 9.37
2007 NF PE RVU: 9.74 **2014 NF PE RVU:** 12.08
2007 Fac PE RVU 6.81 **2014 Fac PE RVU:** 8.48

RUC Recommendation: 9.24 **CPT Action (if applicable):** **Result:** Maintain

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

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

Global: 090 **Issue:** Muscle - Skin Graft **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 16 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 13,211

2007 Work RVU: 16.38 **2014 Work RVU:** 16.38
2007 NF PE RVU: 17.27 **2014 NF PE RVU:** 17.86
2007 Fac PE RVU 12.01 **2014 Fac PE RVU:** 13.5

RUC Recommendation: 19.83 **CPT Action (if applicable):** **Result:** Decrease

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

15740 **Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel**

Global: 090 **Issue:** Dermatology and Plastic Surgery Procedures **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 28 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,289

2007 Work RVU: 11.80 **2014 Work RVU:** 11.80
2007 NF PE RVU: 11.01 **2014 NF PE RVU:** 15.17
2007 Fac PE RVU 8.58 **2014 Fac PE RVU:** 10.82

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

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

Status Report: CMS Requests and Relativity Assessment Issues

15777 **Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 9,373

2007 Work RVU: 3.65 **2014 Work RVU:** 3.65
2007 NF PE RVU: **2014 NF PE RVU:** 1.73
2007 Fac PE RVU **2014 Fac PE RVU:** 1.73

RUC Recommendation: 3.65 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** Upper Eyelid Blepharoplasty **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 33 **Specialty Developing Recommendation:** AAO **First Identified:** October 2009 **2013 Est Medicare Utilization:** 102,235

2007 Work RVU: 6.81 **2014 Work RVU:** 6.81
2007 NF PE RVU: 7.8 **2014 NF PE RVU:** 9.79
2007 Fac PE RVU 6.41 **2014 Fac PE RVU:** 8.07

RUC Recommendation: 6.81 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2013 Est Medicare Utilization:** 17,457

2007 Work RVU: 0.71 **2014 Work RVU:** 0.71
2007 NF PE RVU: 1.25 **2014 NF PE RVU:** 1.49
2007 Fac PE RVU 0.58 **2014 Fac PE RVU:** 0.74

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

Status Report: CMS Requests and Relativity Assessment Issues

16025 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2013 Est Medicare Utilization:** 2,372

2007 Work RVU: 1.74 **2014 Work RVU:** 1.74
2007 NF PE RVU: 1.72 **2014 NF PE RVU:** 2.15
2007 Fac PE RVU 0.94 **2014 Fac PE RVU:** 1.19

RUC Recommendation: 1.85 **CPT Action (if applicable):** **Result:** Maintain

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

16030 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACEP, ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,031

2007 Work RVU: 2.08 **2014 Work RVU:** 2.08
2007 NF PE RVU: 2.12 **2014 NF PE RVU:** 2.85
2007 Fac PE RVU 1.08 **2014 Fac PE RVU:** 1.45

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

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

17000 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion**

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2013 Est Medicare Utilization:** 5,240,265

2007 Work RVU: 0.61 **2014 Work RVU:** 0.61
2007 NF PE RVU: 1.08 **2014 NF PE RVU:** 1.41
2007 Fac PE RVU 0.59 **2014 Fac PE RVU:** 0.8

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

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

Status Report: CMS Requests and Relativity Assessment Issues

17003 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)**

Global: ZZZ **Issue:** Destruction of Premalignant Lesions **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2013 Est Medicare Utilization:** 16,599,152

2007 Work RVU: 0.04 **2014 Work RVU:** 0.04
2007 NF PE RVU: 0.11 **2014 NF PE RVU:** 0.23
2007 Fac PE RVU 0.06 **2014 Fac PE RVU:** 0.02

RUC Recommendation: 0.04 **CPT Action (if applicable):** **Result:** Decrease

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

17004 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions**

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2013 Est Medicare Utilization:** 792,520

2007 Work RVU: 1.37 **2014 Work RVU:** 1.37
2007 NF PE RVU: 2.33 **2014 NF PE RVU:** 2.61
2007 Fac PE RVU 1.54 **2014 Fac PE RVU:** 1.26

RUC Recommendation: 1.37 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 2,584

2007 Work RVU: 3.69 **2014 Work RVU:** 3.69
2007 NF PE RVU: 4.63 **2014 NF PE RVU:** 5.26
2007 Fac PE RVU 3.33 **2014 Fac PE RVU:** 3.53

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

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

Status Report: CMS Requests and Relativity Assessment Issues

17107 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2013 Est Medicare Utilization:** 1,068

2007 Work RVU: 4.79 **2014 Work RVU:** 4.79
2007 NF PE RVU: 7.24 **2014 NF PE RVU:** 6.75
2007 Fac PE RVU 5.41 **2014 Fac PE RVU:** 4.44

RUC Recommendation: 4.68 **CPT Action (if applicable):** **Result:** Decrease

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

17108 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2013 Est Medicare Utilization:** 2,971

2007 Work RVU: 7.49 **2014 Work RVU:** 7.49
2007 NF PE RVU: 9.34 **2014 NF PE RVU:** 9.08
2007 Fac PE RVU 7.49 **2014 Fac PE RVU:** 6.12

RUC Recommendation: 6.37 **CPT Action (if applicable):** **Result:** Decrease

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

17110 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions**

Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 1,762,974

2007 Work RVU: 0.70 **2014 Work RVU:** 0.70
2007 NF PE RVU: 1.66 **2014 NF PE RVU:** 2.27
2007 Fac PE RVU 0.74 **2014 Fac PE RVU:** 1.17

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

17111 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions**

Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** No

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

First Identified: April 2013

2013 Est Medicare Utilization: 89,809

2007 Work RVU: 0.97 **2014 Work RVU:** 0.97
2007 NF PE RVU: 1.83 **2014 NF PE RVU:** 2.54
2007 Fac PE RVU 0.89 **2014 Fac PE RVU:** 1.32

RUC Recommendation: Survey January 2015

CPT Action (if applicable):

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

Result: Remove from screen

17261 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

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

First Identified: October 2009

2013 Est Medicare Utilization: 133,411

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 1.84 **2014 NF PE RVU:** 2.59
2007 Fac PE RVU 0.90 **2014 Fac PE RVU:** 1.2

RUC Recommendation: 1.22

CPT Action (if applicable):

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

Result: Maintain

17262 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

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

First Identified: February 2010

2013 Est Medicare Utilization: 231,383

2007 Work RVU: 1.63 **2014 Work RVU:** 1.63
2007 NF PE RVU: 2.13 **2014 NF PE RVU:** 3
2007 Fac PE RVU 1.09 **2014 Fac PE RVU:** 1.44

RUC Recommendation: 1.63

CPT Action (if applicable):

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

17271 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2013 Est Medicare Utilization:** 56,248

2007 Work RVU: 1.54 **2014 Work RVU:** 1.54
2007 NF PE RVU: 2 **2014 NF PE RVU:** 2.78
2007 Fac PE RVU 1.05 **2014 Fac PE RVU:** 1.39

RUC Recommendation: 1.54 **CPT Action (if applicable):** **Result:** Maintain

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

17272 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2013 Est Medicare Utilization:** 78,604

2007 Work RVU: 1.82 **2014 Work RVU:** 1.82
2007 NF PE RVU: 2.24 **2014 NF PE RVU:** 3.1
2007 Fac PE RVU 1.18 **2014 Fac PE RVU:** 1.55

RUC Recommendation: 1.82 **CPT Action (if applicable):** **Result:** Maintain

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

17281 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2013 Est Medicare Utilization:** 115,830

2007 Work RVU: 1.77 **2014 Work RVU:** 1.77
2007 NF PE RVU: 2.12 **2014 NF PE RVU:** 2.92
2007 Fac PE RVU 1.16 **2014 Fac PE RVU:** 1.52

RUC Recommendation: 1.77 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

17282 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2013 Est Medicare Utilization:** 105,726

2007 Work RVU: 2.09 **2014 Work RVU:** 2.09
2007 NF PE RVU: 2.41 **2014 NF PE RVU:** 3.3
2007 Fac PE RVU 1.31 **2014 Fac PE RVU:** 1.71

RUC Recommendation: 2.09 **CPT Action (if applicable):** **Result:** Maintain

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

17311 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks**

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

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2013 Est Medicare Utilization:** 608,269

2007 Work RVU: 6.20 **2014 Work RVU:** 6.20
2007 NF PE RVU: 10.79 **2014 NF PE RVU:** 11.29
2007 Fac PE RVU 3.16 **2014 Fac PE RVU:** 3.69

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

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

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

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

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2013 Est Medicare Utilization:** 445,986

2007 Work RVU: 3.30 **2014 Work RVU:** 3.30
2007 NF PE RVU: 6.92 **2014 NF PE RVU:** 7.01
2007 Fac PE RVU 1.68 **2014 Fac PE RVU:** 1.96

RUC Recommendation: 3.30 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Est Medicare Utilization:** 88,728

2007 Work RVU: 5.56 **2014 Work RVU:** 5.56
2007 NF PE RVU: 9.95 **2014 NF PE RVU:** 10.82
2007 Fac PE RVU 2.83 **2014 Fac PE RVU:** 3.31

RUC Recommendation: 5.56 **CPT Action (if applicable):** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Est Medicare Utilization:** 46,158

2007 Work RVU: 3.06 **2014 Work RVU:** 3.06
2007 NF PE RVU: 6.41 **2014 NF PE RVU:** 6.84
2007 Fac PE RVU 1.55 **2014 Fac PE RVU:** 1.82

RUC Recommendation: 3.06 **CPT Action (if applicable):** **Result:** Maintain

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

17315 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Est Medicare Utilization:** 21,925

2007 Work RVU: 0.87 **2014 Work RVU:** 0.87
2007 NF PE RVU: 1.15 **2014 NF PE RVU:** 1.23
2007 Fac PE RVU 0.44 **2014 Fac PE RVU:** 0.51

RUC Recommendation: 0.87 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

19020 **Mastotomy with exploration or drainage of abscess, deep**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,848

2007 Work RVU: 3.83 **2014 Work RVU:** 3.83
2007 NF PE RVU: 6.39 **2014 NF PE RVU:** 8.62
2007 Fac PE RVU 2.76 **2014 Fac PE RVU:** 4.04

RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits **CPT Action (if applicable):** **Result:** PE Only

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

19081 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

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

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.29 **CPT Action (if applicable):** 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 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.65 **CPT Action (if applicable):** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

19083 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

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

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.10 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19084 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

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

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.55 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19085 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

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

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.64 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19086 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

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

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.82 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19102 **Biopsy of breast; percutaneous, needle core, using imaging guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2013 Est Medicare Utilization:** 59,268

2007 Work RVU: 2.00 **2014 Work RVU:**
2007 NF PE RVU: 3.68 **2014 NF PE RVU:**
2007 Fac PE RVU 0.64 **2014 Fac PE RVU:**

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

19103 **Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2013 Est Medicare Utilization:** 121,826

2007 Work RVU: 3.69 **2014 Work RVU:**
2007 NF PE RVU: 11.01 **2014 NF PE RVU:**
2007 Fac PE RVU 1.18 **2014 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

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

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

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

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19283 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

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

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19284 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

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

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19285 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

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

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.70 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

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

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.85 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19287 **Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

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

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.02 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19288 **Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

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

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.51 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19290 **Preoperative placement of needle localization wire, breast;**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2013 Est Medicare Utilization:** 52,528

2007 Work RVU: 1.27 **2014 Work RVU:**
2007 NF PE RVU: 2.81 **2014 NF PE RVU:**
2007 Fac PE RVU 0.41 **2014 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

19291 **Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2013 Est Medicare Utilization:** 4,041

2007 Work RVU: 0.63 **2014 Work RVU:**
2007 NF PE RVU: 1.17 **2014 NF PE RVU:**
2007 Fac PE RVU 0.20 **2014 Fac PE RVU:**

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

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

19295 **Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 55,590

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 2.57 **2014 NF PE RVU:**
2007 Fac PE RVU 2.02 **2014 Fac PE RVU:**

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

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

19318 **Reduction mammaplasty**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 6,884

2007 Work RVU: 16.03 **2014 Work RVU:** 16.03
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.94 **2014 Fac PE RVU:** 12.82

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Insertion of Breast Prosthesis **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 10 **Specialty Developing Recommendation:** ASPS **First Identified:** **2013 Est Medicare Utilization:** 3,445

2007 Work RVU: 13.99 **2014 Work RVU:** 13.99
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.07 **2014 Fac PE RVU:** 12.33

RUC Recommendation: 13.99 **CPT Action (if applicable):** **Result:** Decrease

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

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

Global: 090 **Issue:** Breast Reconstruction **Screen:** Site of Service Anomaly / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 6,956

2007 Work RVU: 18.50 **2014 Work RVU:** 18.50
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 15.69 **2014 Fac PE RVU:** 21.3

RUC Recommendation: 18.50 **CPT Action (if applicable):** October 2009 **Result:** Decrease

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

20000 **Deleted from CPT**

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

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

2007 Work RVU: 2.14 **2014 Work RVU:**
2007 NF PE RVU: 2.71 **2014 NF PE RVU:**
2007 Fac PE RVU 1.68 **2014 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 5,320

2007 Work RVU: 3.58 **2014 Work RVU:** 3.58
2007 NF PE RVU: 3.54 **2014 NF PE RVU:** 4.6
2007 Fac PE RVU 2.2 **2014 Fac PE RVU:** 2.54

RUC Recommendation: 3.55 **CPT Action (if applicable):** June 2009 **Result:** Maintain

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

20240 **Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)**

Global: 010 **Issue:** Bone Biopsy **Screen:** 010-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 10 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** April 2014 **2013 Est Medicare Utilization:** 2,772

2007 Work RVU: 3.25 **2014 Work RVU:** 3.28
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.44 **2014 Fac PE RVU:** 2.5

RUC Recommendation: Global change request. Survey for January 2015 **CPT Action (if applicable):** **Result:**

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

20245 **Biopsy, bone, open; deep (eg, humerus, ischium, femur)**

Global: 010 **Issue:** Bone Biopsy **Screen:** 010-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 10 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 3,273

2007 Work RVU: 8.95 **2014 Work RVU:** 8.95
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.38 **2014 Fac PE RVU:** 7.22

RUC Recommendation: Survey for September 2014 **CPT Action (if applicable):** **Result:**

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

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

Global: 010 **Issue:** Removal of Foreign Body **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,949

2007 Work RVU: 3.54 **2014 Work RVU:** 3.54
2007 NF PE RVU: 8.62 **2014 NF PE RVU:** 9.36
2007 Fac PE RVU 2.52 **2014 Fac PE RVU:** 2.94

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

20550 **Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")**

Global: 000 **Issue:** Tendon Injections **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 38 **Specialty Developing Recommendation:** APMA, AAPM, AAOS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 779,359

2007 Work RVU: 0.75 **2014 Work RVU:** 0.75
2007 NF PE RVU: 0.69 **2014 NF PE RVU:** 0.82
2007 Fac PE RVU 0.25 **2014 Fac PE RVU:** 0.36

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

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 **2013 Est Medicare Utilization:** 151,231

2007 Work RVU: 0.75 **2014 Work RVU:** 0.75
2007 NF PE RVU: 0.67 **2014 NF PE RVU:** 0.88
2007 Fac PE RVU 0.32 **2014 Fac PE RVU:** 0.39

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

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

20600 **Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)**

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

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2013 Est Medicare Utilization:** 418,620

2007 Work RVU: 0.66 **2014 Work RVU:** 0.66
2007 NF PE RVU: 0.66 **2014 NF PE RVU:** 0.62
2007 Fac PE RVU 0.34 **2014 Fac PE RVU:** 0.29

RUC Recommendation: 0.66 and new PE inputs **CPT Action (if applicable):** October 2013 **Result:** Maintain

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

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)**

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

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** October 2009 **2013 Est Medicare Utilization:** 518,121

2007 Work RVU: 0.68 **2014 Work RVU:** 0.68
2007 NF PE RVU: 0.76 **2014 NF PE RVU:** 0.65
2007 Fac PE RVU 0.35 **2014 Fac PE RVU:** 0.31

RUC Recommendation: 0.68 and new PE inputs **CPT Action (if applicable):** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

2060X1

Global: **Issue:** Arthrocentesis **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.89 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

2060X2

Global: **Issue:** Arthrocentesis **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

2060X3

Global: **Issue:** Arthrocentesis **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.10 **CPT Action (if applicable):** October 2013 **Result:** Decrease

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

20610 **Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)**

Global: 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 / MPC List / CMS High Expenditure Procedural Codes / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2013 Est Medicare Utilization:** 6,818,209

2007 Work RVU: 0.79 **2014 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2014 NF PE RVU:** 0.8
2007 Fac PE RVU 0.42 **2014 Fac PE RVU:** 0.42

RUC Recommendation: 0.79 and new PE inputs **CPT Action (if applicable):** October 2013 **Result:** Maintain

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

20680 **Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)**

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** January 2014 **2013 Est Medicare Utilization:** 54,964

2007 Work RVU: 5.96 **2014 Work RVU:** 5.96
2007 NF PE RVU: 8.63 **2014 NF PE RVU:** 10.58
2007 Fac PE RVU 3.82 **2014 Fac PE RVU:** 5.18

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3. **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

20692 **Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

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

First Identified: January 2014 **2013 Est Medicare Utilization:** 2,317

2007 Work RVU: 16.27 **2014 Work RVU:** 16.27
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.65 **2014 Fac PE RVU:** 13.01

RUC Recommendation: Maintain

CPT Action (if applicable):

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

Result: Maintain

20694 **Removal, under anesthesia, of external fixation system**

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

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

First Identified: September 2007 **2013 Est Medicare Utilization:** 5,202

2007 Work RVU: 4.28 **2014 Work RVU:** 4.28
2007 NF PE RVU: 6.69 **2014 NF PE RVU:** 7.01
2007 Fac PE RVU 3.92 **2014 Fac PE RVU:** 4.62

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

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

Result: PE Only

20900 **Bone graft, any donor area; minor or small (eg, dowel or button)**

Global: 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 29 **Specialty Developing Recommendation:** AOFAS, AAOS

First Identified: September 2007 **2013 Est Medicare Utilization:** 3,562

2007 Work RVU: 3.00 **2014 Work RVU:** 3.00
2007 NF PE RVU: 8.65 **2014 NF PE RVU:** 8.34
2007 Fac PE RVU 5.5 **2014 Fac PE RVU:** 1.95

RUC Recommendation: 3.00

CPT Action (if applicable):

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

Result: Decrease

20902 **Bone graft, any donor area; major or large**

Global: 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 29 **Specialty Developing Recommendation:** AOFAS, AAOS

First Identified: April 2008 **2013 Est Medicare Utilization:** 4,118

2007 Work RVU: 4.58 **2014 Work RVU:** 4.58
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.63 **2014 Fac PE RVU:** 2.81

RUC Recommendation: 4.58

CPT Action (if applicable):

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAOS, AAO-HNS, AANS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 12,165

2007 Work RVU: 5.79 **2014 Work RVU:** 5.79
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.67 **2014 Fac PE RVU:** 5.62

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

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

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS, AAO-HNS, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,269

2007 Work RVU: 9.89 **2014 Work RVU:** 9.89
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.85 **2014 Fac PE RVU:** 8.68

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

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

Most Recent RUC Meeting: October 2010 **Tab** 61 **Specialty Developing Recommendation:** AAOMS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,494

2007 Work RVU: 10.03 **2014 Work RVU:** 10.03
2007 NF PE RVU: 12.32 **2014 NF PE RVU:** 14.11
2007 Fac PE RVU 9.21 **2014 Fac PE RVU:** 10.18

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

21557 **Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm** **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 929

2007 Work RVU: 14.75 **2014 Work RVU:** 14.75
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.13 **2014 Fac PE RVU:** 10.07

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: July 2013

2013 Est Medicare Utilization: 37,365

2007 Work RVU: 1.01 **2014 Work RVU:** 1.01
2007 NF PE RVU: 1.34 **2014 NF PE RVU:** 2.01
2007 Fac PE RVU 1.34 **2014 Fac PE RVU:** 2.11

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014

Result: Deleted from CPT

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

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

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: January 2014

2013 Est Medicare Utilization: 149

2007 Work RVU: 2.88 **2014 Work RVU:** 2.88
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.28 **2014 Fac PE RVU:** 4.29

RUC Recommendation: Referred to CPT for deletion

CPT Action (if applicable): October 2014

Result:

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

2013 Est Medicare Utilization: 72

2007 Work RVU: 7.03 **2014 Work RVU:** 7.03
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.03 **2014 Fac PE RVU:** 6.05

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2013

Result: Deleted from CPT

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

2181X1

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: January 2014

2013 Est Medicare Utilization:

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 19.55

CPT Action (if applicable): October 2013

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

2181X2

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

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

2181X3

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 35.00 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

21820 **Closed treatment of sternum fracture**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 259

2007 Work RVU: 1.36 **2014 Work RVU:** 1.36
2007 NF PE RVU: 1.82 **2014 NF PE RVU:** 2.44
2007 Fac PE RVU 1.77 **2014 Fac PE RVU:** 2.54

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

21825 **Open treatment of sternum fracture with or without skeletal fixation**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 890

2007 Work RVU: 7.76 **2014 Work RVU:** 7.76
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.16 **2014 Fac PE RVU:** 6.2

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

Status Report: CMS Requests and Relativity Assessment Issues

21935 **Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm**

Global: 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 616

2007 Work RVU: 15.72 **2014 Work RVU:** 15.72
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.37 **2014 Fac PE RVU:** 10.51

RUC Recommendation: 15.54 **CPT Action (if applicable):** June 2008 **Result:** Decrease

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

22214 **Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 2,904

2007 Work RVU: 21.02 **2014 Work RVU:** 21.02
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 13.53 **2014 Fac PE RVU:** 16.48

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

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

22305 **Closed treatment of vertebral process fracture(s)**

Global: 090 **Issue:** RAW **Screen:** CMS Request Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAOS, NASS **First Identified:** July 2013 **2013 Est Medicare Utilization:** 3,030

2007 Work RVU: 2.13 **2014 Work RVU:** 2.13
2007 NF PE RVU: 2.27 **2014 NF PE RVU:** 2.9
2007 Fac PE RVU 1.89 **2014 Fac PE RVU:** 2.4

RUC Recommendation: Refer to CPT for deletion. **CPT Action (if applicable):** CPT 2016 cycle **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

22510X **Global:** 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 8.15 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22511X **Global:** 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 8.05 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22512X **Global:** ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22513X **Global:** 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 8.90 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22514X **Global:** 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 8.24 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22515X **Global:** ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22520 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** February 2009 **2013 Est Medicare Utilization:** 6,587

2007 Work RVU: 9.22 **2014 Work RVU:** 9.22
2007 NF PE RVU: 56.83 **2014 NF PE RVU:** 53.14
2007 Fac PE RVU 4.84 **2014 Fac PE RVU:** 4.37

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22521 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2007 **2013 Est Medicare Utilization:** 6,658

2007 Work RVU: 8.65 **2014 Work RVU:** 8.65
2007 NF PE RVU: 52.87 **2014 NF PE RVU:** 53.83
2007 Fac PE RVU 4.69 **2014 Fac PE RVU:** 4.3

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22522 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2013 Est Medicare Utilization:** 2,971

2007 Work RVU: 4.30 **2014 Work RVU:** 4.30
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.59 **2014 Fac PE RVU:** 1.66

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22523 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2013 Est Medicare Utilization:** 22,553

2007 Work RVU: 9.04 **2014 Work RVU:** 9.04
2007 NF PE RVU: NA **2014 NF PE RVU:** 198.27
2007 Fac PE RVU 5.6 **2014 Fac PE RVU:** 5.37

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22524 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2013 Est Medicare Utilization:** 26,389

2007 Work RVU: 8.54 **2014 Work RVU:** 8.54
2007 NF PE RVU: NA **2014 NF PE RVU:** 196.99
2007 Fac PE RVU 5.4 **2014 Fac PE RVU:** 5.15

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22525 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2013 Est Medicare Utilization:** 11,950

2007 Work RVU: 4.47 **2014 Work RVU:** 4.47
2007 NF PE RVU: NA **2014 NF PE RVU:** 121.29
2007 Fac PE RVU 2.12 **2014 Fac PE RVU:** 1.97

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22533 **Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Arthrodesis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 1,186

2007 Work RVU: 24.79 **2014 Work RVU:** 24.79
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 13.57 **2014 Fac PE RVU:** 17.1

RUC Recommendation: Remove from screen. CPT Assistant article published.

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

22551 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** **2013 Est Medicare Utilization:** 34,495

2007 Work RVU: 25.00 **2014 Work RVU:** 25.00
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 16.85

RUC Recommendation: 24.50

CPT Action (if applicable): October 2009

Result: Decrease

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

22552 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** **2013 Est Medicare Utilization:** 28,268

2007 Work RVU: 6.50 **2014 Work RVU:** 6.50
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.13

RUC Recommendation: 6.50

CPT Action (if applicable): October 2009

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

22554 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 5,870

2007 Work RVU: 17.69 **2014 Work RVU:** 17.69
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.97 **2014 Fac PE RVU:** 13.43

RUC Recommendation: 4.04 **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

22558 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 12,306

2007 Work RVU: 23.53 **2014 Work RVU:** 23.53
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.86 **2014 Fac PE RVU:** 15.19

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

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

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2013 Est Medicare Utilization:** 14,030

2007 Work RVU: 5.52 **2014 Work RVU:** 5.52
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.62 **2014 Fac PE RVU:** 2.59

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes / Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 42,668

2007 Work RVU: 23.53 **2014 Work RVU:** 23.53
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 13.83 **2014 Fac PE RVU:** 16.19

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

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

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

22614 **Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 97,637

2007 Work RVU: 6.43 **2014 Work RVU:** 6.43
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.15 **2014 Fac PE RVU:** 3.13

RUC Recommendation: 6.43

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

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

22630 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 6,692

2007 Work RVU: 22.09 **2014 Work RVU:** 22.09
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 13.39 **2014 Fac PE RVU:** 16.28

RUC Recommendation: 22.09

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

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

Status Report: CMS Requests and Relativity Assessment Issues

22632 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 2,634

2007 Work RVU: 5.22 **2014 Work RVU:** 5.22
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.51 **2014 Fac PE RVU:** 2.52

RUC Recommendation: 5.22 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22633 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 30,228

2007 Work RVU: 27.75 **2014 Work RVU:** 27.75
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 18.08

RUC Recommendation: 27.75 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22634 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 11,350

2007 Work RVU: 8.16 **2014 Work RVU:** 8.16
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.96

RUC Recommendation: 8.16 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22843 **Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Spine Fixation Device **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** AAOS, NASS, AANS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 5,403

2007 Work RVU: 13.44 **2014 Work RVU:** 13.44
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.28 **2014 Fac PE RVU:** 6.57

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

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

22849 **Reinsertion of spinal fixation device**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 4,194

2007 Work RVU: 19.17 **2014 Work RVU:** 19.17
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.39 **2014 Fac PE RVU:** 13.21

RUC Recommendation: Maintain **CPT Action (if applicable):** June 2010 **Result:** Maintain

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

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

Global: ZZZ **Issue:** Intervertebral Device **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 112,257

2007 Work RVU: 6.70 **2014 Work RVU:** 6.70
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.18 **2014 Fac PE RVU:** 3.24

RUC Recommendation: Survey for January 2015 **CPT Action (if applicable):** October 2009 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

22900 **Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 935

2007 Work RVU: 8.32 **2014 Work RVU:** 8.32
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.3 **2014 Fac PE RVU:** 6.03

RUC Recommendation: 8.21 **CPT Action (if applicable):** June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

23076 **Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 732

2007 Work RVU: 7.41 **2014 Work RVU:** 7.41
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.5 **2014 Fac PE RVU:** 6.47

RUC Recommendation: 7.28 **CPT Action (if applicable):** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

23120 **Claviculectomy; partial**

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

Most Recent RUC Meeting: April 2008 **Tab** 30 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 10,888

2007 Work RVU: 7.39 **2014 Work RVU:** 7.39
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.22 **2014 Fac PE RVU:** 7.87

RUC Recommendation: 7.23 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

23130 **Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 4,285

2007 Work RVU: 7.77 **2014 Work RVU:** 7.77
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.88 **2014 Fac PE RVU:** 8.09

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

Status Report: CMS Requests and Relativity Assessment Issues

23350 **Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography**

Global: 000 **Issue:** Injection for Shoulder X-Ray **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 35,476

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: 3.23 **2014 NF PE RVU:** 2.56
2007 Fac PE RVU 0.32 **2014 Fac PE RVU:** 0.38

RUC Recommendation: 1.00 **CPT Action (if applicable):**

Result: Maintain

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

23405 **Tenotomy, shoulder area; single tendon**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 3,044

2007 Work RVU: 8.54 **2014 Work RVU:** 8.54
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.69 **2014 Fac PE RVU:** 7.8

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**

Result: PE Only

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

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

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

Most Recent RUC Meeting: February 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 4,559

2007 Work RVU: 11.39 **2014 Work RVU:** 11.39
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.02 **2014 Fac PE RVU:** 9.92

RUC Recommendation: 11.23 **CPT Action (if applicable):**

Result: Decrease

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

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

Global: 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 19,286

2007 Work RVU: 11.93 **2014 Work RVU:** 11.93
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.49 **2014 Fac PE RVU:** 10.19

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. 11.77 **CPT Action (if applicable):**

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

23415 **Coracoacromial ligament release, with or without acromioplasty** **Global:** 090 **Issue:** Shoulder Ligament Release **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 62 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 911

2007 Work RVU: 9.23 **2014 Work RVU:** 9.23
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.65 **2014 Fac PE RVU:** 8.86

RUC Recommendation: 9.23 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 6,861

2007 Work RVU: 13.54 **2014 Work RVU:** 13.54
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.59 **2014 Fac PE RVU:** 11.58

RUC Recommendation: 13.35 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 13,275

2007 Work RVU: 10.17 **2014 Work RVU:** 10.17
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.78 **2014 Fac PE RVU:** 9.28

RUC Recommendation: 10.17 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 1,995

2007 Work RVU: 10.64 **2014 Work RVU:** 10.64
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.91 **2014 Fac PE RVU:** 8.95

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

Status Report: CMS Requests and Relativity Assessment Issues

23472 **Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))**

Global: 090 **Issue:** Arthroplasty **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 36,466

2007 Work RVU: 22.13 **2014 Work RVU:** 22.13
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 13.89 **2014 Fac PE RVU:** 15.59

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

23600 **Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation**

Global: 090 **Issue:** Treatment of Humerus Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 14 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 36,659

2007 Work RVU: 3.00 **2014 Work RVU:** 3.00
2007 NF PE RVU: 4.43 **2014 NF PE RVU:** 5.67
2007 Fac PE RVU 3.58 **2014 Fac PE RVU:** 5.16

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

25116 **Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum**

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

Most Recent RUC Meeting: October 2010 **Tab** 63 **Specialty Developing Recommendation:** ASSH, AAOS, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 968

2007 Work RVU: 7.56 **2014 Work RVU:** 7.56
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.13 **2014 Fac PE RVU:** 8.17

RUC Recommendation: 7.56 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

25210 **Carpectomy; 1 bone**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,206

2007 Work RVU: 6.12 **2014 Work RVU:** 6.12
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **2014 Fac PE RVU:** 6.67

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**

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 **2013 Est Medicare Utilization:** 1,038

2007 Work RVU: 8.04 **2014 Work RVU:** 8.04
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.30 **2014 Fac PE RVU:** 8.45

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**

Result: PE Only

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

25280 **Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,304

2007 Work RVU: 7.39 **2014 Work RVU:** 7.39
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.6 **2014 Fac PE RVU:** 7.34

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**

Result: PE Only

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

25310 **Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon**

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

Most Recent RUC Meeting: February 2008 **Tab** 15 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 7,209

2007 Work RVU: 8.08 **2014 Work RVU:** 8.08
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.99 **2014 Fac PE RVU:** 8.12

RUC Recommendation: 7.94 **CPT Action (if applicable):**

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

25606 **Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation** **Global:** **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

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

CPT Action (if applicable):

Result: Maintain

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

25607 **Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation** **Global:** **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

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

CPT Action (if applicable):

Result: Maintain

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

25608 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments** **Global:** **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

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

CPT Action (if applicable):

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

25609 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments**

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** January 2014 **2013 Est Medicare Utilization:** 13,188

2007 Work RVU: 14.38 **2014 Work RVU:** 14.38
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.77 **2014 Fac PE RVU:** 12.85

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

CPT Action (if applicable):

Result: Maintain

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

26080 **Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each**

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,726

2007 Work RVU: 4.47 **2014 Work RVU:** 4.47
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.73 **2014 Fac PE RVU:** 5.81

RUC Recommendation: Maintain

CPT Action (if applicable):

Result: Maintain

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

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:** RAW **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,155

2007 Work RVU: 10.62 **2014 Work RVU:** 10.62
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 17.22 **2014 Fac PE RVU:** 18.1

RUC Recommendation: Survey for January 2015

CPT Action (if applicable):

Result:

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

Status Report: CMS Requests and Relativity Assessment Issues

26357 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon**

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

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

First Identified: April 2014

2013 Est Medicare Utilization: 58

2007 Work RVU: 8.65 **2014 Work RVU:** 8.77
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 14.29 **2014 Fac PE RVU:** 13.93

RUC Recommendation: Survey for January 2015

CPT Action (if applicable):

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

Result:

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

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

First Identified: April 2014

2013 Est Medicare Utilization: 41

2007 Work RVU: 9.22 **2014 Work RVU:** 9.36
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 15.19 **2014 Fac PE RVU:** 14.56

RUC Recommendation: Survey for January 2015

CPT Action (if applicable):

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

Result:

26480 **Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon**

Global: 090 **Issue:** Tendon Transfer **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 26 **Specialty Developing Recommendation:** AAOS, ASSH

First Identified: October 2008

2013 Est Medicare Utilization: 7,349

2007 Work RVU: 6.90 **2014 Work RVU:** 6.90
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 13.68 **2014 Fac PE RVU:** 12.89

RUC Recommendation: 6.76

CPT Action (if applicable):

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

Result: Maintain

27048 **Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 05 **Specialty Developing Recommendation:** ACS, AAOS

First Identified: September 2007

2013 Est Medicare Utilization: 482

2007 Work RVU: 8.85 **2014 Work RVU:** 8.85
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.76 **2014 Fac PE RVU:** 6.77

RUC Recommendation: 8.74

CPT Action (if applicable): June 2008

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

27062 **Excision; trochanteric bursa or calcification**

Global: 090 **Issue:** Trochanteric Bursa Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 32 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,483

2007 Work RVU: 5.75 **2014 Work RVU:** 5.75
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.05 **2014 Fac PE RVU:** 6.12

RUC Recommendation: 5.66 **CPT Action (if applicable):** **Result:** Maintain

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

27096 **Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed**

Global: 000 **Issue:** Injection for Sacroiliac Joint **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 06 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ASIPP, ISIS, NASS **First Identified:** October 2009 **2013 Est Medicare Utilization:** 368,611

2007 Work RVU: 1.48 **2014 Work RVU:** 1.48
2007 NF PE RVU: 3.88 **2014 NF PE RVU:** 3.01
2007 Fac PE RVU 0.33 **2014 Fac PE RVU:** 0.83

RUC Recommendation: 1.48 **CPT Action (if applicable):** 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 Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 129,737

2007 Work RVU: 20.72 **2014 Work RVU:** 20.72
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.96 **2014 Fac PE RVU:** 14.32

RUC Recommendation: 21.79 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 11,102

2007 Work RVU: 30.28 **2014 Work RVU:** 30.28
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 17.08 **2014 Fac PE RVU:** 19.1
Result: Maintain

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

CPT Action (if applicable):

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

27193 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation**

Global: 090 **Issue:** RAW **Screen:** CMS Request Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAOS **First Identified:** July 2013 **2013 Est Medicare Utilization:** 19,593

2007 Work RVU: 6.09 **2014 Work RVU:** 6.09
2007 NF PE RVU: 4.98 **2014 NF PE RVU:** 6.16
2007 Fac PE RVU 4.98 **2014 Fac PE RVU:** 6.34
Result:

RUC Recommendation: Refer to CPT for deletion

CPT Action (if applicable): CPT 2016 cycle

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

27236 **Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement**

Global: 090 **Issue:** Open Treatment of Femoral Fracture **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 62,143

2007 Work RVU: 17.61 **2014 Work RVU:** 17.61
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.85 **2014 Fac PE RVU:** 13.33
Result: Maintain

RUC Recommendation: 17.61

CPT Action (if applicable):

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

27244 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2008 **2013 Est Medicare Utilization:** 16,006

2007 Work RVU: 18.18 **2014 Work RVU:** 18.18
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.91 **2014 Fac PE RVU:** 13.63
Result: Increase

RUC Recommendation: 18.00

CPT Action (if applicable):

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

Status Report: CMS Requests and Relativity Assessment Issues

27245 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 76,258

2007 Work RVU: 18.18 **2014 Work RVU:** 18.18
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 13.19 **2014 Fac PE RVU:** 13.64

RUC Recommendation: 18.00 **CPT Action (if applicable):** **Result:** Decrease

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

27250 **Closed treatment of hip dislocation, traumatic; without anesthesia**

Global: 000 **Issue:** Closed Treatment of Hip Dislocation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 18 **Specialty Developing Recommendation:** ACEP **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,862

2007 Work RVU: 3.82 **2014 Work RVU:** 3.82
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.54 **2014 Fac PE RVU:** 0.8

RUC Recommendation: 3.82 **CPT Action (if applicable):** **Result:** Decrease

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

27324 **Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)**

Global: 090 **Issue:** Soft Tissue Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 801

2007 Work RVU: 5.04 **2014 Work RVU:** 5.04
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.1 **2014 Fac PE RVU:** 5.19

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

27370 **Injection procedure for knee arthrography** **Global:** 000 **Issue:** Injection for Knee Arthrography **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 85,371

2007 Work RVU: 0.96 **2014 Work RVU:** 0.96
2007 NF PE RVU: 3.47 **2014 NF PE RVU:** 3.46
2007 Fac PE RVU 0.32 **2014 Fac PE RVU:** 0.42

RUC Recommendation: Review claims data at RAW Sept 2017. Revised at CPT **CPT Action (if applicable):** February 2014 **Result:** Maintain

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

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27446 **Arthroplasty, knee, condyle and plateau; medial OR lateral compartment** **Global:** 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes / Harvard-Valued with Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 13,872

2007 Work RVU: 17.48 **2014 Work RVU:** 17.48
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.81 **2014 Fac PE RVU:** 12.5

RUC Recommendation: 17.48 **CPT Action (if applicable):** **Result:** Increase

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

27447 **Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)** **Global:** 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 273,147

2007 Work RVU: 20.72 **2014 Work RVU:** 20.72
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 14.14 **2014 Fac PE RVU:** 14.31

RUC Recommendation: 19.60 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

27615 **Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm**

Global: 090 **Issue:** Radical Resecion of Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 505

2007 Work RVU: 15.72 **2014 Work RVU:** 15.72
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.07 **2014 Fac PE RVU:** 10.54

RUC Recommendation: 15.54 **CPT Action (if applicable):** June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

27619 **Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 662

2007 Work RVU: 6.91 **2014 Work RVU:** 6.91
2007 NF PE RVU: 9.65 **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.79 **2014 Fac PE RVU:** 5.4

RUC Recommendation: 6.80 **CPT Action (if applicable):** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27640 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,320

2007 Work RVU: 12.24 **2014 Work RVU:** 12.24
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.79 **2014 Fac PE RVU:** 9.49

RUC Recommendation: 12.10 **CPT Action (if applicable):** June 2008 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27641 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 756

2007 Work RVU: 9.84 **2014 Work RVU:** 9.84
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.96 **2014 Fac PE RVU:** 7.7

RUC Recommendation: 9.72 **CPT Action (if applicable):** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27650 **Repair, primary, open or percutaneous, ruptured Achilles tendon;** **Global:** 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,257

2007 Work RVU: 9.21 **2014 Work RVU:** 9.21
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.22 **2014 Fac PE RVU:** 8.32

RUC Recommendation: 9.00 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

27654 **Repair, secondary, Achilles tendon, with or without graft** **Global:** 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 33 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,031

2007 Work RVU: 10.53 **2014 Work RVU:** 10.53
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.86 **2014 Fac PE RVU:** 8.3

RUC Recommendation: 10.32 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

27685 **Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)** **Global:** 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 3,794

2007 Work RVU: 6.69 **2014 Work RVU:** 6.69
2007 NF PE RVU: 7.68 **2014 NF PE RVU:** 11.42
2007 Fac PE RVU 5.26 **2014 Fac PE RVU:** 5.77

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

27687 **Gastrocnemius recession (eg, Strayer procedure)** **Global:** 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 4,672

2007 Work RVU: 6.41 **2014 Work RVU:** 6.41
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.12 **2014 Fac PE RVU:** 5.65

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

Status Report: CMS Requests and Relativity Assessment Issues

27690 **Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)**

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

Most Recent RUC Meeting: April 2008 **Tab** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,688

2007 Work RVU: 9.17 **2014 Work RVU:** 9.17
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.15 **2014 Fac PE RVU:** 7.65

RUC Recommendation: 8.96 **CPT Action (if applicable):** **Result:** Maintain

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

27691 **Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)**

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

Most Recent RUC Meeting: April 2008 **Tab** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 3,712

2007 Work RVU: 10.49 **2014 Work RVU:** 10.49
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.51 **2014 Fac PE RVU:** 9.31

RUC Recommendation: 10.28 **CPT Action (if applicable):** **Result:** Maintain

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

27792 **Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed**

Global: 090 **Issue:** Treatment of Ankle Fracture **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 18 **Specialty Developing Recommendation:** AAOS, AOFAS, **First Identified:** June 2010 **2013 Est Medicare Utilization:** 6,690

2007 Work RVU: 8.75 **2014 Work RVU:** 8.75
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.71 **2014 Fac PE RVU:** 8.32

RUC Recommendation: 9.71 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

27814 **Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed**

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

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

First Identified: January 2014 **2013 Est Medicare Utilization:** 11,495

2007 Work RVU: 10.62 **2014 Work RVU:** 10.62
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 8.25 **2014 Fac PE RVU:** 9.51

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

CPT Action (if applicable):

Result: Maintain

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

27818 **Closed treatment of trimalleolar ankle fracture; with manipulation**

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

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

First Identified: September 2007 **2013 Est Medicare Utilization:** 2,313

2007 Work RVU: 5.69 **2014 Work RVU:** 5.69
2007 NF PE RVU: 6.14 **2014 NF PE RVU:** 7.09
2007 Fac PE RVU 5 **2014 Fac PE RVU:** 5.71

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Result: PE Only

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

28002 **Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

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

First Identified: January 2014 **2013 Est Medicare Utilization:** 5,930

2007 Work RVU: 5.34 **2014 Work RVU:** 5.34
2007 NF PE RVU: 5.44 **2014 NF PE RVU:** 6.86
2007 Fac PE RVU 3.74 **2014 Fac PE RVU:** 3.33

RUC Recommendation: Maintain

CPT Action (if applicable):

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,066

2007 Work RVU: 5.15 **2014 Work RVU:** 5.15
2007 NF PE RVU: 6.55 **2014 NF PE RVU:** 8.52
2007 Fac PE RVU 3.58 **2014 Fac PE RVU:** 3.7

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**

Result: PE Only

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

28118 **Ostectomy, calcaneus;**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,316

2007 Work RVU: 6.13 **2014 Work RVU:** 6.13
2007 NF PE RVU: 6.68 **2014 NF PE RVU:** 10.01
2007 Fac PE RVU 4.28 **2014 Fac PE RVU:** 4.9

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**

Result: PE Only

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

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

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 4,685

2007 Work RVU: 7.31 **2014 Work RVU:** 7.31
2007 NF PE RVU: 7.5 **2014 NF PE RVU:** 11.18
2007 Fac PE RVU 4.31 **2014 Fac PE RVU:** 6.03

RUC Recommendation: 8.27 **CPT Action (if applicable):**

Result: Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

28122 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus**

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 12,673

2007 Work RVU: 6.76 **2014 Work RVU:** 6.76
2007 NF PE RVU: 7.27 **2014 NF PE RVU:** 9.71
2007 Fac PE RVU 5.17 **2014 Fac PE RVU:** 5.18

RUC Recommendation: 7.72 **CPT Action (if applicable):** **Result:** Maintain

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

28124 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 13,157

2007 Work RVU: 5.00 **2014 Work RVU:** 5.00
2007 NF PE RVU: 5.46 **2014 NF PE RVU:** 8.25
2007 Fac PE RVU 3.62 **2014 Fac PE RVU:** 4.05

RUC Recommendation: Remove 99238 **CPT Action (if applicable):** **Result:** PE Only

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

28285 **Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)**

Global: 090 **Issue:** Orthopaedic Surgery/Podiatry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 31 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 87,648

2007 Work RVU: 5.62 **2014 Work RVU:** 5.62
2007 NF PE RVU: 5.34 **2014 NF PE RVU:** 9.15
2007 Fac PE RVU 3.42 **2014 Fac PE RVU:** 4.66

RUC Recommendation: 5.62 **CPT Action (if applicable):** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

28293 **Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant**

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

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2013 Est Medicare Utilization:** 3,661

2007 Work RVU: 11.48 **2014 Work RVU:** 11.48
2007 NF PE RVU: 11.72 **2014 NF PE RVU:** 17.56
2007 Fac PE RVU 6.34 **2014 Fac PE RVU:** 7.99

RUC Recommendation: Survey for January 2015 **CPT Action (if applicable):** **Result:**

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

28296 **Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)**

Global: 090 **Issue:** Hallus Valgus Correction **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 23 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 16,437

2007 Work RVU: 8.35 **2014 Work RVU:** 8.35
2007 NF PE RVU: 8.54 **2014 NF PE RVU:** 11.35
2007 Fac PE RVU 5.29 **2014 Fac PE RVU:** 5.85

RUC Recommendation: 8.16 **CPT Action (if applicable):** **Result:** Decrease

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

28298 **Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,814

2007 Work RVU: 8.13 **2014 Work RVU:** 8.13
2007 NF PE RVU: 7.74 **2014 NF PE RVU:** 11.73
2007 Fac PE RVU 4.91 **2014 Fac PE RVU:** 5.54

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

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

28300 **Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,375

2007 Work RVU: 9.73 **2014 Work RVU:** 9.73
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.81 **2014 Fac PE RVU:** 7.52

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

28310 **Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,368

2007 Work RVU: 5.57 **2014 Work RVU:** 5.57
2007 NF PE RVU: 6.2 **2014 NF PE RVU:** 9.43
2007 Fac PE RVU 3.53 **2014 Fac PE RVU:** 4.09

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** PE Only

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28470 **Closed treatment of metatarsal fracture; without manipulation, each**

Global: 090 **Issue:** Treatment of Metatarsal Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 15 **Specialty Developing Recommendation:** AAOS, APMA, AOFAS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 38,070

2007 Work RVU: 2.03 **2014 Work RVU:** 2.03
2007 NF PE RVU: 3.05 **2014 NF PE RVU:** 3.93
2007 Fac PE RVU 2.43 **2014 Fac PE RVU:** 3.52

RUC Recommendation: 2.03 **CPT Action (if applicable):**

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

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28725 **Arthrodesis; subtalar**

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

Most Recent RUC Meeting: February 2011 **Tab** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 3,311

2007 Work RVU: 11.22 **2014 Work RVU:** 11.22
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.93 **2014 Fac PE RVU:** 9.28

RUC Recommendation: 12.18 **CPT Action (if applicable):**

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

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28730 **Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;**

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

Most Recent RUC Meeting: February 2011 **Tab** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,510

2007 Work RVU: 10.70 **2014 Work RVU:** 10.70
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 8.32 **2014 Fac PE RVU:** 8.8

RUC Recommendation: 12.42 **CPT Action (if applicable):**

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

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Status Report: CMS Requests and Relativity Assessment Issues

28740 **Arthrodesis, midtarsal or tarsometatarsal, single joint**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 3,025

2007 Work RVU: 9.29 **2014 Work RVU:** 9.29
2007 NF PE RVU: 10.89 **2014 NF PE RVU:** 13.84
2007 Fac PE RVU 6.37 **2014 Fac PE RVU:** 7.42

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**

Result: PE Only

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

28825 **Amputation, toe; interphalangeal joint**

Global: 090 **Issue:** Partial Amputation of Toe **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 21 **Specialty Developing Recommendation:** AOFAS, ACS, APMA, AAOS, SVS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 11,820

2007 Work RVU: 5.37 **2014 Work RVU:** 5.37
2007 NF PE RVU: 7.04 **2014 NF PE RVU:** 9.48
2007 Fac PE RVU 3.4 **2014 Fac PE RVU:** 4.65

RUC Recommendation: 6.01 **CPT Action (if applicable):**

Result: Increase

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

29075 **Application, cast; elbow to finger (short arm)**

Global: 000 **Issue:** Application of Forearm Cast **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 16 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** April 2011 **2013 Est Medicare Utilization:** 70,116

2007 Work RVU: 0.77 **2014 Work RVU:** 0.77
2007 NF PE RVU: 1.25 **2014 NF PE RVU:** 1.56
2007 Fac PE RVU 0.68 **2014 Fac PE RVU:** 0.88

RUC Recommendation: 0.77 **CPT Action (if applicable):**

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 **2013 Est Medicare Utilization:** 17,221

2007 Work RVU: 0.65 **2014 Work RVU:** 0.65
2007 NF PE RVU: 0.69 **2014 NF PE RVU:** 0.79
2007 Fac PE RVU 0.34 **2014 Fac PE RVU:** 0.43

RUC Recommendation: 0.39 **CPT Action (if applicable):**

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

29220 **Deleted from CPT** **Global:** 000 **Issue:** Strapping; low back **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AAFP **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.64 **2014 Work RVU:**
2007 NF PE RVU: 0.69 **2014 NF PE RVU:**
2007 Fac PE RVU 0.38 **2014 Fac PE RVU:**

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

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29240 **Strapping; shoulder (eg, Velpeau)** **Global:** 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2013 Est Medicare Utilization:** 27,081

2007 Work RVU: 0.71 **2014 Work RVU:** 0.71
2007 NF PE RVU: 0.81 **2014 NF PE RVU:** 0.85
2007 Fac PE RVU 0.37 **2014 Fac PE RVU:** 0.48

RUC Recommendation: 0.39 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

29260 **Strapping; elbow or wrist** **Global:** 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** October 2013 **2013 Est Medicare Utilization:** 6,459

2007 Work RVU: 0.55 **2014 Work RVU:** 0.55
2007 NF PE RVU: 0.72 **2014 NF PE RVU:** 0.84
2007 Fac PE RVU 0.33 **2014 Fac PE RVU:** 0.45

RUC Recommendation: 0.39 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

29280 **Strapping; hand or finger** **Global:** 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** October 2013 **2013 Est Medicare Utilization:** 5,765

2007 Work RVU: 0.51 **2014 Work RVU:** 0.51
2007 NF PE RVU: 0.77 **2014 NF PE RVU:** 0.87
2007 Fac PE RVU 0.33 **2014 Fac PE RVU:** 0.47

RUC Recommendation: 0.39 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29520 **Strapping; hip**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2013 Est Medicare Utilization:** 16,050

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 0.81 **2014 NF PE RVU:** 0.77
2007 Fac PE RVU 0.45 **2014 Fac PE RVU:** 0.41

RUC Recommendation: 0.39 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 37,800

2007 Work RVU: 0.57 **2014 Work RVU:** 0.57
2007 NF PE RVU: 0.75 **2014 NF PE RVU:** 0.81
2007 Fac PE RVU 0.34 **2014 Fac PE RVU:** 0.43

RUC Recommendation: 0.39 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 265,747

2007 Work RVU: 0.39 **2014 Work RVU:** 0.39
2007 NF PE RVU: 0.45 **2014 NF PE RVU:** 0.63
2007 Fac PE RVU 0.31 **2014 Fac PE RVU:** 0.32

RUC Recommendation: 0.39 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 74,883

2007 Work RVU: 0.25 **2014 Work RVU:** 0.25
2007 NF PE RVU: 0.46 **2014 NF PE RVU:** 0.62
2007 Fac PE RVU 0.29 **2014 Fac PE RVU:** 0.29

RUC Recommendation: 0.25 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

29590 **Denis-Browne splint strapping**

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

Most Recent RUC Meeting: April 2012 **Tab** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.76 **2014 Work RVU:**
2007 NF PE RVU: 0.54 **2014 NF PE RVU:**
2007 Fac PE RVU 0.29 **2014 Fac PE RVU:**

RUC Recommendation: Refer to CPT for deletion **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

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

29805 **Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2013 Est Medicare Utilization:** 885

2007 Work RVU: 6.03 **2014 Work RVU:** 6.03
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.44 **2014 Fac PE RVU:** 6.28

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

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

29822 **Arthroscopy, shoulder, surgical; debridement, limited**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 18,758

2007 Work RVU: 7.60 **2014 Work RVU:** 7.60
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.43 **2014 Fac PE RVU:** 7.37

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

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

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

Global: 090 **Issue:** **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2012 **2013 Est Medicare Utilization:** 35,615

2007 Work RVU: 8.36 **2014 Work RVU:** 8.36
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.94 **2014 Fac PE RVU:** 7.98

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 39,883

2007 Work RVU: 8.98 **2014 Work RVU:** 8.98
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.3 **2014 Fac PE RVU:** 8.66

RUC Recommendation: 8.82. Re-review October 2015 **CPT Action (if applicable):**

Result: Maintain

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

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

Global: ZZZ **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 76,336

2007 Work RVU: 3.00 **2014 Work RVU:** 3.00
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.21 **2014 Fac PE RVU:** 1.51

RUC Recommendation: 3.00. Re-review October 2015 **CPT Action (if applicable):**

Result: Decrease

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

29827 **Arthroscopy, shoulder, surgical; with rotator cuff repair**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing/ Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 57,229

2007 Work RVU: 15.59 **2014 Work RVU:** 15.59
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.01 **2014 Fac PE RVU:** 12.2

RUC Recommendation: Re-review October 2015. 15.59. Maintain work RVU and adjust the times from pre-time package 3. **CPT Action (if applicable):**

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

29828 **Arthroscopy, shoulder, surgical; biceps tenodesis**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 10,733

2007 Work RVU: 13.16 **2014 Work RVU:** 13.16
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 10.79

RUC Recommendation: 13.16. Re-review October 2015 **CPT Action (if applicable):** **Result:** Maintain

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

29830 **Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2013 Est Medicare Utilization:** 167

2007 Work RVU: 5.88 **2014 Work RVU:** 5.88
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.14 **2014 Fac PE RVU:** 5.97

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

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

29840 **Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2013 Est Medicare Utilization:** 87

2007 Work RVU: 5.68 **2014 Work RVU:** 5.68
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.16 **2014 Fac PE RVU:** 6.11

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

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

Status Report: CMS Requests and Relativity Assessment Issues

29870 **Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2013 Est Medicare Utilization:** 1,501

2007 Work RVU: 5.19 **2014 Work RVU:** 5.19
2007 NF PE RVU: NA **2014 NF PE RVU:** 10.39
2007 Fac PE RVU 4.72 **2014 Fac PE RVU:** 5.59

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

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** PE Only

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29888 **Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction**

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

Most Recent RUC Meeting: April 2008 **Tab** 38 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,558

2007 Work RVU: 14.30 **2014 Work RVU:** 14.30
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.75 **2014 Fac PE RVU:** 11.31

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

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

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29900 **Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2013 Est Medicare Utilization:** 2

2007 Work RVU: 5.88 **2014 Work RVU:** 5.88
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.6 **2014 Fac PE RVU:** 7.1

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

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** PE Only

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30465 **Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)**

Global: 090 **Issue:** Repair Nasal Stenosis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,065

2007 Work RVU: 12.36 **2014 Work RVU:** 12.36
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.58 **2014 Fac PE RVU:** 14.07

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

30901 **Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 35 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2009 **2013 Est Medicare Utilization:** 107,367

2007 Work RVU: 1.10 **2014 Work RVU:** 1.10
2007 NF PE RVU: 1.32 **2014 NF PE RVU:** 1.47
2007 Fac PE RVU 0.31 **2014 Fac PE RVU:** 0.38

RUC Recommendation: 1.21 **CPT Action (if applicable):** **Result:** Maintain

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

31231 **Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)**

Global: 000 **Issue:** Diagnostic Nasal Endoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2013 Est Medicare Utilization:** 492,822

2007 Work RVU: 1.10 **2014 Work RVU:** 1.10
2007 NF PE RVU: 3.37 **2014 NF PE RVU:** 4.71
2007 Fac PE RVU 0.84 **2014 Fac PE RVU:** 0.64

RUC Recommendation: 1.10 **CPT Action (if applicable):** **Result:** Maintain

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

31237 **Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 101,225

2007 Work RVU: 2.60 **2014 Work RVU:** 2.60
2007 NF PE RVU: 5.03 **2014 NF PE RVU:** 4.43
2007 Fac PE RVU 1.72 **2014 Fac PE RVU:** 1.73

RUC Recommendation: 2.60 **CPT Action (if applicable):** **Result:** Decrease

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

31238 **Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2012 **2013 Est Medicare Utilization:** 26,771

2007 Work RVU: 2.74 **2014 Work RVU:** 2.74
2007 NF PE RVU: 5.04 **2014 NF PE RVU:** 4.25
2007 Fac PE RVU 1.90 **2014 Fac PE RVU:** 1.79

RUC Recommendation: 2.74 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

31239 **Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy**

Global: 010 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012

2013 Est Medicare Utilization: 1,202

2007 Work RVU: 9.04 **2014 Work RVU:** 9.04

2007 NF PE RVU: NA **2014 NF PE RVU:** NA

2007 Fac PE RVU 7.59 **2014 Fac PE RVU:** 7.66

RUC Recommendation: 9.04

CPT Action (if applicable):

Result: Decrease

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

31240 **Nasal/sinus endoscopy, surgical; with concha bullosa resection**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012

2013 Est Medicare Utilization: 4,163

2007 Work RVU: 2.61 **2014 Work RVU:** 2.61

2007 NF PE RVU: NA **2014 NF PE RVU:** NA

2007 Fac PE RVU 1.59 **2014 Fac PE RVU:** 1.7

RUC Recommendation: 2.61

CPT Action (if applicable):

Result: Maintain

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

2013 Est Medicare Utilization: 4,546

2007 Work RVU: 4.26 **2014 Work RVU:** 4.26

2007 NF PE RVU: NA **2014 NF PE RVU:** NA

2007 Fac PE RVU 2.36 **2014 Fac PE RVU:** 2.45

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Result: PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

31575 **Laryngoscopy, flexible fiberoptic; diagnostic**

Global: 000 **Issue:** **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2013 Est Medicare Utilization:** 621,540

2007 Work RVU: 1.10 **2014 Work RVU:** 1.10
2007 NF PE RVU: 1.82 **2014 NF PE RVU:** 2.03
2007 Fac PE RVU 0.84 **2014 Fac PE RVU:** 0.97

RUC Recommendation: Survey April 2015 **CPT Action (if applicable):** **Result:** Maintain

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

31576 **Laryngoscopy, flexible fiberoptic; with biopsy**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey April 2015 **CPT Action (if applicable):** **Result:**

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

31577 **Laryngoscopy, flexible fiberoptic; with removal of foreign body**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey April 2015 **CPT Action (if applicable):** **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

31578 **Laryngoscopy, flexible fiberoptic; with removal of lesion**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey April 2015 **CPT Action (if applicable):** **Result:**

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

31579 **Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy**

Global: 000 **Issue:** Laryngoscopy **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 62,877

2007 Work RVU: 2.26 **2014 Work RVU:** 2.26
2007 NF PE RVU: 3.5 **2014 NF PE RVU:** 3.51
2007 Fac PE RVU 1.37 **2014 Fac PE RVU:** 1.54

RUC Recommendation: Survey April 2015 **CPT Action (if applicable):** **Result:** Remove from Screen

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

31582 **Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy**

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

Most Recent RUC Meeting: September 2014 **Tab** 11 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2013 Est Medicare Utilization:** 21

2007 Work RVU: 22.87 **2014 Work RVU:** 23.22
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 24.48 **2014 Fac PE RVU:** 27.92

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2014 **Tab** 11 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2013 Est Medicare Utilization:** 11

2007 Work RVU: 20.35 **2014 Work RVU:** 20.47
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 17.19 **2014 Fac PE RVU:** 20.11

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

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

31587 **Laryngoplasty, cricoid split**

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

Most Recent RUC Meeting: September 2014 **Tab** 11 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2013 Est Medicare Utilization:** 17

2007 Work RVU: 15.12 **2014 Work RVU:** 15.27
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 8.96 **2014 Fac PE RVU:** 11.6

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

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

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

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

Most Recent RUC Meeting: September 2014 **Tab** 11 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 1,246

2007 Work RVU: 14.99 **2014 Work RVU:** 14.99
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 13.07 **2014 Fac PE RVU:** 15.8

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

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

31611 **Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)**

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

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 858

2007 Work RVU: 6.00 **2014 Work RVU:** 6.00
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.92 **2014 Fac PE RVU:** 8.72

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

31620 **Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])**

Global: ZZZ **Issue:** Endobronchial ultrasound (EBUS) **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 22 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2013 Est Medicare Utilization:** 21,267

2007 Work RVU: 1.40 **2014 Work RVU:** 1.40
2007 NF PE RVU: 5.73 **2014 NF PE RVU:** 6.61
2007 Fac PE RVU 0.5 **2014 Fac PE RVU:** 0.43

RUC Recommendation: 1.50 and Refer to CPT for clarification **CPT Action (if applicable):** October 2014 **Result:** Increase
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: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Est Medicare Utilization:** 306

2007 Work RVU: 3.99 **2014 Work RVU:**
2007 NF PE RVU: 20.21 **2014 NF PE RVU:**
2007 Fac PE RVU 1.26 **2014 Fac PE RVU:**

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

32420 **Pneumocentesis, puncture of lung for aspiration**

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 2.18 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0.66 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32421 **Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent**

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

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

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

32422 **Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)**

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** April 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

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

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

32440 **Removal of lung, pneumonectomy;**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2013 Est Medicare Utilization:** 562

2007 Work RVU: 27.28 **2014 Work RVU:** 27.28
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.44 **2014 Fac PE RVU:** 11.97

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures. **CPT Action (if applicable):** **Result:** Remove from screen

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

Status Report: CMS Requests and Relativity Assessment Issues

32480 **Removal of lung, other than pneumonectomy; single lobe (lobectomy)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2013 Est Medicare Utilization:** 8,530

2007 Work RVU: 25.82 **2014 Work RVU:** 25.82
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.63 **2014 Fac PE RVU:** 11.2

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

CPT Action (if applicable):

Result: Remove from Screen

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

32482 **Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2013 Est Medicare Utilization:** 606

2007 Work RVU: 27.44 **2014 Work RVU:** 27.44
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.48 **2014 Fac PE RVU:** 12.28

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

CPT Action (if applicable):

Result: Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

32491 **Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2013 Est Medicare Utilization:** 44

2007 Work RVU: 25.24 **2014 Work RVU:** 25.24
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.13 **2014 Fac PE RVU:** 11.7

RUC Recommendation: Request further information from CMS **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

32551 **Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)**

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

Most Recent RUC Meeting: April 2012 **Tab** 10 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 39,649

2007 Work RVU: 3.29 **2014 Work RVU:** 3.29
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 1.14

RUC Recommendation: 3.50 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

32554 **Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance**

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

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2013 Est Medicare Utilization:** 25,861

2007 Work RVU: 1.82 **2014 Work RVU:** 1.82
2007 NF PE RVU: **2014 NF PE RVU:** 3.63
2007 Fac PE RVU **2014 Fac PE RVU:** 0.62

RUC Recommendation: 1.82 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32555 **Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance**

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

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2013 Est Medicare Utilization:** 183,743

2007 Work RVU: 2.27 **2014 Work RVU:** 2.27
2007 NF PE RVU: **2014 NF PE RVU:** 5.88
2007 Fac PE RVU **2014 Fac PE RVU:** 0.78

RUC Recommendation: 2.27 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32556 **Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance**

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

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2013 Est Medicare Utilization:** 3,835

2007 Work RVU: 2.50 **2014 Work RVU:** 2.50
2007 NF PE RVU: **2014 NF PE RVU:** 12.39
2007 Fac PE RVU **2014 Fac PE RVU:** 0.85

RUC Recommendation: 2.50 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32557 **Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance**

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

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2013 Est Medicare Utilization:** 32,030

2007 Work RVU: 3.12 **2014 Work RVU:** 3.12
2007 NF PE RVU: **2014 NF PE RVU:** 12.35
2007 Fac PE RVU **2014 Fac PE RVU:** 1.01

RUC Recommendation: 3.62 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32663 **Thoracoscopy, surgical; with lobectomy (single lobe)**

Global: 090 **Issue:** RAW review **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** STS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 6,027

2007 Work RVU: 24.64 **2014 Work RVU:** 24.64
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.44 **2014 Fac PE RVU:** 10.41

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

CPT Action (if applicable):

Result: Remove from Screen

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

33207 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 23,016

2007 Work RVU: 8.05 **2014 Work RVU:** 8.05
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.95 **2014 Fac PE RVU:** 4.3

RUC Recommendation: 8.05

CPT Action (if applicable): February 2011

Result: Maintain

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

33208 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 112,459

2007 Work RVU: 8.77 **2014 Work RVU:** 8.77
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.95 **2014 Fac PE RVU:** 4.59

RUC Recommendation: 8.77

CPT Action (if applicable): February 2011

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

33212 **Insertion of pacemaker pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2013 Est Medicare Utilization:** 1,533

2007 Work RVU: 5.26 **2014 Work RVU:** 5.26
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.46 **2014 Fac PE RVU:** 3.16

RUC Recommendation: 5.26 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

33213 **Insertion of pacemaker pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2013 Est Medicare Utilization:** 4,719

2007 Work RVU: 5.53 **2014 Work RVU:** 5.53
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.87 **2014 Fac PE RVU:** 3.25

RUC Recommendation: 5.53 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

33221 **Insertion of pacemaker pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2013 Est Medicare Utilization:** 373

2007 Work RVU: 5.80 **2014 Work RVU:** 5.80
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.55

RUC Recommendation: 5.80 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

33227 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2013 Est Medicare Utilization:** 8,288

2007 Work RVU: 5.50 **2014 Work RVU:** 5.50
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.35

RUC Recommendation: 5.50 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

33228 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2013 Est Medicare Utilization:** 38,395

2007 Work RVU: 5.77 **2014 Work RVU:** 5.77
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.45

RUC Recommendation: 5.77 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

33229 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2013 Est Medicare Utilization:** 2,738

2007 Work RVU: 6.04 **2014 Work RVU:** 6.04
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.64

RUC Recommendation: 6.04 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

33230 **Insertion of pacing cardioverter-defibrillator pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2013 Est Medicare Utilization:** 387

2007 Work RVU: 6.32 **2014 Work RVU:** 6.32
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.73

RUC Recommendation: 6.32 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33231 **Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2013 Est Medicare Utilization:** 256

2007 Work RVU: 6.59 **2014 Work RVU:** 6.59
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.76

RUC Recommendation: 6.59 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33233 **Removal of permanent pacemaker pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 9,929

2007 Work RVU: 3.39 **2014 Work RVU:** 3.39
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.29 **2014 Fac PE RVU:** 2.79

RUC Recommendation: 3.39 **CPT Action (if applicable):** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33240 **Insertion of pacing cardioverter-defibrillator pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2013 Est Medicare Utilization:** 1,235

2007 Work RVU: 6.05 **2014 Work RVU:** 6.05
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.79 **2014 Fac PE RVU:** 3.49

RUC Recommendation: 6.06 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

33241 **Removal of pacing cardioverter-defibrillator pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2013 Est Medicare Utilization:** 8,988

2007 Work RVU: 3.29 **2014 Work RVU:** 3.29
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.99 **2014 Fac PE RVU:** 2.51

RUC Recommendation: 3.29 **CPT Action (if applicable):** February 2011 **Result:** Maintain

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

33249 **Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2013 Est Medicare Utilization:** 50,493

2007 Work RVU: 15.17 **2014 Work RVU:** 15.17
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 8.89 **2014 Fac PE RVU:** 8.06

RUC Recommendation: 15.17 **CPT Action (if applicable):** February 2011 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

33262 **Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2013 Est Medicare Utilization:** 4,228

2007 Work RVU: 6.06 **2014 Work RVU:** 6.06
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.64

RUC Recommendation: 6.06 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33263 **Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; dual lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2013 Est Medicare Utilization:** 14,962

2007 Work RVU: 6.33 **2014 Work RVU:** 6.33
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.75

RUC Recommendation: 6.33 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33264 **Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; multiple lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2013 Est Medicare Utilization:** 16,708

2007 Work RVU: 6.60 **2014 Work RVU:** 6.60
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.9

RUC Recommendation: 6.60 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33282 **Implantation of patient-activated cardiac event recorder**

Global: 090 **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Est Medicare Utilization:** 10,027

2007 Work RVU: 3.50 **2014 Work RVU:** 3.50
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.1 **2014 Fac PE RVU:** 2.55

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

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

33284 **Removal of an implantable, patient-activated cardiac event recorder**

Global: 090 **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Est Medicare Utilization:** 4,646

2007 Work RVU: 3.00 **2014 Work RVU:** 3.00
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.50 **2014 Fac PE RVU:** 2.37

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

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

33405 **Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: September 2011 **2013 Est Medicare Utilization:** 31,680

2007 Work RVU: 41.32 **2014 Work RVU:** 41.32
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 17.58 **2014 Fac PE RVU:** 15.48

RUC Recommendation: 41.32 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

33430 **Replacement, mitral valve, with cardiopulmonary bypass**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** High IWPUT / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: February 2008 **2013 Est Medicare Utilization:** 8,024

2007 Work RVU: 50.93 **2014 Work RVU:** 50.93
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 17.71 **2014 Fac PE RVU:** 19.08

RUC Recommendation: 50.93

CPT Action (if applicable):

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

Result: Maintain

33533 **Coronary artery bypass, using arterial graft(s); single arterial graft**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: September 2011 **2013 Est Medicare Utilization:** 64,363

2007 Work RVU: 33.75 **2014 Work RVU:** 33.75
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 15.55 **2014 Fac PE RVU:** 13.08

RUC Recommendation: 34.98

CPT Action (if applicable):

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

Result: Increase

33863 **Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)**

Global: 090 **Issue:** Aortic Graft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** STS, AATS

First Identified: February 2008 **2013 Est Medicare Utilization:** 1,764

2007 Work RVU: 58.79 **2014 Work RVU:** 58.79
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 19.01 **2014 Fac PE RVU:** 19.76

RUC Recommendation: Remove from screen

CPT Action (if applicable):

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

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

33960 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2013 Est Medicare Utilization:** 410

2007 Work RVU: 19.33 **2014 Work RVU:** 19.33
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.09 **2014 Fac PE RVU:** 6.03

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

33961 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2013 Est Medicare Utilization:** 1,814

2007 Work RVU: 10.91 **2014 Work RVU:** 10.91
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.45 **2014 Fac PE RVU:** 3.7

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X10

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 16.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X11

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

339X12

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.05 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X13

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.69 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X14

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.73 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X15

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 9.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

339X16

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 9.50 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X17

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.51 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X18

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.50 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X19

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 6.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

339X20

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 6.38 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X21

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 9.89 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X22

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 10.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X23

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.08 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

339X24

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 15.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X25

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 9.50 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339XX1

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 6.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339XX2

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 6.63 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

339XX3

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.73 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339XX4

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.60 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339XX5

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 8.15 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339XX6

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 8.43 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

339XX7

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 9.83 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339XX8

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 9.43 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339XX9

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 16.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

34802 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ACR, SCAI, SIR, SVS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 12,305

2007 Work RVU: 23.79 **2014 Work RVU:** 23.79
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.38 **2014 Fac PE RVU:** 8.02

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** CPT 2017 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34812 **Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral**

Global: 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ACR, SCAI, SIR, SVS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 27,716

2007 Work RVU: 6.74 **2014 Work RVU:** 6.74
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.1 **2014 Fac PE RVU:** 1.74

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** CPT 2017 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

34825 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ACR, SCAI, SIR, SVS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 11,766

2007 Work RVU: 12.80 **2014 Work RVU:** 12.80
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.89 **2014 Fac PE RVU:** 5.1

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** CPT 2017 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

35301 **Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision**

Global: 090 **Issue:** Thromboendarterectomy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 21 **Specialty Developing Recommendation:** SVS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 47,929

2007 Work RVU: 21.16 **2014 Work RVU:** 21.16
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 8.04 **2014 Fac PE RVU:** 7.64

RUC Recommendation: 21.16 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

35454 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 6.03 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 2.19 **2014 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

35456 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 7.34 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 2.64 **2014 Fac PE RVU:**

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

35459 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 8.62 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 3.01 **2014 Fac PE RVU:**

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

35470 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** October 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 8.62 **2014 Work RVU:**
2007 NF PE RVU: 81.78 **2014 NF PE RVU:**
2007 Fac PE RVU 3.37 **2014 Fac PE RVU:**

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

35471 **Transluminal balloon angioplasty, percutaneous; renal or visceral artery**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:** 6,674

2007 Work RVU: 10.05 **2014 Work RVU:** 10.05
2007 NF PE RVU: 91.6 **2014 NF PE RVU:** 59.68
2007 Fac PE RVU 4.13 **2014 Fac PE RVU:** 3.35

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

Status Report: CMS Requests and Relativity Assessment Issues

35472 **Transluminal balloon angioplasty, percutaneous; aortic**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:** 644

2007 Work RVU: 6.90 **2014 Work RVU:** 6.90
2007 NF PE RVU: 60.05 **2014 NF PE RVU:** 43.91
2007 Fac PE RVU 2.75 **2014 Fac PE RVU:** 2.17

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

35473 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 6.03 **2014 Work RVU:**
2007 NF PE RVU: 56.4 **2014 NF PE RVU:**
2007 Fac PE RVU 2.43 **2014 Fac PE RVU:**

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

35474 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** October 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 7.35 **2014 Work RVU:**
2007 NF PE RVU: 80.7 **2014 NF PE RVU:**
2007 Fac PE RVU 2.9 **2014 Fac PE RVU:**

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

35475 **Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel**

Global: 000 **Issue:** Repair of Arterial and Venous Blockage **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 41 **Specialty Developing Recommendation:** ACR, RPA, SIR **First Identified:** September 2011 **2013 Est Medicare Utilization:** 52,976

2007 Work RVU: 6.60 **2014 Work RVU:** 6.60
2007 NF PE RVU: 53.95 **2014 NF PE RVU:** 37.34
2007 Fac PE RVU 3.48 **2014 Fac PE RVU:** 2.31

RUC Recommendation: 6.60 **CPT Action (if applicable):** Removed from CPT referral **Result:** Decrease
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:** Repair of Arterial and Venous Blockage **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 41 **Specialty Developing Recommendation:** ACR, RPA, SIR **First Identified:** September 2011 **2013 Est Medicare Utilization:** 296,869

2007 Work RVU: 5.10 **2014 Work RVU:** 5.10
2007 NF PE RVU: 42.45 **2014 NF PE RVU:** 35.24
2007 Fac PE RVU 2.26 **2014 Fac PE RVU:** 2.12

RUC Recommendation: 5.10 **CPT Action (if applicable):** Removed from CPT referral **Result:** Decrease

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

35490 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 11.06 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 5.11 **2014 Fac PE RVU:**

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

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

35491 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 7.60 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 3.46 **2014 Fac PE RVU:**

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

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

35492 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 6.64 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 3.3 **2014 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

35493 **Deleted from CPT** **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 8.09 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 3.89 **2014 Fac PE RVU:**

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

35494 **Deleted from CPT** **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 10.42 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 4.64 **2014 Fac PE RVU:**

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

35495 **Deleted from CPT** **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 9.48 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 4.45 **2014 Fac PE RVU:**

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

36000 **Introduction of needle or intracatheter, vein** **Global:** XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, AUR, AAP, AAFP, ACRh **First Identified:** October 2009 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: 0.54 **2014 NF PE RVU:** 0.52
2007 Fac PE RVU 0.05 **2014 Fac PE RVU:** 0.07

RUC Recommendation: CMS consider a bundled status for this code **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36010 **Introduction of catheter, superior or inferior vena cava**

Global: XXX **Issue:** Introduction of Catheter **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 17,063

2007 Work RVU: 2.43 **2014 Work RVU:** 2.43
2007 NF PE RVU: 17.17 **2014 NF PE RVU:** 11.5
2007 Fac PE RVU 0.77 **2014 Fac PE RVU:** 0.76

RUC Recommendation: Remove from re-review. **CPT Action (if applicable):** February 2011 **Result:** Remove from screen

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

36140 **Introduction of needle or intracatheter; extremity artery**

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACRO **First Identified:** April 2011 **2013 Est Medicare Utilization:** 19,822

2007 Work RVU: 2.01 **2014 Work RVU:** 2.01
2007 NF PE RVU: 12.15 **2014 NF PE RVU:** 10.06
2007 Fac PE RVU 0.65 **2014 Fac PE RVU:** 0.61

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

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

36145 **Deleted from CPT**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:** **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 2.01 **2014 Work RVU:**
2007 NF PE RVU: 11.87 **2014 NF PE RVU:**
2007 Fac PE RVU 0.64 **2014 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

36147 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 09 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 333,423

2007 Work RVU: 3.72 **2014 Work RVU:** 3.72
2007 NF PE RVU: **2014 NF PE RVU:** 19.61
2007 Fac PE RVU **2014 Fac PE RVU:** 1.23

RUC Recommendation: 3.72 **CPT Action (if applicable):** October 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36148 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 09 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 68,311

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: **2014 NF PE RVU:** 6.3
2007 Fac PE RVU **2014 Fac PE RVU:** 0.31

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36215 **Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family**

Global: XXX **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 44,623

2007 Work RVU: 4.67 **2014 Work RVU:** 4.67
2007 NF PE RVU: 26.59 **2014 NF PE RVU:** 25.83
2007 Fac PE RVU 1.65 **2014 Fac PE RVU:** 1.59

RUC Recommendation: Review in October 2017 **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36216 **Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family**

Global: XXX **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 5,685

2007 Work RVU: 5.27 **2014 Work RVU:** 5.27
2007 NF PE RVU: 28.57 **2014 NF PE RVU:** 29.12
2007 Fac PE RVU 1.82 **2014 Fac PE RVU:** 1.88

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

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

36217 **Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family**

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

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** SVS, AUR, ACR, ASNR, SIR **First Identified:** April 2011 **2013 Est Medicare Utilization:** 4,617

2007 Work RVU: 6.29 **2014 Work RVU:** 6.29
2007 NF PE RVU: 52.65 **2014 NF PE RVU:** 53.34
2007 Fac PE RVU 2.17 **2014 Fac PE RVU:** 2.34

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

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

36221 **Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 3,571

2007 Work RVU: 4.17 **2014 Work RVU:** 4.17
2007 NF PE RVU: **2014 NF PE RVU:** 26.65
2007 Fac PE RVU **2014 Fac PE RVU:** 1.27

RUC Recommendation: 4.51 **CPT Action (if applicable):** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36222 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 13,279

2007 Work RVU: 5.53 **2014 Work RVU:** 5.53
2007 NF PE RVU: **2014 NF PE RVU:** 33.52
2007 Fac PE RVU **2014 Fac PE RVU:** 2

RUC Recommendation: 6.00 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36223 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 35,402

2007 Work RVU: 6.00 **2014 Work RVU:** 6.00
2007 NF PE RVU: **2014 NF PE RVU:** 36.54
2007 Fac PE RVU **2014 Fac PE RVU:** 2.13

RUC Recommendation: 6.50 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36224 **Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 29,496

2007 Work RVU: 6.50 **2014 Work RVU:** 6.50
2007 NF PE RVU: **2014 NF PE RVU:** 40.32
2007 Fac PE RVU **2014 Fac PE RVU:** 2.45

RUC Recommendation: 7.55 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36225 **Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 13,512

2007 Work RVU: 6.00 **2014 Work RVU:** 6.00
2007 NF PE RVU: **2014 NF PE RVU:** 36.12
2007 Fac PE RVU **2014 Fac PE RVU:** 2.1

RUC Recommendation: 6.50 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36226 **Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 28,041

2007 Work RVU: 6.50 **2014 Work RVU:** 6.50
2007 NF PE RVU: **2014 NF PE RVU:** 41.28
2007 Fac PE RVU **2014 Fac PE RVU:** 2.48

RUC Recommendation: 7.55 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36227 **Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 8,351

2007 Work RVU: 2.09 **2014 Work RVU:** 2.09
2007 NF PE RVU: **2014 NF PE RVU:** 4.64
2007 Fac PE RVU **2014 Fac PE RVU:** 0.77

RUC Recommendation: 2.32 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36228 **Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 3,361

2007 Work RVU: 4.25 **2014 Work RVU:** 4.25
2007 NF PE RVU: **2014 NF PE RVU:** 28.32
2007 Fac PE RVU **2014 Fac PE RVU:** 1.57

RUC Recommendation: 4.25 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36245 **Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: XXX **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 22 **Specialty Developing Recommendation:** ACC, ACR, SIR, SCAI, SVS **First Identified:** October 2009 **2013 Est Medicare Utilization:** 50,055

2007 Work RVU: 4.90 **2014 Work RVU:** 4.90
2007 NF PE RVU: 31.17 **2014 NF PE RVU:** 32.88
2007 Fac PE RVU 1.78 **2014 Fac PE RVU:** 1.67

RUC Recommendation: 4.90 **CPT Action (if applicable):** February 2010 and February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36246 **Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 37,851

2007 Work RVU: 5.27 **2014 Work RVU:** 5.27
2007 NF PE RVU: 29.18 **2014 NF PE RVU:** 19.1
2007 Fac PE RVU 1.84 **2014 Fac PE RVU:** 1.61

RUC Recommendation: 5.27 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36247 **Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 54,617

2007 Work RVU: 6.29 **2014 Work RVU:** 6.29
2007 NF PE RVU: 48.22 **2014 NF PE RVU:** 37.45
2007 Fac PE RVU 2.17 **2014 Fac PE RVU:** 1.93

RUC Recommendation: 7.00 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

36248 **Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Catheter Placement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 18,186

2007 Work RVU: 1.01 **2014 Work RVU:** 1.01
2007 NF PE RVU: 3.81 **2014 NF PE RVU:** 3.21
2007 Fac PE RVU 0.35 **2014 Fac PE RVU:** 0.33

RUC Recommendation: Remove from screen **CPT Action (if applicable):** February 2010 **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

36251 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2013 Est Medicare Utilization:** 6,856

2007 Work RVU: 5.35 **2014 Work RVU:** 5.35
2007 NF PE RVU: **2014 NF PE RVU:** 33.77
2007 Fac PE RVU **2014 Fac PE RVU:** 1.84

RUC Recommendation: 5.45 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36252 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2013 Est Medicare Utilization:** 20,470

2007 Work RVU: 6.99 **2014 Work RVU:** 6.99
2007 NF PE RVU: **2014 NF PE RVU:** 35.35
2007 Fac PE RVU **2014 Fac PE RVU:** 2.44

RUC Recommendation: 7.38 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36253 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2013 Est Medicare Utilization:** 1,412

2007 Work RVU: 7.55 **2014 Work RVU:** 7.55
2007 NF PE RVU: **2014 NF PE RVU:** 55.5
2007 Fac PE RVU **2014 Fac PE RVU:** 2.53

RUC Recommendation: 7.55 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36254 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2013 Est Medicare Utilization:** 473

2007 Work RVU: 8.15 **2014 Work RVU:** 8.15
2007 NF PE RVU: **2014 NF PE RVU:** 52.13
2007 Fac PE RVU **2014 Fac PE RVU:** 2.8

RUC Recommendation: 8.15 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36410 **Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)**

Global: XXX **Issue:** Venipunture **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 36 **Specialty Developing Recommendation:** ACP **First Identified:** October 2009 **2013 Est Medicare Utilization:** 212,243

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: 0.3 **2014 NF PE RVU:** 0.27
2007 Fac PE RVU 0.05 **2014 Fac PE RVU:** 0.07

RUC Recommendation: 0.18 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

36475 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2013 Est Medicare Utilization:** 84,506

2007 Work RVU: 6.72 **2014 Work RVU:** 6.72
2007 NF PE RVU: 47.57 **2014 NF PE RVU:** 39.35
2007 Fac PE RVU 2.39 **2014 Fac PE RVU:** 2.27

RUC Recommendation: 5.30 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36476 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** October 2013 **2013 Est Medicare Utilization:** 8,653

2007 Work RVU: 3.38 **2014 Work RVU:** 3.38
2007 NF PE RVU: 7.39 **2014 NF PE RVU:** 6.73
2007 Fac PE RVU 1.08 **2014 Fac PE RVU:** 1.01

RUC Recommendation: 2.65 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36478 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2013 Est Medicare Utilization:** 78,614

2007 Work RVU: 6.72 **2014 Work RVU:** 6.72
2007 NF PE RVU: 42.85 **2014 NF PE RVU:** 29.83
2007 Fac PE RVU 2.41 **2014 Fac PE RVU:** 2.27

RUC Recommendation: 5.30 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36479 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2013 Est Medicare Utilization:** 12,855

2007 Work RVU: 3.38 **2014 Work RVU:** 3.38
2007 NF PE RVU: 7.59 **2014 NF PE RVU:** 7.05
2007 Fac PE RVU 1.1 **2014 Fac PE RVU:** 1.05

RUC Recommendation: 2.65 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36481 **Percutaneous portal vein catheterization by any method**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2013 Est Medicare Utilization:** 603

2007 Work RVU: 6.98 **2014 Work RVU:** 6.98
2007 NF PE RVU: NA **2014 NF PE RVU:** 50.05
2007 Fac PE RVU 2.46 **2014 Fac PE RVU:** 2.5

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36516 **Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2013 Est Medicare Utilization:** 1,859

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 75.37 **2014 NF PE RVU:** 55.47
2007 Fac PE RVU 0.46 **2014 Fac PE RVU:** 0.49

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Result: Remove from Screen
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

36818 **Arteriovenous anastomosis, open; by upper arm cephalic vein transposition**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2013 Est Medicare Utilization:** 7,352

2007 Work RVU: 11.89 **2014 Work RVU:** 11.89
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2014 Fac PE RVU:** 5.22

RUC Recommendation: 13.00 **CPT Action (if applicable):**
Result: Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

36819 **Arteriovenous anastomosis, open; by upper arm basilic vein transposition**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2013 Est Medicare Utilization:** 11,571

2007 Work RVU: 13.29 **2014 Work RVU:** 13.29
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.08 **2014 Fac PE RVU:** 5.43

RUC Recommendation: 15.00 **CPT Action (if applicable):**
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 **2013 Est Medicare Utilization:** 2,206

2007 Work RVU: 14.47 **2014 Work RVU:** 14.47
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.11 **2014 Fac PE RVU:** 6.01

RUC Recommendation: 13.99 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36821 **Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 35,912

2007 Work RVU: 12.11 **2014 Work RVU:** 12.11
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.49 **2014 Fac PE RVU:** 5.6

RUC Recommendation: 11.90 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36822 **Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)**

Global: 090 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:** 732

2007 Work RVU: 5.57 **2014 Work RVU:** 5.57
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.23 **2014 Fac PE RVU:** 4.28

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36825 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: September 2007 **2013 Est Medicare Utilization:** 3,170

2007 Work RVU: 14.17 **2014 Work RVU:** 14.17
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.87 **2014 Fac PE RVU:** 6.12

RUC Recommendation: 15.93

CPT Action (if applicable):

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

36830 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: November 2012 **2013 Est Medicare Utilization:** 21,825

2007 Work RVU: 12.03 **2014 Work RVU:** 12.03
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.98 **2014 Fac PE RVU:** 4.63

RUC Recommendation: 11.90

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36834 **Deleted from CPT**

Global: 090 **Issue:** Aneurysm Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AVA, ACS

First Identified: September 2007 **2013 Est Medicare Utilization:**

2007 Work RVU: 11.11 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 4.68 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36870 **Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)**

Global: 090 **Issue:** Percutaneous Thrombectomy **Screen:** Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 58,611

2007 Work RVU: 5.20 **2014 Work RVU:** 5.20
2007 NF PE RVU: 49.54 **2014 NF PE RVU:** 46.25
2007 Fac PE RVU 2.99 **2014 Fac PE RVU:** 2.89

RUC Recommendation: Refer to CPT. Reduced 99238 to 0.5 **CPT Action (if applicable):** 2016 CPT cycle **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

37183 **Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanulization/dilatation, stent placement and all associated imaging guidance and documentation)**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2013 Est Medicare Utilization:** 757

2007 Work RVU: 7.99 **2014 Work RVU:** 7.99
2007 NF PE RVU: NA **2014 NF PE RVU:** 157.57
2007 Fac PE RVU 2.89 **2014 Fac PE RVU:** 2.8

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

37191 **Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:** 52,401

2007 Work RVU: 4.71 **2014 Work RVU:** 4.71
2007 NF PE RVU: **2014 NF PE RVU:** 69.53
2007 Fac PE RVU **2014 Fac PE RVU:** 1.6

RUC Recommendation: 4.71 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37192 **Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:** 68

2007 Work RVU: 7.35 **2014 Work RVU:** 7.35
2007 NF PE RVU: **2014 NF PE RVU:** 35.02
2007 Fac PE RVU **2014 Fac PE RVU:** 2.13

RUC Recommendation: 8.00 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37193 **Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:** 4,491

2007 Work RVU: 7.35 **2014 Work RVU:** 7.35
2007 NF PE RVU: **2014 NF PE RVU:** 37.35
2007 Fac PE RVU **2014 Fac PE RVU:** 2.36

RUC Recommendation: 8.00 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37201 **Transcatheter therapy, infusion for thrombolysis other than coronary**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 4.99 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 2.43 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 5.02 **2014 Work RVU:**
2007 NF PE RVU: 31.87 **2014 NF PE RVU:**
2007 Fac PE RVU 1.98 **2014 Fac PE RVU:**

RUC Recommendation: Maintain. Editorially revised.

CPT Action (if applicable): June 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

37204 **Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 36,279

2007 Work RVU: 18.11 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 5.75 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37205 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 51,411

2007 Work RVU: 8.27 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 3.77 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37206 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 4,556

2007 Work RVU: 4.12 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.46 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37207 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,363

2007 Work RVU: 8.27 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 2.98 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37208 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 205

2007 Work RVU: 4.12 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.30 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37209 **Exchange of a previously placed intravascular catheter during thrombolytic therapy**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 2.27 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0.72 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37210 **Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 280

2007 Work RVU: 10.60 **2014 Work RVU:**
2007 NF PE RVU: 46.03 **2014 NF PE RVU:**
2007 Fac PE RVU 3.13 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37211 **Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 10,019

2007 Work RVU: 8.00 **2014 Work RVU:** 8.00
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 2.37

RUC Recommendation: 8.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37212 **Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 3,715

2007 Work RVU: 7.06 **2014 Work RVU:** 7.06
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 2.09

RUC Recommendation: 7.06 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37213 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 3,430

2007 Work RVU: 5.00 **2014 Work RVU:** 5.00
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 1.37

RUC Recommendation: 5.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37214 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 5,382

2007 Work RVU: 2.74 **2014 Work RVU:** 2.74
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 1.05

RUC Recommendation: 3.04 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37220 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 11,420

2007 Work RVU: 8.15 **2014 Work RVU:** 8.15
2007 NF PE RVU: **2014 NF PE RVU:** 80.57
2007 Fac PE RVU **2014 Fac PE RVU:** 2.4

RUC Recommendation: 8.15 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37221 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 38,909

2007 Work RVU: 10.00 **2014 Work RVU:** 10.00
2007 NF PE RVU: **2014 NF PE RVU:** 120.79
2007 Fac PE RVU **2014 Fac PE RVU:** 3

RUC Recommendation: 10.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37222 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 3,040

2007 Work RVU: 3.73 **2014 Work RVU:** 3.73
2007 NF PE RVU: **2014 NF PE RVU:** 20.98
2007 Fac PE RVU **2014 Fac PE RVU:** 1.01

RUC Recommendation: 3.73 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37223 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 5,488

2007 Work RVU: 4.25 **2014 Work RVU:** 4.25
2007 NF PE RVU: **2014 NF PE RVU:** 68.6
2007 Fac PE RVU **2014 Fac PE RVU:** 1.21

RUC Recommendation: 4.25 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37224 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 30,659

2007 Work RVU: 9.00 **2014 Work RVU:** 9.00
2007 NF PE RVU: **2014 NF PE RVU:** 98.67
2007 Fac PE RVU **2014 Fac PE RVU:** 2.71

RUC Recommendation: 9.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37225 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 28,380

2007 Work RVU: 12.00 **2014 Work RVU:** 12.00
2007 NF PE RVU: **2014 NF PE RVU:** 297.95
2007 Fac PE RVU **2014 Fac PE RVU:** 3.72

RUC Recommendation: 12.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37226 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 32,787

2007 Work RVU: 10.49 **2014 Work RVU:** 10.49
2007 NF PE RVU: **2014 NF PE RVU:** 244.76
2007 Fac PE RVU **2014 Fac PE RVU:** 3.16

RUC Recommendation: 10.49 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37227 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 14,097

2007 Work RVU: 14.50 **2014 Work RVU:** 14.50
2007 NF PE RVU: **2014 NF PE RVU:** 403.11
2007 Fac PE RVU **2014 Fac PE RVU:** 4.42

RUC Recommendation: 14.50 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37228 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 25,559

2007 Work RVU: 11.00 **2014 Work RVU:** 11.00
2007 NF PE RVU: **2014 NF PE RVU:** 142.3
2007 Fac PE RVU **2014 Fac PE RVU:** 3.23

RUC Recommendation: 11.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37229 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 18,765

2007 Work RVU: 14.05 **2014 Work RVU:** 14.05
2007 NF PE RVU: **2014 NF PE RVU:** 290.75
2007 Fac PE RVU **2014 Fac PE RVU:** 4.3

RUC Recommendation: 14.05 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37230 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 3,451

2007 Work RVU: 13.80 **2014 Work RVU:** 13.80
2007 NF PE RVU: **2014 NF PE RVU:** 219.13
2007 Fac PE RVU **2014 Fac PE RVU:** 4.25

RUC Recommendation: 13.80 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37231 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,306

2007 Work RVU: 15.00 **2014 Work RVU:** 15.00
2007 NF PE RVU: **2014 NF PE RVU:** 358.11
2007 Fac PE RVU **2014 Fac PE RVU:** 4.79

RUC Recommendation: 15.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37232 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 8,545

2007 Work RVU: 4.00 **2014 Work RVU:** 4.00
2007 NF PE RVU: **2014 NF PE RVU:** 29.77
2007 Fac PE RVU **2014 Fac PE RVU:** 1.16

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37233 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 4,250

2007 Work RVU: 6.50 **2014 Work RVU:** 6.50
2007 NF PE RVU: **2014 NF PE RVU:** 33.68
2007 Fac PE RVU **2014 Fac PE RVU:** 1.9

RUC Recommendation: 6.50 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37234 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 404

2007 Work RVU: 5.50 **2014 Work RVU:** 5.50
2007 NF PE RVU: **2014 NF PE RVU:** 103.31
2007 Fac PE RVU **2014 Fac PE RVU:** 1.69

RUC Recommendation: 5.50 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37235 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 121

2007 Work RVU: 7.80 **2014 Work RVU:** 7.80
2007 NF PE RVU: **2014 NF PE RVU:** 102.86
2007 Fac PE RVU **2014 Fac PE RVU:** 2.66

RUC Recommendation: 7.80 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37236 **Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 9.00 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37237 **Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.25 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37238 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 6.29 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37239 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.34 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37241 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 9.00 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37242 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 11.98 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37243 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 14.00 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37244 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 14.00 **CPT Action (if applicable):** February 2013 **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: **Issue:** RAW **Screen:** NPRM for 2015 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2014 **Result:**
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: **Issue:** RAW **Screen:** NPRM for 2015 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2014 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

37609 **Ligation or biopsy, temporal artery**

Global: 010 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 17,344

2007 Work RVU: 3.05 **2014 Work RVU:** 3.05
2007 NF PE RVU: 4.43 **2014 NF PE RVU:** 5.22
2007 Fac PE RVU 1.93 **2014 Fac PE RVU:** 2.35

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37619 **Ligation of inferior vena cava**

Global: 090 **Issue:** Ligation of Inferior Vena Cava **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 13 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** **2013 Est Medicare Utilization:** 241

2007 Work RVU: 30.00 **2014 Work RVU:** 30.00
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 11.2

RUC Recommendation: 37.60 **CPT Action (if applicable):** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

37620 **Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)**

Global: 090 **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 11.49 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 5.52 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37760 **Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg**

Global: 090 **Issue:** Perorator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 307

2007 Work RVU: 10.78 **2014 Work RVU:** 10.78
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.14 **2014 Fac PE RVU:** 5.01

RUC Recommendation: 10.69 **CPT Action (if applicable):** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37761 **Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg**

Global: 090 **Issue:** Perforator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** **2013 Est Medicare Utilization:** 701

2007 Work RVU: 9.13 **2014 Work RVU:** 9.13
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 5.1
Result: Increase

RUC Recommendation: 9.00 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

37765 **Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions**

Global: 090 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 15,517

2007 Work RVU: 7.71 **2014 Work RVU:** 7.71
2007 NF PE RVU: NA **2014 NF PE RVU:** 9.66
2007 Fac PE RVU 4.36 **2014 Fac PE RVU:** 3.95
Result: PE Only

RUC Recommendation: Review September 2016. Non-Facility PE Inputs. **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

37766 **Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions**

Global: 090 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 11,144

2007 Work RVU: 9.66 **2014 Work RVU:** 9.66
2007 NF PE RVU: NA **2014 NF PE RVU:** 11.04
2007 Fac PE RVU 5.01 **2014 Fac PE RVU:** 4.61
Result: PE Only

RUC Recommendation: Review September 2016. Non-Facility PE Inputs. **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

37785 **Ligation, division, and/or excision of varicose vein cluster(s), 1 leg**

Global: 090 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, SVS, ACS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,415

2007 Work RVU: 3.93 **2014 Work RVU:** 3.93
2007 NF PE RVU: 5.12 **2014 NF PE RVU:** 5.46
2007 Fac PE RVU 2.69 **2014 Fac PE RVU:** 2.88
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

38542 **Dissection, deep jugular node(s)**

Global: 090 **Issue:** Jugular Node Dissection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 40 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 835

2007 Work RVU: 7.95 **2014 Work RVU:** 7.95
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.3 **2014 Fac PE RVU:** 5.72

RUC Recommendation: 7.85 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

38570 **Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple**

Global: 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** AUA **First Identified:** January 2014 **2013 Est Medicare Utilization:** 1,488

2007 Work RVU: 9.34 **2014 Work RVU:** 9.34
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.98 **2014 Fac PE RVU:** 4.57

RUC Recommendation: 9.34 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

38571 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy**

Global: 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** CMS Fastest Growing / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2013 Est Medicare Utilization:** 9,864

2007 Work RVU: 14.76 **2014 Work RVU:** 14.76
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.97 **2014 Fac PE RVU:** 6.32

RUC Recommendation: 12.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

38572 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple**

Global: 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** ACOG **First Identified:** January 2014 **2013 Est Medicare Utilization:** 2,281

2007 Work RVU: 16.94 **2014 Work RVU:** 16.94
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.86 **2014 Fac PE RVU:** 8.16

RUC Recommendation: 15.60 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

39400 **Mediastinoscopy, includes biopsy(ies), when performed**

Global: 010 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** STS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 8,907

2007 Work RVU: 8.05 **2014 Work RVU:** 8.05
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.68 **2014 Fac PE RVU:** 4.79

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** 2016 CPT cycle **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

40490 **Biopsy of lip**

Global: 000 **Issue:** Biopsy of Lip **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 21 **Specialty Developing Recommendation:** AAO-HNS, AAD **First Identified:** April 2011 **2013 Est Medicare Utilization:** 40,428

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 1.75 **2014 NF PE RVU:** 2.23
2007 Fac PE RVU 0.61 **2014 Fac PE RVU:** 0.72

RUC Recommendation: 1.22 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

40800 **Drainage of abscess, cyst, hematoma, vestibule of mouth; simple**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2013 Est Medicare Utilization:** 1,284

2007 Work RVU: 1.23 **2014 Work RVU:** 1.23
2007 NF PE RVU: 3.18 **2014 NF PE RVU:** 4.75
2007 Fac PE RVU 1.8 **2014 Fac PE RVU:** 2.43

RUC Recommendation: Maintain **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 6,441

2007 Work RVU: 2.37 **2014 Work RVU:** 2.37
2007 NF PE RVU: 3.92 **2014 NF PE RVU:** 5.67
2007 Fac PE RVU 2.37 **2014 Fac PE RVU:** 3.07

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

40820 **Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2013 Est Medicare Utilization:** 1,042

2007 Work RVU: 1.34 **2014 Work RVU:** 1.34
2007 NF PE RVU: 4.23 **2014 NF PE RVU:** 6.14
2007 Fac PE RVU 2.54 **2014 Fac PE RVU:** 3.49

RUC Recommendation: Maintain **CPT Action (if applicable):** **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: **Issue:** **Screen:** NPRM for 2015 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from screen

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 **2013 Est Medicare Utilization:** 1,321

2007 Work RVU: 9.78 **2014 Work RVU:** 9.78
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.33 **2014 Fac PE RVU:** 9.44

RUC Recommendation: 9.63 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

42415 **Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve**

Global: 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 5,072

2007 Work RVU: 17.16 **2014 Work RVU:** 17.16
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.11 **2014 Fac PE RVU:** 11.24

RUC Recommendation: 18.12 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 1,625

2007 Work RVU: 19.53 **2014 Work RVU:** 19.53
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.46 **2014 Fac PE RVU:** 12.29

RUC Recommendation: 21.00 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

42440 **Excision of submandibular (submaxillary) gland**

Global: 090 **Issue:** Submandibular Gland Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 64 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,971

2007 Work RVU: 6.14 **2014 Work RVU:** 6.14
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.48 **2014 Fac PE RVU:** 5.02

RUC Recommendation: 7.13 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43191 **Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)**

Global: **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.78 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

43192 **Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance**

Global: **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.21 **CPT Action (if applicable):** **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: **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.36 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

43194 **Esophagoscopy, rigid, transoral; with removal of foreign body**

Global: **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.99 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

43195 **Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)**

Global: **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.21 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

43196 **Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire**

Global: **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.36 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43197 **Esophagoscopy, flexible, transnasal; diagnostic, includes collection of specimen(s) by brushing or washing when performed (separate procedure)**

Global: **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.59 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43198 **Esophagoscopy, flexible, transnasal; with biopsy, single or multiple**

Global: **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.89 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43200 **Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 14,252

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: 3.98 **2014 NF PE RVU:** 5.96
2007 Fac PE RVU 1.04 **2014 Fac PE RVU:** 1

RUC Recommendation: 1.59 **CPT Action (if applicable):** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43201 **Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 462

2007 Work RVU: 1.80 **2014 Work RVU:** 1.80
2007 NF PE RVU: 4.86 **2014 NF PE RVU:** 5.77
2007 Fac PE RVU 1.12 **2014 Fac PE RVU:** 1.13

RUC Recommendation: 1.90 **CPT Action (if applicable):** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43202 **Esophagoscopy, flexible, transoral; with biopsy, single or multiple** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 3,697

2007 Work RVU: 1.80 **2014 Work RVU:** 1.80
2007 NF PE RVU: 5.44 **2014 NF PE RVU:** 8.2
2007 Fac PE RVU 0.95 **2014 Fac PE RVU:** 1.12

RUC Recommendation: 1.89 **CPT Action (if applicable):** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43204 **Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 24

2007 Work RVU: 2.40 **2014 Work RVU:** 2.40
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.63 **2014 Fac PE RVU:** 1.44

RUC Recommendation: 2.89 **CPT Action (if applicable):** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43205 **Esophagoscopy, flexible, transoral; with band ligation of esophageal varices** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 210

2007 Work RVU: 2.51 **2014 Work RVU:** 2.51
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.66 **2014 Fac PE RVU:** 1.48

RUC Recommendation: 3.00 **CPT Action (if applicable):** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43206 **Esophagoscopy, flexible, transoral; with optical endomicroscopy** **Global:** YYY **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 19

2007 Work RVU: 2.39 **2014 Work RVU:** 2.39
2007 NF PE RVU: **2014 NF PE RVU:** 6.69
2007 Fac PE RVU **2014 Fac PE RVU:** 1.43

RUC Recommendation: 2.39 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43215 **Esophagoscopy, flexible, transoral; with removal of foreign body**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,476

2007 Work RVU: 2.51 **2014 Work RVU:** 2.51
2007 NF PE RVU: NA **2014 NF PE RVU:** 8.65
2007 Fac PE RVU 1.22 **2014 Fac PE RVU:** 1.4

RUC Recommendation: 2.60 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43216 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 58

2007 Work RVU: 2.40 **2014 Work RVU:** 2.40
2007 NF PE RVU: 1.55 **2014 NF PE RVU:** 9.18
2007 Fac PE RVU 1.10 **2014 Fac PE RVU:** 1.44

RUC Recommendation: 2.40 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43217 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 178

2007 Work RVU: 2.90 **2014 Work RVU:** 2.90
2007 NF PE RVU: 6.85 **2014 NF PE RVU:** 9.36
2007 Fac PE RVU 1.25 **2014 Fac PE RVU:** 1.6

RUC Recommendation: 2.90 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43219 **Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 682

2007 Work RVU: 2.80 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.40 **2014 Fac PE RVU:**

RUC Recommendation: 2.80 **CPT Action (if applicable):** May 2012 **Result:** Maintain
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 **2013 Est Medicare Utilization:** 2,788

2007 Work RVU: 2.10 **2014 Work RVU:** 2.10
2007 NF PE RVU: NA **2014 NF PE RVU:** 26.09
2007 Fac PE RVU 1.01 **2014 Fac PE RVU:** 1.26

RUC Recommendation: 2.10 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43226 **Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 2,488

2007 Work RVU: 2.34 **2014 Work RVU:** 2.34
2007 NF PE RVU: NA **2014 NF PE RVU:** 8.15
2007 Fac PE RVU 1.10 **2014 Fac PE RVU:** 1.34

RUC Recommendation: 2.34 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43227 **Esophagoscopy, flexible, transoral; with control of bleeding, any method**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 491

2007 Work RVU: 2.99 **2014 Work RVU:** 2.99
2007 NF PE RVU: NA **2014 NF PE RVU:** 7.82
2007 Fac PE RVU 1.55 **2014 Fac PE RVU:** 1.68

RUC Recommendation: 3.26 **CPT Action (if applicable):** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43228 **Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 5,301

2007 Work RVU: 3.76 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.63 **2014 Fac PE RVU:**

RUC Recommendation: 3.25 **CPT Action (if applicable):** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43231 **Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 538

2007 Work RVU: 2.90 **2014 Work RVU:** 2.90
2007 NF PE RVU: NA **2014 NF PE RVU:** 8.22
2007 Fac PE RVU 1.42 **2014 Fac PE RVU:** 1.65

RUC Recommendation: 3.19 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43232 **Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 372

2007 Work RVU: 3.54 **2014 Work RVU:** 3.54
2007 NF PE RVU: NA **2014 NF PE RVU:** 9.53
2007 Fac PE RVU 1.96 **2014 Fac PE RVU:** 1.85

RUC Recommendation: 3.83 **CPT Action (if applicable):** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43233 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)** **Global:** **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.45 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43234 **Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)** **Global:** 000 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 2.01 **2014 Work RVU:**
2007 NF PE RVU: 5.23 **2014 NF PE RVU:**
2007 Fac PE RVU 0.91 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43235 **Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** EGD **Screen:** MPC List / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2013 Est Medicare Utilization:** 375,022

2007 Work RVU: 2.17 **2014 Work RVU:** 2.17
2007 NF PE RVU: 5.19 **2014 NF PE RVU:** 6.37
2007 Fac PE RVU 1.11 **2014 Fac PE RVU:** 1.3

RUC Recommendation: 2.26 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43236 **Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2013 Est Medicare Utilization:** 15,813

2007 Work RVU: 2.47 **2014 Work RVU:** 2.47
2007 NF PE RVU: 6.47 **2014 NF PE RVU:** 8.25
2007 Fac PE RVU 1.33 **2014 Fac PE RVU:** 1.46

RUC Recommendation: 2.57 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2009 and Jun

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43237 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,059

2007 Work RVU: 3.57 **2014 Work RVU:** 3.57
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.74 **2014 Fac PE RVU:** 1.92

RUC Recommendation: 3.85 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43238 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 674

2007 Work RVU: 4.11 **2014 Work RVU:** 4.11
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.11 **2014 Fac PE RVU:** 2.17

RUC Recommendation: 4.50 **CPT Action (if applicable):** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43239 **Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,456,215

2007 Work RVU: 2.47 **2014 Work RVU:** 2.47
2007 NF PE RVU: 5.79 **2014 NF PE RVU:** 8.51
2007 Fac PE RVU 1.29 **2014 Fac PE RVU:** 1.44

RUC Recommendation: 2.56 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43240 **Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 414

2007 Work RVU: 7.25 **2014 Work RVU:** 7.25
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.82 **2014 Fac PE RVU:** 3.65

RUC Recommendation: 7.25 **CPT Action (if applicable):** February 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43241 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 3,552

2007 Work RVU: 2.59 **2014 Work RVU:** 2.59
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.18 **2014 Fac PE RVU:** 1.44

RUC Recommendation: 2.59 **CPT Action (if applicable):** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43242 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2013 Est Medicare Utilization:** 30,824

2007 Work RVU: 4.68 **2014 Work RVU:** 4.68
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.98 **2014 Fac PE RVU:** 2.48

RUC Recommendation: 5.39 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43243 **Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,956

2007 Work RVU: 4.37 **2014 Work RVU:** 4.37
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.94 **2014 Fac PE RVU:** 2.26

RUC Recommendation: 4.37 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43244 **Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 17,605

2007 Work RVU: 4.50 **2014 Work RVU:** 4.50
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.14 **2014 Fac PE RVU:** 2.39

RUC Recommendation: 4.50 **CPT Action (if applicable):** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43245 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 13,146

2007 Work RVU: 3.18 **2014 Work RVU:** 3.18
2007 NF PE RVU: NA **2014 NF PE RVU:** 13.83
2007 Fac PE RVU 1.39 **2014 Fac PE RVU:** 1.72

RUC Recommendation: 3.18 **CPT Action (if applicable):** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43246 **Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 105,733

2007 Work RVU: 3.66 **2014 Work RVU:** 3.66
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.80 **2014 Fac PE RVU:** 1.87

RUC Recommendation: 4.32 **CPT Action (if applicable):** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43247 **Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 27,971

2007 Work RVU: 3.18 **2014 Work RVU:** 3.18
2007 NF PE RVU: NA **2014 NF PE RVU:** 7.91
2007 Fac PE RVU 1.48 **2014 Fac PE RVU:** 1.74

RUC Recommendation: 3.27 **CPT Action (if applicable):** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43248 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 105,227

2007 Work RVU: 3.01 **2014 Work RVU:** 3.01
2007 NF PE RVU: NA **2014 NF PE RVU:** 8.29
2007 Fac PE RVU 1.43 **2014 Fac PE RVU:** 1.71

RUC Recommendation: 3.01 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43249 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 98,915

2007 Work RVU: 2.77 **2014 Work RVU:** 2.77
2007 NF PE RVU: NA **2014 NF PE RVU:** 26.63
2007 Fac PE RVU 1.32 **2014 Fac PE RVU:** 1.58

RUC Recommendation: 2.77 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43250 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 5,634

2007 Work RVU: 3.07 **2014 Work RVU:** 3.07
2007 NF PE RVU: NA **2014 NF PE RVU:** 9.45
2007 Fac PE RVU 1.40 **2014 Fac PE RVU:** 1.66

RUC Recommendation: 3.07 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43251 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 28,469

2007 Work RVU: 3.57 **2014 Work RVU:** 3.57
2007 NF PE RVU: NA **2014 NF PE RVU:** 10.22
2007 Fac PE RVU 1.60 **2014 Fac PE RVU:** 1.94

RUC Recommendation: 3.57 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43253 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 5.39 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43254 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection**

Global: **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 5.25 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43255 **Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 53,482

2007 Work RVU: 3.66 **2014 Work RVU:** 3.66
2007 NF PE RVU: NA **2014 NF PE RVU:** 8.14
2007 Fac PE RVU 2.05 **2014 Fac PE RVU:** 2

RUC Recommendation: 4.20 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43256 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 4,405

2007 Work RVU: 4.34 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.85 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43257 **Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 104

2007 Work RVU: 4.11 **2014 Work RVU:** 4.11
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.16 **2014 Fac PE RVU:** 2.23

RUC Recommendation: 4.25 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43258 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 17,701

2007 Work RVU: 4.54 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.94 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43259 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2013
Tab 11
Specialty Developing Recommendation: AGA, ASGE, SAGES
First Identified: October 2008
2013 Est Medicare Utilization: 40,903
2007 Work RVU: 4.14 **2014 Work RVU:** 4.14
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.17 **2014 Fac PE RVU:** 2.23
RUC Recommendation: 4.74
CPT Action (if applicable): February 2013
Result: Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43260 **Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013
Tab 12
Specialty Developing Recommendation: AGA, ASGE, SAGES
First Identified: September 2011
2013 Est Medicare Utilization: 8,649
2007 Work RVU: 5.95 **2014 Work RVU:** 5.95
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.49 **2014 Fac PE RVU:** 3.06
RUC Recommendation: 5.95
CPT Action (if applicable): February 2013
Result: Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43261 **Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013
Tab 12
Specialty Developing Recommendation: AGA, ASGE, SAGES
First Identified: September 2011
2013 Est Medicare Utilization: 8,236
2007 Work RVU: 6.25 **2014 Work RVU:** 6.25
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.61 **2014 Fac PE RVU:** 3.2
RUC Recommendation: 6.25
CPT Action (if applicable): January 2013
Result: Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43262 **Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 58,150

2007 Work RVU: 6.60 **2014 Work RVU:** 6.60
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2014 Fac PE RVU:** 3.36

RUC Recommendation: 6.60 **CPT Action (if applicable):** January 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43263 **Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 656

2007 Work RVU: 6.60 **2014 Work RVU:** 6.60
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.02 **2014 Fac PE RVU:** 3.36

RUC Recommendation: 7.28 **CPT Action (if applicable):** February 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43264 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2013 Est Medicare Utilization:** 48,187

2007 Work RVU: 6.73 **2014 Work RVU:** 6.73
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.61 **2014 Fac PE RVU:** 3.42

RUC Recommendation: 6.73 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43265 **Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 2,657

2007 Work RVU: 8.03 **2014 Work RVU:** 8.03
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.03 **2014 Fac PE RVU:** 4.01

RUC Recommendation: 8.03 **CPT Action (if applicable):** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43266 **Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.40 **CPT Action (if applicable):** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43267 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 174

2007 Work RVU: 7.38 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 3.01 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43268 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2013 Est Medicare Utilization:** 36,878

2007 Work RVU: 7.38 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 3.15 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43269 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 22,300

2007 Work RVU: 8.20 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 3.35 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43270 **Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.39 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43271 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 14,230

2007 Work RVU: 7.38 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 3.03 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43272 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 381

2007 Work RVU: 7.38 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 3.05 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43273 **Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)**

Global: ZZZ **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 4,264

2007 Work RVU: 2.24 **2014 Work RVU:** 2.24
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 1.03

RUC Recommendation: 2.24 **CPT Action (if applicable):** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43274 **Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 8.74 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43275 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 6.96 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43276 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 9.10 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43277 **Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 7.11 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43278 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 8.08 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43450 **Dilation of esophagus, by unguided sound or bougie, single or multiple passes**

Global: 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 78,070

2007 Work RVU: 1.38 **2014 Work RVU:** 1.38
2007 NF PE RVU: 2.64 **2014 NF PE RVU:** 4.46
2007 Fac PE RVU 0.75 **2014 Fac PE RVU:** 0.95

RUC Recommendation: 1.30 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43453 **Dilation of esophagus, over guide wire**

Global: 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 2,755

2007 Work RVU: 1.51 **2014 Work RVU:** 1.51
2007 NF PE RVU: 6.12 **2014 NF PE RVU:** 25.94
2007 Fac PE RVU 0.8 **2014 Fac PE RVU:** 1.01

RUC Recommendation: 1.51 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43456 **Dilation of esophagus, by balloon or dilator, retrograde** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,294

2007 Work RVU: 2.57 **2014 Work RVU:**
2007 NF PE RVU: 13.55 **2014 NF PE RVU:**
2007 Fac PE RVU 1.20 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43458 **Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,298

2007 Work RVU: 3.06 **2014 Work RVU:**
2007 NF PE RVU: 6.72 **2014 NF PE RVU:**
2007 Fac PE RVU 1.37 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

44205 **Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy** **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 10,405

2007 Work RVU: 22.95 **2014 Work RVU:** 22.95
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 8.6 **2014 Fac PE RVU:** 11.12

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

44207 **Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)** **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 7,441

2007 Work RVU: 31.92 **2014 Work RVU:** 31.92
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.17 **2014 Fac PE RVU:** 14.61

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44380 **Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:** 2,196

2007 Work RVU: 1.05 **2014 Work RVU:** 1.05
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.60 **2014 Fac PE RVU:** 0.76

RUC Recommendation: 0.97 **CPT Action (if applicable):** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44382 **Ileoscopy, through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Ileoscopy Ileoscopy Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,430

2007 Work RVU: 1.27 **2014 Work RVU:** 1.27
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.67 **2014 Fac PE RVU:** 0.88

RUC Recommendation: 1.27 **CPT Action (if applicable):** May 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

44383 **Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:** 242

2007 Work RVU: 2.94 **2014 Work RVU:** 2.94
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.36 **2014 Fac PE RVU:** 1.43

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44385 **Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,179

2007 Work RVU: 1.82 **2014 Work RVU:** 1.82
2007 NF PE RVU: 3.73 **2014 NF PE RVU:** 5.38
2007 Fac PE RVU 0.79 **2014 Fac PE RVU:** 1.02

RUC Recommendation: 1.30 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44386 **Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,037

2007 Work RVU: 2.12 **2014 Work RVU:** 2.12
2007 NF PE RVU: 6.66 **2014 NF PE RVU:** 7.54
2007 Fac PE RVU 0.93 **2014 Fac PE RVU:** 1.23

RUC Recommendation: 1.60 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44388 **Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:** 4,622

2007 Work RVU: 2.82 **2014 Work RVU:** 2.82
2007 NF PE RVU: 5.34 **2014 NF PE RVU:** 6.72
2007 Fac PE RVU 1.21 **2014 Fac PE RVU:** 1.52

RUC Recommendation: 2.82 **CPT Action (if applicable):** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44389 **Colonoscopy through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:** 2,149

2007 Work RVU: 3.13 **2014 Work RVU:** 3.13
2007 NF PE RVU: 6.73 **2014 NF PE RVU:** 7.61
2007 Fac PE RVU 1.35 **2014 Fac PE RVU:** 1.69

RUC Recommendation: 3.12 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

4438X1

Global: 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.48 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

4438X4

Global: 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.11 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44390 **Colonoscopy through stoma; with removal of foreign body**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:** 31

2007 Work RVU: 3.82 **2014 Work RVU:** 3.82
2007 NF PE RVU: 7.32 **2014 NF PE RVU:** 8.74
2007 Fac PE RVU 1.57 **2014 Fac PE RVU:** 2.08

RUC Recommendation: 3.82 **CPT Action (if applicable):** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

44391 **Colonoscopy through stoma; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:** 173

2007 Work RVU: 4.31 **2014 Work RVU:** 4.31
2007 NF PE RVU: 8.78 **2014 NF PE RVU:** 9.15
2007 Fac PE RVU 1.83 **2014 Fac PE RVU:** 2.25

RUC Recommendation: 4.22 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44392 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:** 569

2007 Work RVU: 3.81 **2014 Work RVU:** 3.81
2007 NF PE RVU: 6.78 **2014 NF PE RVU:** 8.05
2007 Fac PE RVU 1.55 **2014 Fac PE RVU:** 1.9

RUC Recommendation: 3.63 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44393 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:** 154

2007 Work RVU: 4.83 **2014 Work RVU:** 4.83
2007 NF PE RVU: 7.14 **2014 NF PE RVU:** 8.7
2007 Fac PE RVU 1.91 **2014 Fac PE RVU:** 2.37

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

44394 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,430

2007 Work RVU: 4.42 **2014 Work RVU:** 4.42
2007 NF PE RVU: 7.97 **2014 NF PE RVU:** 8.98
2007 Fac PE RVU 1.81 **2014 Fac PE RVU:** 2.26

RUC Recommendation: 4.13 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44397 **Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:** 12

2007 Work RVU: 4.70 **2014 Work RVU:** 4.70
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.93 **2014 Fac PE RVU:** 2.48

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

4439X1

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.44 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

4439X2

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.96 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

4439X3

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 5.81 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

4439X4

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.13

CPT Action (if applicable): October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

4439X5

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.33

CPT Action (if applicable): October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

4439X6

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.41

CPT Action (if applicable): October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

4439X7

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: January 2014

2013 Est Medicare Utilization:

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 5.06

CPT Action (if applicable): October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

4439X8

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: January 2014

2013 Est Medicare Utilization:

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.24

CPT Action (if applicable): October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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: **Tab** **Specialty Developing Recommendation:**

First Identified: January 2012

2013 Est Medicare Utilization: 214

2007 Work RVU: 3.37 **2014 Work RVU:**
2007 NF PE RVU: 25.61 **2014 NF PE RVU:**
2007 Fac PE RVU 1.07 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

44970 **Laparoscopy, surgical, appendectomy** **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 18,229

2007 Work RVU: 9.45 **2014 Work RVU:** 9.45
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.11 **2014 Fac PE RVU:** 5.73

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
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 **2013 Est Medicare Utilization:**

2007 Work RVU: 12.48 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 5.28 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** 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 **2013 Est Medicare Utilization:** 3,049

2007 Work RVU: 8.13 **2014 Work RVU:** 8.13
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 7.6

RUC Recommendation: 8.00 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

45172 **Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)** **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,086

2007 Work RVU: 12.13 **2014 Work RVU:** 12.13
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 9.05

RUC Recommendation: 12.00 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

45330 **Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** April 2011 **2013 Est Medicare Utilization:** 58,808

2007 Work RVU: 0.96 **2014 Work RVU:** 0.96
2007 NF PE RVU: 2.33 **2014 NF PE RVU:** 2.77
2007 Fac PE RVU 0.53 **2014 Fac PE RVU:** 0.72

RUC Recommendation: 0.84 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45331 **Sigmoidoscopy, flexible; with biopsy, single or multiple**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 36,827

2007 Work RVU: 1.15 **2014 Work RVU:** 1.15
2007 NF PE RVU: 3.11 **2014 NF PE RVU:** 3.3
2007 Fac PE RVU 0.64 **2014 Fac PE RVU:** 0.84

RUC Recommendation: 1.14 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45332 **Sigmoidoscopy, flexible; with removal of foreign body**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 297

2007 Work RVU: 1.79 **2014 Work RVU:** 1.79
2007 NF PE RVU: 5.15 **2014 NF PE RVU:** 6.2
2007 Fac PE RVU 0.86 **2014 Fac PE RVU:** 1.12

RUC Recommendation: 1.85 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45333 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,461

2007 Work RVU: 1.79 **2014 Work RVU:** 1.79
2007 NF PE RVU: 5.06 **2014 NF PE RVU:** 6.34
2007 Fac PE RVU 0.85 **2014 Fac PE RVU:** 1.09

RUC Recommendation: 1.65 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45334 **Sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 3,374

2007 Work RVU: 2.73 **2014 Work RVU:** 2.73
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.24 **2014 Fac PE RVU:** 1.56

RUC Recommendation: 2.10 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45335 **Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 2,783

2007 Work RVU: 1.46 **2014 Work RVU:** 1.46
2007 NF PE RVU: 3.74 **2014 NF PE RVU:** 6.09
2007 Fac PE RVU 0.75 **2014 Fac PE RVU:** 0.96

RUC Recommendation: 1.15 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45337 **Sigmoidoscopy, flexible; with decompression of volvulus, any method** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 961

2007 Work RVU: 2.36 **2014 Work RVU:** 2.36
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.06 **2014 Fac PE RVU:** 1.36

RUC Recommendation: 2.20 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45338 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 4,637

2007 Work RVU: 2.34 **2014 Work RVU:** 2.34
2007 NF PE RVU: 5.37 **2014 NF PE RVU:** 6.35
2007 Fac PE RVU 1.07 **2014 Fac PE RVU:** 1.37

RUC Recommendation: 2.15 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45339 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,695

2007 Work RVU: 3.14 **2014 Work RVU:** 3.14
2007 NF PE RVU: 4.03 **2014 NF PE RVU:** 6.09
2007 Fac PE RVU 1.38 **2014 Fac PE RVU:** 1.73

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45340 **Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,181

2007 Work RVU: 1.89 **2014 Work RVU:** 1.89
2007 NF PE RVU: 7.18 **2014 NF PE RVU:** 11.61
2007 Fac PE RVU 0.89 **2014 Fac PE RVU:** 1.14

RUC Recommendation: 1.35 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45341 **Sigmoidoscopy, flexible; with endoscopic ultrasound examination** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 3,659

2007 Work RVU: 2.60 **2014 Work RVU:** 2.60
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.17 **2014 Fac PE RVU:** 1.51

RUC Recommendation: 2.43 **CPT Action (if applicable):** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

45342 **Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 368

2007 Work RVU: 4.05 **2014 Work RVU:** 4.05
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.71 **2014 Fac PE RVU:** 2.18

RUC Recommendation: 3.08 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45345 **Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 444

2007 Work RVU: 2.92 **2014 Work RVU:** 2.92
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.26 **2014 Fac PE RVU:** 1.64

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

4534X3 **Global:** **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.83 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

4534X4 **Global:** **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.78 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

4534X6 **Global:** **Issue:** Flexible Sigmoidoscopy **Screen:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.97 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

4534X7 **Global:** **Issue:** Flexible Sigmoidoscopy **Screen:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.98 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45355 **Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple** **Global:** 000 **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 510

2007 Work RVU: 3.51 **2014 Work RVU:** 3.51
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.43 **2014 Fac PE RVU:** 1.82

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45378 **Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)**

Global: 000 **Issue:** Colonoscopy **Screen:** CMS High Expenditure Procedural Codes / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 544,537

2007 Work RVU: 3.69 **2014 Work RVU:** 3.69
2007 NF PE RVU: 6.2 **2014 NF PE RVU:** 6.78
2007 Fac PE RVU 1.57 **2014 Fac PE RVU:** 1.94

RUC Recommendation: 3.36 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45379 **Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 833

2007 Work RVU: 4.68 **2014 Work RVU:** 4.68
2007 NF PE RVU: 7.78 **2014 NF PE RVU:** 8.8
2007 Fac PE RVU 1.92 **2014 Fac PE RVU:** 2.4

RUC Recommendation: 4.37 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45380 **Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2010 **2013 Est Medicare Utilization:** 923,800

2007 Work RVU: 4.43 **2014 Work RVU:** 4.43
2007 NF PE RVU: 7.33 **2014 NF PE RVU:** 8.06
2007 Fac PE RVU 1.87 **2014 Fac PE RVU:** 2.32

RUC Recommendation: 3.66 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45381 **Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Colonoscopy **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2008 **2013 Est Medicare Utilization:** 71,760

2007 Work RVU: 4.19 **2014 Work RVU:** 4.19
2007 NF PE RVU: 7.26 **2014 NF PE RVU:** 8.39
2007 Fac PE RVU 1.79 **2014 Fac PE RVU:** 2.22

RUC Recommendation: 3.67 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

45382 **Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 22,204

2007 Work RVU: 5.68 **2014 Work RVU:** 5.68
2007 NF PE RVU: 10.04 **2014 NF PE RVU:** 10.58
2007 Fac PE RVU 2.37 **2014 Fac PE RVU:** 2.91

RUC Recommendation: 4.76 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45383 **Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 52,858

2007 Work RVU: 5.86 **2014 Work RVU:** 5.86
2007 NF PE RVU: 8.08 **2014 NF PE RVU:** 9.23
2007 Fac PE RVU 2.34 **2014 Fac PE RVU:** 2.89

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45384 **Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 143,137

2007 Work RVU: 4.69 **2014 Work RVU:** 4.69
2007 NF PE RVU: 6.9 **2014 NF PE RVU:** 7.75
2007 Fac PE RVU 1.93 **2014 Fac PE RVU:** 2.35

RUC Recommendation: 4.17 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45385 **Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2010 **2013 Est Medicare Utilization:** 713,554

2007 Work RVU: 5.30 **2014 Work RVU:** 5.30
2007 NF PE RVU: 7.94 **2014 NF PE RVU:** 8.75
2007 Fac PE RVU 2.18 **2014 Fac PE RVU:** 2.71

RUC Recommendation: 4.67 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45386 **Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 2,117

2007 Work RVU: 4.57 **2014 Work RVU:** 4.57
2007 NF PE RVU: 12.37 **2014 NF PE RVU:** 13.61
2007 Fac PE RVU 1.89 **2014 Fac PE RVU:** 2.34

RUC Recommendation: 3.87 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45387 **Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 600

2007 Work RVU: 5.90 **2014 Work RVU:** 5.90
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.49 **2014 Fac PE RVU:** 3.13

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

4538X1 **Global:** **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.98 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

4538X2 **Global:** **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 5.50 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

4538X3

Global: **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 6.35 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

4538X4

Global: **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.78 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

4538X5

Global: **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.30 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45391 **Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 867

2007 Work RVU: 5.09 **2014 Work RVU:** 5.09
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.13 **2014 Fac PE RVU:** 2.62

RUC Recommendation: 4.95 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45392 **Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 126

2007 Work RVU: 6.54 **2014 Work RVU:** 6.54
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.65 **2014 Fac PE RVU:** 3.3

RUC Recommendation: 5.60 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

46200 **Fissurectomy, including sphincterotomy, when performed**

Global: 090 **Issue:** Fissurectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,456

2007 Work RVU: 3.59 **2014 Work RVU:** 3.59
2007 NF PE RVU: 4.46 **2014 NF PE RVU:** 8.32
2007 Fac PE RVU 3.08 **2014 Fac PE RVU:** 5.04

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

46500 **Injection of sclerosing solution, hemorrhoids**

Global: 010 **Issue:** Hemorrhoid Injection **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 13 **Specialty Developing Recommendation:** ACS, ASCRS (colon) **First Identified:** January 2014 **2013 Est Medicare Utilization:** 12,637

2007 Work RVU: 1.69 **2014 Work RVU:** 1.69
2007 NF PE RVU: 2.48 **2014 NF PE RVU:** 4.79
2007 Fac PE RVU 1.18 **2014 Fac PE RVU:** 1.75

RUC Recommendation: 1.69 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

47011 **Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Est Medicare Utilization:** 3,418

2007 Work RVU: 3.69 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.17 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47135 **Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age**

Global: 090 **Issue:** Liver Allotransplantation **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 14 **Specialty Developing Recommendation:** ACS, ASTS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 1,150

2007 Work RVU: 83.64 **2014 Work RVU:** 83.64
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 30.59 **2014 Fac PE RVU:** 38.69

RUC Recommendation: 91.78 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47136 **Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ACS, ASTS **First Identified:** April 2014 **2013 Est Medicare Utilization:** 7

2007 Work RVU: 70.39 **2014 Work RVU:** 70.74
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 26.2 **2014 Fac PE RVU:** 34.14

RUC Recommendation: Refer to CPT for deletion **CPT Action (if applicable):** October 2014 **Result:**

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 **2013 Est Medicare Utilization:** 1,936

2007 Work RVU: 15.22 **2014 Work RVU:** 15.22
2007 NF PE RVU: NA **2014 NF PE RVU:** 124.56
2007 Fac PE RVU 5.83 **2014 Fac PE RVU:** 5.84

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

47490 **Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation**

Global: 010 **Issue:** Cholecystostomy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 04 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 8,869

2007 Work RVU: 4.76 **2014 Work RVU:** 4.76
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.32 **2014 Fac PE RVU:** 4.39

RUC Recommendation: 4.76 **CPT Action (if applicable):** June 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47500 **Injection procedure for percutaneous transhepatic cholangiography**

Global: 000 **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 5,034

2007 Work RVU: 1.96 **2014 Work RVU:** 1.96
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.62 **2014 Fac PE RVU:** 0.66

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

47505 **Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)**

Global: 000 **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 15,965

2007 Work RVU: 0.76 **2014 Work RVU:** 0.76
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.24 **2014 Fac PE RVU:** 0.26

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

47510 **Introduction of percutaneous transhepatic catheter for biliary drainage**

Global: 090 **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 1,974

2007 Work RVU: 8.03 **2014 Work RVU:** 8.03
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.76 **2014 Fac PE RVU:** 4.8

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47511 **Introduction of percutaneous transhepatic stent for internal and external biliary drainage**

Global: 090 **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 4,954

2007 Work RVU: 10.77 **2014 Work RVU:** 10.77
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.87 **2014 Fac PE RVU:** 4.94

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2016 cycle
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

47525 **Change of percutaneous biliary drainage catheter**

Global: 000 **Issue:** Change Biliary Drainage Catheter **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 14 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 11,174

2007 Work RVU: 1.54 **2014 Work RVU:** 1.54
2007 NF PE RVU: 14.8 **2014 NF PE RVU:** 12.89
2007 Fac PE RVU 2.67 **2014 Fac PE RVU:** 0.77

RUC Recommendation: 1.54

CPT Action (if applicable):
Result: Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

47560 **Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy**

Global: 000 **Issue:** RAW **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** July 2013 **2013 Est Medicare Utilization:** 48

2007 Work RVU: 4.88 **2014 Work RVU:** 4.88
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.57 **2014 Fac PE RVU:** 1.75

RUC Recommendation: No further action

CPT Action (if applicable):
Result: Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47562 **Laparoscopy, surgical; cholecystectomy**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes / CMS Request Final Rule for 2014 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACS

First Identified: September 2011 **2013 Est Medicare Utilization:** 112,894

2007 Work RVU: 10.47 **2014 Work RVU:** 10.47
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.06 **2014 Fac PE RVU:** 6.11

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

47563 **Laparoscopy, surgical; cholecystectomy with cholangiography**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Est Medicare Utilization:** 51,961

2007 Work RVU: 11.47 **2014 Work RVU:** 11.47
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.24 **2014 Fac PE RVU:** 6.52

RUC Recommendation: No further action. 12.11

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

47600 **Cholecystectomy;**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES

First Identified: September 2011 **2013 Est Medicare Utilization:** 12,907

2007 Work RVU: 17.48 **2014 Work RVU:** 17.48
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.4 **2014 Fac PE RVU:** 9.38

RUC Recommendation: 20.00

CPT Action (if applicable):

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47605 **Cholecystectomy; with cholangiography**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 2,780

2007 Work RVU: 18.48 **2014 Work RVU:** 18.48
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.47 **2014 Fac PE RVU:** 9.75

RUC Recommendation: 21.00 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

48102 **Biopsy of pancreas, percutaneous needle**

Global: 010 **Issue:** Percutaneous Needle Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** SIR **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,797

2007 Work RVU: 4.70 **2014 Work RVU:** 4.70
2007 NF PE RVU: 8.21 **2014 NF PE RVU:** 9.95
2007 Fac PE RVU 1.85 **2014 Fac PE RVU:** 1.9

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

48511 **External drainage, pseudocyst of pancreas; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Est Medicare Utilization:** 347

2007 Work RVU: 3.99 **2014 Work RVU:**
2007 NF PE RVU: 20.43 **2014 NF PE RVU:**
2007 Fac PE RVU 1.27 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49021 **Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2013 Est Medicare Utilization:** 22,829

2007 Work RVU: 3.37 **2014 Work RVU:**
2007 NF PE RVU: 20.43 **2014 NF PE RVU:**
2007 Fac PE RVU 1.07 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49041 **Drainage of subdiaphragmatic or subphrenic abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2013 Est Medicare Utilization:** 1,069

2007 Work RVU: 3.99 **2014 Work RVU:**
2007 NF PE RVU: 19.33 **2014 NF PE RVU:**
2007 Fac PE RVU 1.27 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49061 **Drainage of retroperitoneal abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2013 Est Medicare Utilization:** 7,493

2007 Work RVU: 3.69 **2014 Work RVU:**
2007 NF PE RVU: 19.38 **2014 NF PE RVU:**
2007 Fac PE RVU 1.17 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49080 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial**

Global: 000 **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** October 2009 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.35 **2014 Work RVU:**
2007 NF PE RVU: 3.63 **2014 NF PE RVU:**
2007 Fac PE RVU 0.45 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49081 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent**

Global: 000 **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.26 **2014 Work RVU:**
2007 NF PE RVU: 2.65 **2014 NF PE RVU:**
2007 Fac PE RVU 0.43 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49082 **Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance**

Global: 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2013 Est Medicare Utilization:** 14,319

2007 Work RVU: 1.24 **2014 Work RVU:** 1.24
2007 NF PE RVU: **2014 NF PE RVU:** 4.04
2007 Fac PE RVU **2014 Fac PE RVU:** 0.77

RUC Recommendation: 1.35 **CPT Action (if applicable):** June 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49083 **Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance**

Global: 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2013 Est Medicare Utilization:** 187,739

2007 Work RVU: 2.00 **2014 Work RVU:** 2.00
2007 NF PE RVU: **2014 NF PE RVU:** 6.2
2007 Fac PE RVU **2014 Fac PE RVU:** 0.97

RUC Recommendation: 2.00 **CPT Action (if applicable):** June 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49084 **Peritoneal lavage, including imaging guidance, when performed**

Global: 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2013 Est Medicare Utilization:** 2,170

2007 Work RVU: 2.00 **2014 Work RVU:** 2.00
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 0.73

RUC Recommendation: 2.50 **CPT Action (if applicable):** June 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

49405 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.25 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49406 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.25 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49407 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.50 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49418 **Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** **2013 Est Medicare Utilization:** 3,976

2007 Work RVU: 4.21 **2014 Work RVU:** 4.21
2007 NF PE RVU: **2014 NF PE RVU:** 35.74
2007 Fac PE RVU **2014 Fac PE RVU:** 1.71

RUC Recommendation: 4.21 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49420 **Deleted from CPT**

Global: 000 **Issue:** Insertion of Intraperitoneal Cannula or Catheter **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACS **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 2.22 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.11 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49421 **Insertion of tunneled intraperitoneal catheter for dialysis, open** **Global:** 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** September 2007 **2013 Est Medicare Utilization:** 3,745

2007 Work RVU: 4.21 **2014 Work RVU:** 4.21
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.15 **2014 Fac PE RVU:** 1.56

RUC Recommendation: 4.21 **CPT Action (if applicable):** February 2010 **Result:** Decrease
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 Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 73,853

2007 Work RVU: 7.96 **2014 Work RVU:** 7.96
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.78 **2014 Fac PE RVU:** 5.22

RUC Recommendation: Reaffirmed **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 12,092

2007 Work RVU: 9.09 **2014 Work RVU:** 9.09
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.46 **2014 Fac PE RVU:** 5.7

RUC Recommendation: 10.05 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 2,569

2007 Work RVU: 11.48 **2014 Work RVU:** 11.48
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.18 **2014 Fac PE RVU:** 6.54

RUC Recommendation: 12.44 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 9,528

2007 Work RVU: 7.08 **2014 Work RVU:** 7.08
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.77 **2014 Fac PE RVU:** 5

RUC Recommendation: 8.04 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 7,311

2007 Work RVU: 11.92 **2014 Work RVU:** 11.92
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 6.83

RUC Recommendation: 12.88 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49653 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2013 Est Medicare Utilization:** 3,649

2007 Work RVU: 14.94 **2014 Work RVU:** 14.94
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 8.45

RUC Recommendation: 16.21 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49654 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2013 Est Medicare Utilization:** 6,725

2007 Work RVU: 13.76 **2014 Work RVU:** 13.76
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 7.51

RUC Recommendation: 15.03 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 3,437

2007 Work RVU: 16.84 **2014 Work RVU:** 16.84
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 9.13

RUC Recommendation: 18.11 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Est Medicare Utilization:** 864

2007 Work RVU: 3.37 **2014 Work RVU:**
2007 NF PE RVU: 21.23 **2014 NF PE RVU:**
2007 Fac PE RVU 1.07 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50200 **Renal biopsy; percutaneous, by trocar or needle**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2013 Est Medicare Utilization:** 32,037

2007 Work RVU: 2.63 **2014 Work RVU:** 2.63
2007 NF PE RVU: NA **2014 NF PE RVU:** 13.64
2007 Fac PE RVU 1.24 **2014 Fac PE RVU:** 1.22

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2013 Est Medicare Utilization:** 9,632

2007 Work RVU: 39.88 **2014 Work RVU:** 39.88
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 16.32 **2014 Fac PE RVU:** 21.03

RUC Recommendation: 40.90 **CPT Action (if applicable):** **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:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 20,817

2007 Work RVU: 3.37 **2014 Work RVU:** 3.37
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.46 **2014 Fac PE RVU:** 1.5

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

50393 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous** **Global:** 000 **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 12,018

2007 Work RVU: 4.15 **2014 Work RVU:** 4.15
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.71 **2014 Fac PE RVU:** 1.76

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50394 **Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter**

Global: 000 **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 24,652

2007 Work RVU: 0.76 **2014 Work RVU:** 0.76
2007 NF PE RVU: 2.45 **2014 NF PE RVU:** 2.05
2007 Fac PE RVU 0.63 **2014 Fac PE RVU:** 0.61

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

50398 **Change of nephrostomy or pyelostomy tube**

Global: 000 **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 32,550

2007 Work RVU: 1.46 **2014 Work RVU:** 1.46
2007 NF PE RVU: 15.06 **2014 NF PE RVU:** 12.46
2007 Fac PE RVU 0.51 **2014 Fac PE RVU:** 0.53

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

50542 **Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2013 Est Medicare Utilization:** 367

2007 Work RVU: 21.36 **2014 Work RVU:** 21.36
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 8.93 **2014 Fac PE RVU:** 9.72

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50548 **Laparoscopy, surgical; nephrectomy with total ureterectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2008

2013 Est Medicare Utilization: 1,851

2007 Work RVU: 25.36 **2014 Work RVU:** 25.36
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.99 **2014 Fac PE RVU:** 10.5

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

50590 **Lithotripsy, extracorporeal shock wave**

Global: 090 **Issue:** Lithotripsy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 42 **Specialty Developing Recommendation:** AUA

First Identified: September 2011

2013 Est Medicare Utilization: 58,240

2007 Work RVU: 9.77 **2014 Work RVU:** 9.77
2007 NF PE RVU: 13.6 **2014 NF PE RVU:** 9.55
2007 Fac PE RVU 4.65 **2014 Fac PE RVU:** 5.41

RUC Recommendation: 9.77

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

50605 **Ureterotomy for insertion of indwelling stent, all types**

Global: 090 **Issue:** Ureterotomy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AUA, SIR

First Identified: October 2008

2013 Est Medicare Utilization: 3,098

2007 Work RVU: 16.79 **2014 Work RVU:** 16.79
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.06 **2014 Fac PE RVU:** 8.4

RUC Recommendation: CPT Assistant article published.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

51040 **Cystostomy, cystotomy with drainage**

Global: 090 **Issue:** Cystostomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA

First Identified: September 2007

2013 Est Medicare Utilization: 6,050

2007 Work RVU: 4.49 **2014 Work RVU:** 4.49
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.01 **2014 Fac PE RVU:** 3.26

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51102 **Aspiration of bladder; with insertion of suprapubic catheter**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007

2013 Est Medicare Utilization: 13,698

2007 Work RVU: 2.70 **2014 Work RVU:** 2.70

2007 NF PE RVU: **2014 NF PE RVU:** 3.43

2007 Fac PE RVU **2014 Fac PE RVU:** 1.18

RUC Recommendation: 2.70

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51720 **Bladder instillation of anticarcinogenic agent (including retention time)**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: July 2014

2013 Est Medicare Utilization:

2007 Work RVU: **2014 Work RVU:**

2007 NF PE RVU: **2014 NF PE RVU:**

2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey for January 2015

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

51726 **Complex cystometrogram (ie, calibrated electronic equipment);**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG

First Identified: February 2008

2013 Est Medicare Utilization: 10,746

2007 Work RVU: 1.71 **2014 Work RVU:** 1.71

2007 NF PE RVU: 7.41 **2014 NF PE RVU:** 5.48

2007 Fac PE RVU 7.41 **2014 Fac PE RVU:** NA

RUC Recommendation: 1.71

CPT Action (if applicable): February 2009

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51727 **Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG

First Identified:

2013 Est Medicare Utilization: 3,648

2007 Work RVU: 2.11 **2014 Work RVU:** 2.11

2007 NF PE RVU: **2014 NF PE RVU:** 6.43

2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 2.11

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2013 Est Medicare Utilization:** 72,456

2007 Work RVU: 2.11 **2014 Work RVU:** 2.11
2007 NF PE RVU: **2014 NF PE RVU:** 6.49
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Survey for January 2015. 2.11 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51729 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** **2013 Est Medicare Utilization:** 87,231

2007 Work RVU: 2.51 **2014 Work RVU:** 2.51
2007 NF PE RVU: **2014 NF PE RVU:** 6.78
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 2.51 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51736 **Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)**

Global: XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 11,888

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.67 **2014 NF PE RVU:** 0.24
2007 Fac PE RVU 0.67 **2014 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51741 **Complex uroflowmetry (eg, calibrated electronic equipment)**

Global: XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA

First Identified: October 2009

2013 Est Medicare Utilization: 588,606

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17

2007 NF PE RVU: 0.91 **2014 NF PE RVU:** 0.25

2007 Fac PE RVU 0.91 **2014 Fac PE RVU:** NA

RUC Recommendation: 0.17

CPT Action (if applicable):

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

2013 Est Medicare Utilization:

2007 Work RVU: 1.61 **2014 Work RVU:**

2007 NF PE RVU: 5.44 **2014 NF PE RVU:**

2007 Fac PE RVU 5.44 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

51784 **Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique**

Global: 000 **Issue:** Urinary Reflex Studies with EMG **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AUA

First Identified: October 2012

2013 Est Medicare Utilization: 179,445

2007 Work RVU: 1.53 **2014 Work RVU:** 1.53

2007 NF PE RVU: 3.95 **2014 NF PE RVU:** 3.71

2007 Fac PE RVU 3.95 **2014 Fac PE RVU:** NA

RUC Recommendation: CPT edits and CPT Assistant article complete.

CPT Action (if applicable): February 2014

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

Status Report: CMS Requests and Relativity Assessment Issues

51792 **Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)**

Global: 000 **Issue:** Urinary Reflex Studies with EMG **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AUA **First Identified:** October 2012 **2013 Est Medicare Utilization:** 19,403

2007 Work RVU: 1.10 **2014 Work RVU:** 1.10
2007 NF PE RVU: 5.74 **2014 NF PE RVU:** 4.67
2007 Fac PE RVU 5.74 **2014 Fac PE RVU:** NA

RUC Recommendation: CPT edits and CPT Assistant article complete.

CPT Action (if applicable): February 2014 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

51795 **Deleted from CPT**

Global: 000 **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.53 **2014 Work RVU:**
2007 NF PE RVU: 7.15 **2014 NF PE RVU:**
2007 Fac PE RVU 7.15 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

51797 **Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** **First Identified:** February 2008 **2013 Est Medicare Utilization:** 142,411

2007 Work RVU: 0.80 **2014 Work RVU:** 0.80
2007 NF PE RVU: 5.55 **2014 NF PE RVU:** 2.25
2007 Fac PE RVU 5.55 **2014 Fac PE RVU:** NA

RUC Recommendation: 0.80

CPT Action (if applicable): February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51798 **Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Review PE Only January 2015 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

52000 **Cystourethroscopy (separate procedure)**

Global: 000 **Issue:** **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AUA **First Identified:** October 2010 **2013 Est Medicare Utilization:** 929,434

2007 Work RVU: 2.23 **2014 Work RVU:** 2.23
2007 NF PE RVU: 3.4 **2014 NF PE RVU:** 3.22
2007 Fac PE RVU 0.91 **2014 Fac PE RVU:** 1.14

RUC Recommendation: Survey for January 2015 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

52214 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 16 **Specialty Developing Recommendation:** AUA **First Identified:** June 2008 **2013 Est Medicare Utilization:** 20,650

2007 Work RVU: 3.50 **2014 Work RVU:** 3.50
2007 NF PE RVU: 33.55 **2014 NF PE RVU:** 14.45
2007 Fac PE RVU 1.47 **2014 Fac PE RVU:** 1.19

RUC Recommendation: 3.50. CPT Assistant article published. **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

Status Report: CMS Requests and Relativity Assessment Issues

52224 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 16 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2013 Est Medicare Utilization:** 48,926

2007 Work RVU: 4.05 **2014 Work RVU:** 4.05
2007 NF PE RVU: 32.11 **2014 NF PE RVU:** 14.71
2007 Fac PE RVU 1.28 **2014 Fac PE RVU:** 1.38
Result: Increase

RUC Recommendation: 4.05. CPT Assistant article published.

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

52234 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2013 Est Medicare Utilization:** 26,672

2007 Work RVU: 4.62 **2014 Work RVU:** 4.62
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.83 **2014 Fac PE RVU:** 1.94
Result: Maintain

RUC Recommendation: 4.62

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

52235 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** April 2011 **2013 Est Medicare Utilization:** 31,721

2007 Work RVU: 5.44 **2014 Work RVU:** 5.44
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.13 **2014 Fac PE RVU:** 2.25
Result: Maintain

RUC Recommendation: 5.44

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

52240 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2013 Est Medicare Utilization:** 22,925

2007 Work RVU: 7.50 **2014 Work RVU:** 7.50
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.6 **2014 Fac PE RVU:** 2.95
Result: Decrease

RUC Recommendation: 8.75

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52281 **Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 38 **Specialty Developing Recommendation:** AUA

First Identified: October 2009 **2013 Est Medicare Utilization:** 93,929

2007 Work RVU: 2.75 **2014 Work RVU:** 2.75
2007 NF PE RVU: 6.65 **2014 NF PE RVU:** 4.54
2007 Fac PE RVU 1.21 **2014 Fac PE RVU:** 1.32

RUC Recommendation: 2.80 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

52332 **Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA

First Identified: October 2009 **2013 Est Medicare Utilization:** 166,775

2007 Work RVU: 2.82 **2014 Work RVU:** 2.82
2007 NF PE RVU: 7.42 **2014 NF PE RVU:** 10.49
2007 Fac PE RVU 1.19 **2014 Fac PE RVU:** 1.34

RUC Recommendation: 2.82 **CPT Action (if applicable):** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

52341 **Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: April 2008 **2013 Est Medicare Utilization:** 2,418

2007 Work RVU: 5.35 **2014 Work RVU:** 5.35
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.44 **2014 Fac PE RVU:** 2.22

RUC Recommendation: 5.35 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52342 **Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2013 Est Medicare Utilization:** 291

2007 Work RVU: 5.85 **2014 Work RVU:** 5.85
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.59 **2014 Fac PE RVU:** 2.39

RUC Recommendation: 5.85 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52343 **Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2013 Est Medicare Utilization:** 30

2007 Work RVU: 6.55 **2014 Work RVU:** 6.55
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.84 **2014 Fac PE RVU:** 2.63

RUC Recommendation: 6.55 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52344 **Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,984

2007 Work RVU: 7.05 **2014 Work RVU:** 7.05
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.09 **2014 Fac PE RVU:** 2.8

RUC Recommendation: 7.05 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52345 **Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2013 Est Medicare Utilization:** 584

2007 Work RVU: 7.55 **2014 Work RVU:** 7.55
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.27 **2014 Fac PE RVU:** 2.97

RUC Recommendation: 7.55 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52346 **Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: April 2008 **2013 Est Medicare Utilization:** 240

2007 Work RVU: 8.58 **2014 Work RVU:** 8.58
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.62 **2014 Fac PE RVU:** 3.33

RUC Recommendation: 8.58 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52351 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2013 Est Medicare Utilization:** 20,500

2007 Work RVU: 5.75 **2014 Work RVU:** 5.75
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **2014 Fac PE RVU:** 2.32

RUC Recommendation: 5.75 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52352 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2013 Est Medicare Utilization:** 19,892

2007 Work RVU: 6.75 **2014 Work RVU:** 6.75
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.77 **2014 Fac PE RVU:** 2.7

RUC Recommendation: 6.75 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52353 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA **First Identified:** April 2011 **2013 Est Medicare Utilization:** 48,928

2007 Work RVU: 7.50 **2014 Work RVU:** 7.50
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.14 **2014 Fac PE RVU:** 2.95

RUC Recommendation: 7.50 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

52354 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2013 Est Medicare Utilization:** 7,553

2007 Work RVU: 8.00 **2014 Work RVU:** 8.00
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.94 **2014 Fac PE RVU:** 3.12

RUC Recommendation: 8.58 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

52355 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,035

2007 Work RVU: 9.00 **2014 Work RVU:** 9.00
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.44 **2014 Fac PE RVU:** 3.46

RUC Recommendation: 10.00 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52356 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA **First Identified:** January 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 8.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52400 **Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 384

2007 Work RVU: 8.69 **2014 Work RVU:** 8.69
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.18 **2014 Fac PE RVU:** 4.07

RUC Recommendation: 8.69 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52500 **Transurethral resection of bladder neck (separate procedure)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 4,285

2007 Work RVU: 8.14 **2014 Work RVU:** 8.14
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.52 **2014 Fac PE RVU:** 4.93

RUC Recommendation: 8.14 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52640 **Transurethral resection; of postoperative bladder neck contracture**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,756

2007 Work RVU: 4.79 **2014 Work RVU:** 4.79
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.35 **2014 Fac PE RVU:** 3.68

RUC Recommendation: 4.79 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52648 **Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)**

Global: 090 **Issue:** Laser Surgery of Prostate **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2013 Est Medicare Utilization:** 25,850

2007 Work RVU: 12.15 **2014 Work RVU:** 12.15
2007 NF PE RVU: 66.1 **2014 NF PE RVU:** 37.62
2007 Fac PE RVU 5.44 **2014 Fac PE RVU:** 6.28

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

53445 **Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,995

2007 Work RVU: 13.00 **2014 Work RVU:** 13.00
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.55 **2014 Fac PE RVU:** 7.12

RUC Recommendation: 13.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

53850 **Transurethral destruction of prostate tissue; by microwave thermotherapy**

Global: 090 **Issue:** Transurethral Destruction of Prostate Tissue **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 43 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2013 Est Medicare Utilization:** 10,508

2007 Work RVU: 10.08 **2014 Work RVU:** 10.08
2007 NF PE RVU: 82.87 **2014 NF PE RVU:** 46.56
2007 Fac PE RVU 4.46 **2014 Fac PE RVU:** 6.16

RUC Recommendation: 10.08 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

54405 **Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 5,355

2007 Work RVU: 14.52 **2014 Work RVU:** 14.52
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.51 **2014 Fac PE RVU:** 7.05

RUC Recommendation: 14.39 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

54410 **Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,334

2007 Work RVU: 15.18 **2014 Work RVU:** 15.18
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.35 **2014 Fac PE RVU:** 7.77

RUC Recommendation: 15.18 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

54520 **Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach**

Global: 090 **Issue:** Removal of Testical **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 3,205

2007 Work RVU: 5.30 **2014 Work RVU:** 5.30
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2014 Fac PE RVU:** 3.38

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

54530 **Orchiectomy, radical, for tumor; inguinal approach**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,272

2007 Work RVU: 8.46 **2014 Work RVU:** 8.46
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.72 **2014 Fac PE RVU:** 5.05

RUC Recommendation: 8.46 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55700 **Biopsy, prostate; needle or punch, single or multiple, any approach**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey for January 2015 **CPT Action (if applicable):** **Result:**

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 **2013 Est Medicare Utilization:** 1,345

2007 Work RVU: 6.28 **2014 Work RVU:** 6.28
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.71

RUC Recommendation: Maintain **CPT Action (if applicable):** **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** AUA **Recommendation:** **First Identified:** October 2013 **2013 Est Medicare Utilization:** 1,850

2007 Work RVU: 24.63 **2014 Work RVU:** 24.63
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.19 **2014 Fac PE RVU:** 11.02

RUC Recommendation: 21.36 **CPT Action (if applicable):** **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** AUA **Recommendation:** **First Identified:** October 2013 **2013 Est Medicare Utilization:** 294

2007 Work RVU: 26.49 **2014 Work RVU:** 26.49
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.83 **2014 Fac PE RVU:** 11.67

RUC Recommendation: 24.16 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 2,227

2007 Work RVU: 30.67 **2014 Work RVU:** 30.67
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.01 **2014 Fac PE RVU:** 12.84

RUC Recommendation: 29.07 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55866 **Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed**

Global: 090 **Issue:** RAW **Screen:** New Technology / CMS Fastest Growing / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 13,464

2007 Work RVU: 32.06 **2014 Work RVU:** 32.06
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.87 **2014 Fac PE RVU:** 14.18

RUC Recommendation: Review action plan at RAW. 32.06 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55873 **Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)**

Global: 090 **Issue:** Cryoablation of Prostate **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 25 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,034

2007 Work RVU: 13.60 **2014 Work RVU:** 13.60
2007 NF PE RVU: NA **2014 NF PE RVU:** 175.77
2007 Fac PE RVU 9.59 **2014 Fac PE RVU:** 6.81

RUC Recommendation: 13.45 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

56515 **Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)**

Global: 010 **Issue:** Destruction of Lesions **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACOG

First Identified: September 2007 **2013 Est Medicare Utilization:** 1,824

2007 Work RVU: 3.08 **2014 Work RVU:** 3.08
2007 NF PE RVU: 2.5 **2014 NF PE RVU:** 2.88
2007 Fac PE RVU 1.79 **2014 Fac PE RVU:** 2.2

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

56620 **Vulvectomy simple; partial**

Global: 090 **Issue:** Partial Removal of Vulva **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** D **Specialty Developing Recommendation:** ACOG

First Identified: September 2007 **2013 Est Medicare Utilization:** 2,605

2007 Work RVU: 7.53 **2014 Work RVU:** 7.53
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.7 **2014 Fac PE RVU:** 5.96

RUC Recommendation: 7.35

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57155 **Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy**

Global: 000 **Issue:** RAW **Screen:** Site of Service Anomaly / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** ACOG, ASTRO

First Identified: September 2007 **2013 Est Medicare Utilization:** 3,334

2007 Work RVU: 5.40 **2014 Work RVU:** 5.40
2007 NF PE RVU: NA **2014 NF PE RVU:** 6.16
2007 Fac PE RVU 4.3 **2014 Fac PE RVU:** 2.35

RUC Recommendation: Review action plan (CPT 2011 Utilization Review). 5.40

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

57156 **Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy** **Global:** 000 **Issue:** RAW **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2013 Est Medicare Utilization:** 10,363

2007 Work RVU: 2.69 **2014 Work RVU:** 2.69
2007 NF PE RVU: **2014 NF PE RVU:** 2.63
2007 Fac PE RVU **2014 Fac PE RVU:** 1.25

RUC Recommendation: Review action plan (CPT 2011 Utilization Review). 2.69 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57287 **Removal or revision of sling for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** C **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,827

2007 Work RVU: 11.15 **2014 Work RVU:** 11.15
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2014 Fac PE RVU:** 6.87

RUC Recommendation: 10.97 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57288 **Sling operation for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Sling Operation for Stress Incontinence **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** O **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 30,126

2007 Work RVU: 12.13 **2014 Work RVU:** 12.13
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.21 **2014 Fac PE RVU:** 6.79

RUC Recommendation: 12.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

58555 **Hysteroscopy, diagnostic (separate procedure)** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2013 Est Medicare Utilization:** 1,699

2007 Work RVU: 3.33 **2014 Work RVU:** 3.33
2007 NF PE RVU: 2.32 **2014 NF PE RVU:** 4.76
2007 Fac PE RVU 1.47 **2014 Fac PE RVU:** 1.66

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58558 **Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2013 Est Medicare Utilization:** 41,896

2007 Work RVU: 4.74 **2014 Work RVU:** 4.74
2007 NF PE RVU: 2.52 **2014 NF PE RVU:** 5.8
2007 Fac PE RVU 2.05 **2014 Fac PE RVU:** 2.24

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

58562 **Hysteroscopy, surgical; with removal of impacted foreign body**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2013 Est Medicare Utilization:** 208

2007 Work RVU: 5.20 **2014 Work RVU:** 5.20
2007 NF PE RVU: 2.63 **2014 NF PE RVU:** 5.69
2007 Fac PE RVU 2.21 **2014 Fac PE RVU:** 2.39

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

58563 **Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2013 Est Medicare Utilization:** 5,176

2007 Work RVU: 6.16 **2014 Work RVU:** 6.16
2007 NF PE RVU: 51.38 **2014 NF PE RVU:** 39.35
2007 Fac PE RVU 2.58 **2014 Fac PE RVU:** 2.8

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

58660 **Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,578

2007 Work RVU: 11.59 **2014 Work RVU:** 11.59
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.07 **2014 Fac PE RVU:** 5.96

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58661 **Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)**

Global: 010 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** September 2007 **2013 Est Medicare Utilization:** 11,050

2007 Work RVU: 11.35 **2014 Work RVU:** 11.35
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.84 **2014 Fac PE RVU:** 5.51

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: PE Only

58823 **Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Est Medicare Utilization:** 287

2007 Work RVU: 3.37 **2014 Work RVU:**
2007 NF PE RVU: 20.75 **2014 NF PE RVU:**
2007 Fac PE RVU 1.08 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

59400 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2013 Est Medicare Utilization:** 4,296

2007 Work RVU: 32.16 **2014 Work RVU:** 32.16
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 15.06 **2014 Fac PE RVU:** 20.23

RUC Recommendation: 32.69 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Increase

59409 **Vaginal delivery only (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2013 Est Medicare Utilization:** 1,854

2007 Work RVU: 14.37 **2014 Work RVU:** 14.37
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.91 **2014 Fac PE RVU:** 5.78

RUC Recommendation: 14.37 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

59410 **Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2013 Est Medicare Utilization:** 1,315

2007 Work RVU: 18.01 **2014 Work RVU:** 18.01
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.96 **2014 Fac PE RVU:** 7.73
Result: Increase

RUC Recommendation: 18.54 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

59412 **External cephalic version, with or without tocolysis**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 29

2007 Work RVU: 1.71 **2014 Work RVU:** 1.71
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.77 **2014 Fac PE RVU:** 0.85
Result: Maintain

RUC Recommendation: 1.71 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

59414 **Delivery of placenta (separate procedure)**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 59

2007 Work RVU: 1.61 **2014 Work RVU:** 1.61
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.59 **2014 Fac PE RVU:** 0.64
Result: Maintain

RUC Recommendation: 1.61 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

59425 **Antepartum care only; 4-6 visits**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 1,014

2007 Work RVU: 6.31 **2014 Work RVU:** 6.31
2007 NF PE RVU: 4.21 **2014 NF PE RVU:** 5.24
2007 Fac PE RVU 1.81 **2014 Fac PE RVU:** 2.51
Result: Decrease

RUC Recommendation: 6.31 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59426 **Antepartum care only; 7 or more visits**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 860

2007 Work RVU: 11.16 **2014 Work RVU:** 11.16
2007 NF PE RVU: 7.6 **2014 NF PE RVU:** 9.59
2007 Fac PE RVU 3.17 **2014 Fac PE RVU:** 4.45

RUC Recommendation: 11.16 **CPT Action (if applicable):** **Result:** Decrease

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 **2013 Est Medicare Utilization:** 1,512

2007 Work RVU: 2.47 **2014 Work RVU:** 2.47
2007 NF PE RVU: 1.19 **2014 NF PE RVU:** 2.23
2007 Fac PE RVU 0.88 **2014 Fac PE RVU:** 0.98

RUC Recommendation: 2.47 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59510 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2013 Est Medicare Utilization:** 3,454

2007 Work RVU: 35.64 **2014 Work RVU:** 35.64
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 16.92 **2014 Fac PE RVU:** 22.06

RUC Recommendation: 36.17 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59514 **Cesarean delivery only;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** **2013 Est Medicare Utilization:** 1,515

2007 Work RVU: 16.13 **2014 Work RVU:** 16.13
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.78 **2014 Fac PE RVU:** 6.45

RUC Recommendation: 16.13 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59515 **Cesarean delivery only; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 1,244

2007 Work RVU: 21.47 **2014 Work RVU:** 21.47
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.43 **2014 Fac PE RVU:** 9.65

RUC Recommendation: 22.00 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59610 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 86

2007 Work RVU: 33.87 **2014 Work RVU:** 33.87
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 15.52 **2014 Fac PE RVU:** 20.73

RUC Recommendation: 34.40 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59612 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 47

2007 Work RVU: 16.09 **2014 Work RVU:** 16.09
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.6 **2014 Fac PE RVU:** 6.38

RUC Recommendation: 16.09 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59614 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 42

2007 Work RVU: 19.73 **2014 Work RVU:** 19.73
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **2014 Fac PE RVU:** 8.28

RUC Recommendation: 20.26 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59618 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 23

2007 Work RVU: 36.16 **2014 Work RVU:** 36.16
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 17.74 **2014 Fac PE RVU:** 22.22

RUC Recommendation: 36.69 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59620 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 12

2007 Work RVU: 16.66 **2014 Work RVU:** 16.66
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.27 **2014 Fac PE RVU:** 6.6

RUC Recommendation: 16.66 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

59622 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 14

2007 Work RVU: 22.00 **2014 Work RVU:** 22.00
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 8.14 **2014 Fac PE RVU:** 9.9

RUC Recommendation: 22.53 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

60220 **Total thyroid lobectomy, unilateral; with or without isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 8,419

2007 Work RVU: 11.19 **2014 Work RVU:** 11.19
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.96 **2014 Fac PE RVU:** 7.28

RUC Recommendation: 12.29 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

60225 **Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 552

2007 Work RVU: 14.79 **2014 Work RVU:** 14.79
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.22 **2014 Fac PE RVU:** 9.35

RUC Recommendation: 14.67 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

60520 **Thymectomy, partial or total; transcervical approach (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** **First Identified:** November 2011 **2013 Est Medicare Utilization:** 333

2007 Work RVU: 17.16 **2014 Work RVU:** 17.16
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.95 **2014 Fac PE RVU:** 9.28

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures. **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

60521 **Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** **First Identified:** November 2011 **2013 Est Medicare Utilization:** 359

2007 Work RVU: 19.18 **2014 Work RVU:** 19.18
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.22 **2014 Fac PE RVU:** 8.98

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures. **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

60522 **Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2013 Est Medicare Utilization:** 124

2007 Work RVU: 23.48 **2014 Work RVU:** 23.48
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.89 **2014 Fac PE RVU:** 10.66

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

61055 **Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2)**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Est Medicare Utilization:** 661

2007 Work RVU: 2.10 **2014 Work RVU:** 2.10
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.37 **2014 Fac PE RVU:** 1.01

RUC Recommendation: Editorial change

CPT Action (if applicable): October 2013

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

61781 **Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS

First Identified: **2013 Est Medicare Utilization:** 11,726

2007 Work RVU: 3.75 **2014 Work RVU:** 3.75
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 1.76

RUC Recommendation: 3.75

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61782 **Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAO-HNS **First Identified:** **2013 Est Medicare Utilization:** 10,556

2007 Work RVU: 3.18 **2014 Work RVU:** 3.18
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 1.49

RUC Recommendation: 3.18 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61783 **Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2013 Est Medicare Utilization:** 4,293

2007 Work RVU: 3.75 **2014 Work RVU:** 3.75
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 1.78

RUC Recommendation: 3.75 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61793 **Deleted from CPT**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AANS **First Identified:** September 2007 **2013 Est Medicare Utilization:**

2007 Work RVU: 17.75 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 10.08 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61795 **Deleted from CPT** **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** NASS, AAO-HNS, AANS **First Identified:** October 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 4.03 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.87 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

61796 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion** **Global:** 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2013 Est Medicare Utilization:** 5,393

2007 Work RVU: 13.93 **2014 Work RVU:** 13.93
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 10.31

RUC Recommendation: 15.50 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61797 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2013 Est Medicare Utilization:** 4,553

2007 Work RVU: 3.48 **2014 Work RVU:** 3.48
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 1.65

RUC Recommendation: 3.48 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61798 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion** **Global:** 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2013 Est Medicare Utilization:** 3,587

2007 Work RVU: 19.85 **2014 Work RVU:** 19.85
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 13.02

RUC Recommendation: 19.75 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61799 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:**

First Identified: NA

2013 Est Medicare Utilization: 793

2007 Work RVU: 4.81 **2014 Work RVU:** 4.81
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 2.27

RUC Recommendation: 4.81

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61800 **Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 16 **Specialty Developing Recommendation:**

First Identified:

2013 Est Medicare Utilization: 5,698

2007 Work RVU: 2.25 **2014 Work RVU:** 2.25
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 1.41

RUC Recommendation: 2.25

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61885 **Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array**

Global: 090 **Issue:** Vagal Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 14 **Specialty Developing Recommendation:** AANS/CNS

First Identified: September 2007

2013 Est Medicare Utilization: 5,691

2007 Work RVU: 6.05 **2014 Work RVU:** 6.05
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.85 **2014 Fac PE RVU:** 6.75

RUC Recommendation: 6.44

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62263 **Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days**

Global: 010 **Issue:** Epidual Lysis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 66 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, NASS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 642

2007 Work RVU: 5.00 **2014 Work RVU:** 5.00
2007 NF PE RVU: 11.78 **2014 NF PE RVU:** 14.19
2007 Fac PE RVU 3.11 **2014 Fac PE RVU:** 4.69

RUC Recommendation: 6.54 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

62281 **Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic**

Global: 010 **Issue:** Injection of Neurolytic Agent **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 545

2007 Work RVU: 2.66 **2014 Work RVU:** 2.66
2007 NF PE RVU: 5.16 **2014 NF PE RVU:** 3.99
2007 Fac PE RVU 0.89 **2014 Fac PE RVU:** 1.67

RUC Recommendation: Remove 99238 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Q&A May 2010

62284 **Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 55,854

2007 Work RVU: 1.54 **2014 Work RVU:** 1.54
2007 NF PE RVU: 4.62 **2014 NF PE RVU:** 3.77
2007 Fac PE RVU 0.67 **2014 Fac PE RVU:** 0.78

RUC Recommendation: 1.54 **CPT Action (if applicable):** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62287 **Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar**

Global: 090 **Issue:** Percutaneous Diskectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 345

2007 Work RVU: 9.03 **2014 Work RVU:** 9.03
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.18 **2014 Fac PE RVU:** 6.34

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

6228X1

Global: **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.29 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

6228X2

Global: **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.29 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

6228X3

Global: **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.25 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

6228X4

Global: **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.35 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62290 **Injection procedure for discography, each level; lumbar**

Global: 000 **Issue:** Injection for discography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, AUR, NASS, ACR, ASNR, ISIS, AANS **First Identified:** October 2009 **2013 Est Medicare Utilization:** 12,887

2007 Work RVU: 3.00 **2014 Work RVU:** 3.00
2007 NF PE RVU: 6.43 **2014 NF PE RVU:** 6.22
2007 Fac PE RVU 1.31 **2014 Fac PE RVU:** 1.72

RUC Recommendation: 3.00, CPT Assistant article published. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2011

Status Report: CMS Requests and Relativity Assessment Issues

62310 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: 000 **Issue:** Spine Injections **Screen:** CMS High Expenditure Procedural Codes / NPRM for 2015 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 18 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2013 Est Medicare Utilization:** 216,170

2007 Work RVU: 1.18 **2014 Work RVU:** 1.18
2007 NF PE RVU: 4.35 **2014 NF PE RVU:** 1.81
2007 Fac PE RVU 0.63 **2014 Fac PE RVU:** 0.79

RUC Recommendation: Refer to CPT. 1.68 **CPT Action (if applicable):** CPT 2017 cycle **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62311 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: 000 **Issue:** Spine Injections **Screen:** CMS High Expenditure Procedural Codes / NPRM for 2015 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 18 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** September 2011 **2013 Est Medicare Utilization:** 898,527

2007 Work RVU: 1.17 **2014 Work RVU:** 1.17
2007 NF PE RVU: 4.35 **2014 NF PE RVU:** 1.78
2007 Fac PE RVU 0.58 **2014 Fac PE RVU:** 0.77

RUC Recommendation: Refer to CPT. 1.54 **CPT Action (if applicable):** CPT 2017 cycle **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62318 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: 000 **Issue:** Spine Injections **Screen:** CMS High Expenditure Procedural Codes / NPRM for 2015 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 18 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2013 Est Medicare Utilization:** 35,288

2007 Work RVU: 1.54 **2014 Work RVU:** 1.54
2007 NF PE RVU: 5.09 **2014 NF PE RVU:** 1.46
2007 Fac PE RVU 0.61 **2014 Fac PE RVU:** 0.57

RUC Recommendation: Refer to CPT. 2.04 **CPT Action (if applicable):** CPT 2017 cycle **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

62319 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: 000 **Issue:** Spine Injections **Screen:** CMS High Expenditure Procedural Codes / NPRM for 2015 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 18 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2013 Est Medicare Utilization:** 23,520

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: 4.45 **2014 NF PE RVU:** 1.59
2007 Fac PE RVU 0.58 **2014 Fac PE RVU:** 0.65

RUC Recommendation: Refer to CPT. 1.87 **CPT Action (if applicable):** CPT 2017 cycle **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

62350 **Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 6,405

2007 Work RVU: 6.05 **2014 Work RVU:** 6.05
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4 **2014 Fac PE RVU:** 4.49

RUC Recommendation: 6.05 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62355 **Removal of previously implanted intrathecal or epidural catheter** **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,245

2007 Work RVU: 3.55 **2014 Work RVU:** 3.55
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.27 **2014 Fac PE RVU:** 3.5

RUC Recommendation: 4.35 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62360 **Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir** **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** April 2008 **2013 Est Medicare Utilization:** 514

2007 Work RVU: 4.33 **2014 Work RVU:** 4.33
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.87 **2014 Fac PE RVU:** 3.79

RUC Recommendation: 4.33 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62361 **Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump** **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** April 2008 **2013 Est Medicare Utilization:** 87

2007 Work RVU: 5.00 **2014 Work RVU:** 5.00
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.94 **2014 Fac PE RVU:** 4.08

RUC Recommendation: 5.65 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62362 **Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 7,704

2007 Work RVU: 5.60 **2014 Work RVU:** 5.60
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.46 **2014 Fac PE RVU:** 4.41

RUC Recommendation: 6.10 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62365 **Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,174

2007 Work RVU: 3.93 **2014 Work RVU:** 3.93
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.65 **2014 Fac PE RVU:** 3.74

RUC Recommendation: 4.65 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62367 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** October 2009 **2013 Est Medicare Utilization:** 7,463

2007 Work RVU: 0.48 **2014 Work RVU:** 0.48
2007 NF PE RVU: 0.56 **2014 NF PE RVU:** 0.65
2007 Fac PE RVU 0.10 **2014 Fac PE RVU:** 0.2

RUC Recommendation: 0.48 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62368 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** October 2009 **2013 Est Medicare Utilization:** 51,723

2007 Work RVU: 0.67 **2014 Work RVU:** 0.67
2007 NF PE RVU: 0.67 **2014 NF PE RVU:** 0.88
2007 Fac PE RVU 0.17 **2014 Fac PE RVU:** 0.28

RUC Recommendation: 0.67 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62369 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** **2013 Est Medicare Utilization:** 43,946

2007 Work RVU: 0.67 **2014 Work RVU:** 0.67
2007 NF PE RVU: **2014 NF PE RVU:** 2.68
2007 Fac PE RVU **2014 Fac PE RVU:** 0.3

RUC Recommendation: 0.67 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62370 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** **2013 Est Medicare Utilization:** 80,615

2007 Work RVU: 0.90 **2014 Work RVU:** 0.90
2007 NF PE RVU: **2014 NF PE RVU:** 2.61
2007 Fac PE RVU **2014 Fac PE RVU:** 0.37

RUC Recommendation: 1.10 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63030 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AANS, AAOS, NASS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 38,420

2007 Work RVU: 13.18 **2014 Work RVU:** 13.18
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 8.5 **2014 Fac PE RVU:** 10.92

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63042 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AANS, AAOS, NASS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 18,669

2007 Work RVU: 18.76 **2014 Work RVU:** 18.76
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.2 **2014 Fac PE RVU:** 13.56

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63045 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 16 **Specialty Developing Recommendation:** **First Identified:** November 2013 **2013 Est Medicare Utilization:** 8,182

2007 Work RVU: 17.95 **2014 Work RVU:** 17.95
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.4 **2014 Fac PE RVU:** 13.02

RUC Recommendation: 17.95

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63046 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 16 **Specialty Developing Recommendation:** **First Identified:** November 2013 **2013 Est Medicare Utilization:** 2,901

2007 Work RVU: 17.25 **2014 Work RVU:** 17.25
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.13 **2014 Fac PE RVU:** 12.54

RUC Recommendation: 17.25 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 24 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 94,982

2007 Work RVU: 15.37 **2014 Work RVU:** 15.37
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.79 **2014 Fac PE RVU:** 12.01

RUC Recommendation: 15.37 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63048 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 24 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** January 2012 **2013 Est Medicare Utilization:** 127,403

2007 Work RVU: 3.47 **2014 Work RVU:** 3.47
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.58 **2014 Fac PE RVU:** 1.69

RUC Recommendation: 3.47 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63056 **Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 7,856

2007 Work RVU: 21.86 **2014 Work RVU:** 21.86
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.31 **2014 Fac PE RVU:** 14.68

RUC Recommendation: Maintain **CPT Action (if applicable):** February 2010 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

63075 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace**

Global: 090 **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 1,261

2007 Work RVU: 19.60 **2014 Work RVU:** 19.60
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.87 **2014 Fac PE RVU:** 13.75

RUC Recommendation: 17.69 **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

63076 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2013 Est Medicare Utilization:** 743

2007 Work RVU: 4.04 **2014 Work RVU:** 4.04
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.93 **2014 Fac PE RVU:** 1.92

RUC Recommendation: 19.60 **CPT Action (if applicable):** October 2009 **Result:** Maintain
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

2013 Est Medicare Utilization: 421

2007 Work RVU: 15.60 **2014 Work RVU:** 15.60

2007 NF PE RVU: **2014 NF PE RVU:** NA

2007 Fac PE RVU **2014 Fac PE RVU:** 11.06

RUC Recommendation: 15.50

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63621 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:**

First Identified: NA

2013 Est Medicare Utilization: 97

2007 Work RVU: 4.00 **2014 Work RVU:** 4.00

2007 NF PE RVU: **2014 NF PE RVU:** NA

2007 Fac PE RVU **2014 Fac PE RVU:** 1.89

RUC Recommendation: 4.00

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63650 **Percutaneous implantation of neurostimulator electrode array, epidural**

Global: 010 **Issue:** Percutaneous implantation of neurostimulator **Screen:** Site of Service Anomaly / CMS Fastest Growing / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 22 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS

First Identified: September 2007

2013 Est Medicare Utilization: 48,777

2007 Work RVU: 7.15 **2014 Work RVU:** 7.15

2007 NF PE RVU: NA **2014 NF PE RVU:** 29.91

2007 Fac PE RVU 3.11 **2014 Fac PE RVU:** 4.17

RUC Recommendation: 7.20. New PE Inputs

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2013 Est Medicare Utilization:** 6,797

2007 Work RVU: 10.92 **2014 Work RVU:** 10.92
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.15 **2014 Fac PE RVU:** 9.46

RUC Recommendation: 11.43 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63660 **Deleted from CPT**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2013 Est Medicare Utilization:**

2007 Work RVU: 6.87 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 3.54 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

63661 **Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2013 Est Medicare Utilization:** 3,544

2007 Work RVU: 5.08 **2014 Work RVU:** 5.08
2007 NF PE RVU: **2014 NF PE RVU:** 10.55
2007 Fac PE RVU **2014 Fac PE RVU:** 3.44

RUC Recommendation: 5.02 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63662 **Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2013 Est Medicare Utilization:** 1,701

2007 Work RVU: 11.00 **2014 Work RVU:** 11.00
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 9.62

RUC Recommendation: 10.84 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63663 **Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2013 Est Medicare Utilization:** 1,025

2007 Work RVU: 7.75 **2014 Work RVU:** 7.75
2007 NF PE RVU: **2014 NF PE RVU:** 13.86
2007 Fac PE RVU **2014 Fac PE RVU:** 4.45

RUC Recommendation: 7.68 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63664 **Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2013 Est Medicare Utilization:** 690

2007 Work RVU: 11.52 **2014 Work RVU:** 11.52
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 9.82

RUC Recommendation: 11.34 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63685 **Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling**

Global: 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 68 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 14,860

2007 Work RVU: 5.19 **2014 Work RVU:** 5.19
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.03 **2014 Fac PE RVU:** 4.33

RUC Recommendation: 6.05 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63688 **Revision or removal of implanted spinal neurostimulator pulse generator or receiver**

Global: 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** I **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 6,103

2007 Work RVU: 5.30 **2014 Work RVU:** 5.30
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.56 **2014 Fac PE RVU:** 4.26

RUC Recommendation: 5.25 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64412 **Injection, anesthetic agent; spinal accessory nerve**

Global: 000 **Issue:** Anesthetic Injection – Spinal Nerve **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 36 **Specialty Developing Recommendation:** AAN, ASA, AAPMR, ISIS **First Identified:** April 2013 **2013 Est Medicare Utilization:** 5,807

2007 Work RVU: 1.18 **2014 Work RVU:** 1.18
2007 NF PE RVU: 2.5 **2014 NF PE RVU:** 2.54
2007 Fac PE RVU 0.46 **2014 Fac PE RVU:** 0.72

RUC Recommendation: Refer to CPT, CPT Assistant and Review in 3 years (Sept 2017) **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64415 **Injection, anesthetic agent; brachial plexus, single**

Global: 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2013 Est Medicare Utilization:** 138,374

2007 Work RVU: 1.48 **2014 Work RVU:** 1.48
2007 NF PE RVU: 2.47 **2014 NF PE RVU:** 1.76
2007 Fac PE RVU 0.43 **2014 Fac PE RVU:** 0.28

RUC Recommendation: 1.48, Review in October 2017 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 20

64416 **Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 17,458

2007 Work RVU: 1.81 **2014 Work RVU:** 1.81
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.74 **2014 Fac PE RVU:** 0.32

RUC Recommendation: Remove from screen. 1.81 **CPT Action (if applicable):** February 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64445 **Injection, anesthetic agent; sciatic nerve, single**

Global: 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2013 Est Medicare Utilization:** 118,130

2007 Work RVU: 1.48 **2014 Work RVU:** 1.48
2007 NF PE RVU: 2.42 **2014 NF PE RVU:** 2.19
2007 Fac PE RVU 0.51 **2014 Fac PE RVU:** 0.44

RUC Recommendation: 1.48, Review in October 2017 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 20

64446 **Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 19 **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2013 Est Medicare Utilization:** 7,193

2007 Work RVU: 1.81 **2014 Work RVU:** 1.81
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.90 **2014 Fac PE RVU:** 0.33

RUC Recommendation: 1.81 **CPT Action (if applicable):** February 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64447 **Injection, anesthetic agent; femoral nerve, single** **Global:** 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2013 Est Medicare Utilization:** 135,840

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: NA **2014 NF PE RVU:** 1.74
2007 Fac PE RVU 0.38 **2014 Fac PE RVU:** 0.28

RUC Recommendation: 1.50, Review in October 2017 **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 20

64448 **Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)** **Global:** 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2013 Est Medicare Utilization:** 67,449

2007 Work RVU: 1.63 **2014 Work RVU:** 1.63
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.73 **2014 Fac PE RVU:** 0.29

RUC Recommendation: Remove from screen. 1.63 **CPT Action (if applicable):** 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 **2013 Est Medicare Utilization:** 5,337

2007 Work RVU: 1.81 **2014 Work RVU:** 1.81
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.84 **2014 Fac PE RVU:** 0.43

RUC Recommendation: 1.81 **CPT Action (if applicable):** February 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64450 **Injection, anesthetic agent; other peripheral nerve or branch** **Global:** 000 **Issue:** Injection - Anesthetic Agent **Screen:** Harvard Valued - Utilization over 100,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 24 **Specialty Developing Recommendation:** ASA, AAPM, APMA, ASIPP **First Identified:** October 2009 **2013 Est Medicare Utilization:** 907,648

2007 Work RVU: 0.75 **2014 Work RVU:** 0.75
2007 NF PE RVU: 1.25 **2014 NF PE RVU:** 1.45
2007 Fac PE RVU 0.49 **2014 Fac PE RVU:** 0.5

RUC Recommendation: 0.75 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2013

64470 **Deleted from CPT** **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.85 **2014 Work RVU:**
2007 NF PE RVU: 6.37 **2014 NF PE RVU:**
2007 Fac PE RVU 0.71 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64472 **Deleted from CPT** **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.29 **2014 Work RVU:**
2007 NF PE RVU: 2.05 **2014 NF PE RVU:**
2007 Fac PE RVU 0.34 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64475 **Deleted from CPT** **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.41 **2014 Work RVU:**
2007 NF PE RVU: 6.07 **2014 NF PE RVU:**
2007 Fac PE RVU 0.62 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64476 **Deleted from CPT** **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.98 **2014 Work RVU:**
2007 NF PE RVU: 1.86 **2014 NF PE RVU:**
2007 Fac PE RVU 0.24 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64479 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level** **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 39,640

2007 Work RVU: 2.29 **2014 Work RVU:** 2.29
2007 NF PE RVU: 6.55 **2014 NF PE RVU:** 4.27
2007 Fac PE RVU 0.87 **2014 Fac PE RVU:** 1.34

RUC Recommendation: 2.29 **CPT Action (if applicable):** June 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

64480 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 23,339

2007 Work RVU: 1.20 **2014 Work RVU:** 1.20
2007 NF PE RVU: 2.5 **2014 NF PE RVU:** 1.9
2007 Fac PE RVU 0.45 **2014 Fac PE RVU:** 0.52

RUC Recommendation: 1.20 **CPT Action (if applicable):** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64483 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level** **Global:** 000 **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 873,545

2007 Work RVU: 1.90 **2014 Work RVU:** 1.90
2007 NF PE RVU: 6.86 **2014 NF PE RVU:** 4.24
2007 Fac PE RVU 0.81 **2014 Fac PE RVU:** 1.2

RUC Recommendation: 1.90 **CPT Action (if applicable):** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64484 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 431,111

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: 2.86 **2014 NF PE RVU:** 1.42
2007 Fac PE RVU 0.36 **2014 Fac PE RVU:** 0.43

RUC Recommendation: 1.00 **CPT Action (if applicable):** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64490 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2013 Est Medicare Utilization:** 189,135

2007 Work RVU: 1.82 **2014 Work RVU:** 1.82
2007 NF PE RVU: **2014 NF PE RVU:** 3.47
2007 Fac PE RVU **2014 Fac PE RVU:** 1.11

RUC Recommendation: 1.82 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64491 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2013 Est Medicare Utilization:** 169,143

2007 Work RVU: 1.16 **2014 Work RVU:** 1.16
2007 NF PE RVU: **2014 NF PE RVU:** 1.42
2007 Fac PE RVU **2014 Fac PE RVU:** 0.49

RUC Recommendation: 1.16 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64492 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2013 Est Medicare Utilization:** 123,095

2007 Work RVU: 1.16 **2014 Work RVU:** 1.16
2007 NF PE RVU: **2014 NF PE RVU:** 1.44
2007 Fac PE RVU **2014 Fac PE RVU:** 0.51

RUC Recommendation: 1.16 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64493 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2013 Est Medicare Utilization:** 650,651

2007 Work RVU: 1.52 **2014 Work RVU:** 1.52
2007 NF PE RVU: **2014 NF PE RVU:** 3.3
2007 Fac PE RVU **2014 Fac PE RVU:** 0.99

RUC Recommendation: 1.52 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64494 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2013 Est Medicare Utilization:** 580,325

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: **2014 NF PE RVU:** 1.39
2007 Fac PE RVU **2014 Fac PE RVU:** 0.42

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64495 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2013 Est Medicare Utilization:** 365,809

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: **2014 NF PE RVU:** 1.4
2007 Fac PE RVU **2014 Fac PE RVU:** 0.44

RUC Recommendation: 1.00 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 7,608

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 3.06 **2014 NF PE RVU:** 2.28
2007 Fac PE RVU 0.49 **2014 Fac PE RVU:** 0.8

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

64520 **Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)**

Global: 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2013 Est Medicare Utilization:** 22,544

2007 Work RVU: 1.35 **2014 Work RVU:** 1.35
2007 NF PE RVU: 4.5 **2014 NF PE RVU:** 3.78
2007 Fac PE RVU 0.54 **2014 Fac PE RVU:** 0.85

RUC Recommendation: PE Review - no change **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64553 **Percutaneous implantation of neurostimulator electrode array; cranial nerve** **Global:** **Issue:** **Screen:** NPRM for 2015 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Review PE Only January 2015 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

64555 **Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)** **Global:** 010 **Issue:** Neurostimulators **Screen:** High Volume Growth1 / CMS Fastest Growing / NPRM for 2015 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASA, AAPM, ASIPP **First Identified:** February 2008 **2013 Est Medicare Utilization:** 13,245

2007 Work RVU: 2.32 **2014 Work RVU:** 2.32
2007 NF PE RVU: 2.96 **2014 NF PE RVU:** 3.17
2007 Fac PE RVU 1.23 **2014 Fac PE RVU:** 1.72

RUC Recommendation: Review PE Only January 2015. Develop CPT Assistant article.Review September 2017. **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:**

64561 **Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed** **Global:** 010 **Issue:** Percutaneous Implantation of Neuroelectrodes **Screen:** CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 25 **Specialty Developing Recommendation:** ACOG, AUA, NASS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 16,690

2007 Work RVU: 7.15 **2014 Work RVU:** 7.15
2007 NF PE RVU: 27.51 **2014 NF PE RVU:** 14.66
2007 Fac PE RVU 3.05 **2014 Fac PE RVU:** 3.48

RUC Recommendation: 5.44 **CPT Action (if applicable):** **Result:** Decrease

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:** RAW **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** July 2013 **2013 Est Medicare Utilization:** 97,940

2007 Work RVU: 0.60 **2014 Work RVU:** 0.60
2007 NF PE RVU: **2014 NF PE RVU:** 2.72
2007 Fac PE RVU **2014 Fac PE RVU:** 0.21

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64568 **Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator**

Global: 090 **Issue:** Vagus Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 14 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** **2013 Est Medicare Utilization:** 759

2007 Work RVU: 9.00 **2014 Work RVU:** 9.00
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 7.33

RUC Recommendation: 11.19 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64573 **Deleted from CPT**

Global: 090 **Issue:** Neurosurgical Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 28 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** September 2007 **2013 Est Medicare Utilization:**

2007 Work RVU: 8.15 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 5.31 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64581 **Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 17 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 10,178

2007 Work RVU: 12.20 **2014 Work RVU:** 12.20
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2014 Fac PE RVU:** 5.39

RUC Recommendation: 12.20 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64590 **Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling**

Global: 010 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2013 Est Medicare Utilization:** 10,471

2007 Work RVU: 2.45 **2014 Work RVU:** 2.45
2007 NF PE RVU: 6.95 **2014 NF PE RVU:** 4.7
2007 Fac PE RVU 2.33 **2014 Fac PE RVU:** 1.83

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

64622 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level**

Global: 010 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 3.02 **2014 Work RVU:**
2007 NF PE RVU: 6.82 **2014 NF PE RVU:**
2007 Fac PE RVU 1.34 **2014 Fac PE RVU:**

RUC Recommendation: PE Review - no change **CPT Action (if applicable):** June 2008 and Feb 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64623 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.99 **2014 Work RVU:**
2007 NF PE RVU: 2.62 **2014 NF PE RVU:**
2007 Fac PE RVU 0.22 **2014 Fac PE RVU:**

RUC Recommendation: 0.99 **CPT Action (if applicable):** June 2008 and Feb 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64626 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level**

Global: 010 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 3.82 **2014 Work RVU:**
2007 NF PE RVU: 6.99 **2014 NF PE RVU:**
2007 Fac PE RVU 1.93 **2014 Fac PE RVU:**

RUC Recommendation: PE Review - no change **CPT Action (if applicable):** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64627 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1/ CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.16 **2014 Work RVU:**
2007 NF PE RVU: 3.98 **2014 NF PE RVU:**
2007 Fac PE RVU 0.26 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64633 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint**

Global: **Issue:** RAW **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Review action plan **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:**

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: **Issue:** RAW **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Review action plan **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:**

64635 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint**

Global: **Issue:** RAW **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Review action plan **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:**

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: **Issue:** RAW **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Review action plan **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:**

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 **2013 Est Medicare Utilization:** 68,488

2007 Work RVU: 1.23 **2014 Work RVU:** 1.23
2007 NF PE RVU: 3.75 **2014 NF PE RVU:** 2.44
2007 Fac PE RVU 1.75 **2014 Fac PE RVU:** 1.34

RUC Recommendation: 1.23. Remove 99238.

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

64708 **Neuroplasty, major peripheral nerve, arm or leg, open; other than specified** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 69 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 3,226

2007 Work RVU: 6.36 **2014 Work RVU:** 6.36
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.73 **2014 Fac PE RVU:** 6.64

RUC Recommendation: 6.36

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

64712 **Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 682

2007 Work RVU: 8.07 **2014 Work RVU:** 8.07
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.86 **2014 Fac PE RVU:** 6.71

RUC Recommendation: Remove from screen

CPT Action (if applicable): February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

64831 **Suture of digital nerve, hand or foot; 1 nerve** **Global:** 090 **Issue:** Neurorrhaphy – Finger **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 70 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2013 Est Medicare Utilization:** 959

2007 Work RVU: 9.16 **2014 Work RVU:** 9.16
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7 **2014 Fac PE RVU:** 8.8

RUC Recommendation: 9.16

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

65105 **Enucleation of eye; with implant, muscles attached to implant**

Global: 090 **Issue:** Ophthalmologic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2013 Est Medicare Utilization: 947

2007 Work RVU: 9.93 **2014 Work RVU:** 9.93
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.13 **2014 Fac PE RVU:** 13.32

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

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

2013 Est Medicare Utilization: 30,837

2007 Work RVU: 0.84 **2014 Work RVU:** 0.84
2007 NF PE RVU: 0.87 **2014 NF PE RVU:** 1
2007 Fac PE RVU 0.40 **2014 Fac PE RVU:** 0.6

RUC Recommendation: 0.93

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

65285 **Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue**

Global: 090 **Issue:** Repair of Eye Wound **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 8 **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2013 Est Medicare Utilization: 886

2007 Work RVU: 15.36 **2014 Work RVU:** 15.36
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.12 **2014 Fac PE RVU:** 14.97

RUC Recommendation: 16.00

CPT Action (if applicable):

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:** Ophthalmological Procedures **Screen:** CMS Fastest Growing / 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAO **First Identified:** October 2008 **2013 Est Medicare Utilization:** 2,202

2007 Work RVU: 10.73 **2014 Work RVU:** 10.73
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.04 **2014 Fac PE RVU:** 13.66

RUC Recommendation: Survey for September 2014. Postponed to January 2015

CPT Action (if applicable):

Result:

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 **2013 Est Medicare Utilization:** 47,949

2007 Work RVU: 1.53 **2014 Work RVU:** 1.53
2007 NF PE RVU: 1.71 **2014 NF PE RVU:** 1.73
2007 Fac PE RVU 1.16 **2014 Fac PE RVU:** 0.97

RUC Recommendation: 1.53

CPT Action (if applicable): October 2011

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

65805 **Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous**

Global: 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 21 **Specialty Developing Recommendation:** AAO **First Identified:** April 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.91 **2014 Work RVU:**
2007 NF PE RVU: 2.07 **2014 NF PE RVU:**
2007 Fac PE RVU 1.16 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2011

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

65855 **Trabeculoplasty by laser surgery, 1 or more sessions (defined treatment series)** **Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2013 Est Medicare Utilization:** 143,957

2007 Work RVU: 3.99 **2014 Work RVU:** 3.99
2007 NF PE RVU: 4.14 **2014 NF PE RVU:** 5.27
2007 Fac PE RVU 3.01 **2014 Fac PE RVU:** 4.16

RUC Recommendation: Survey April 2015 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

66170 **Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery** **Global:** 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2013 Est Medicare Utilization:** 11,967

2007 Work RVU: 15.02 **2014 Work RVU:** 15.02
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.17 **2014 Fac PE RVU:** 17.88

RUC Recommendation: Survey April 2015 **CPT Action (if applicable):** **Result:**

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:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2013 Est Medicare Utilization:** 6,110

2007 Work RVU: 18.86 **2014 Work RVU:** 18.86
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 15.21 **2014 Fac PE RVU:** 22.64

RUC Recommendation: Survey April 2015 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66179X1

Global: **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 14.00 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66180 **Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin)** **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 12,732

2007 Work RVU: 16.30 **2014 Work RVU:** 16.30
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.62 **2014 Fac PE RVU:** 15.56

RUC Recommendation: 15.00 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66183 **Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach** **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: 13.20 **2014 Work RVU:** 13.20
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 15.01

RUC Recommendation: 13.20 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66184X1

Global: **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 9.58

CPT Action (if applicable): October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66185 **Revision of aqueous shunt to extraocular reservoir**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2013 Est Medicare Utilization:** 1,925

2007 Work RVU: 9.58 **2014 Work RVU:** 9.58
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.37 **2014 Fac PE RVU:** 10.97

RUC Recommendation: 10.58

CPT Action (if applicable): October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

66761 **Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)**

Global: 010 **Issue:** Iridotomy **Screen:** High IWPUT / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2013 Est Medicare Utilization:** 79,278

2007 Work RVU: 3.00 **2014 Work RVU:** 3.00
2007 NF PE RVU: 5.49 **2014 NF PE RVU:** 5.14
2007 Fac PE RVU 4.32 **2014 Fac PE RVU:** 3.46

RUC Recommendation: 3.00

CPT Action (if applicable): February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66820 **Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey for October 2015. Request global change from 090-day to 010-day.

CPT Action (if applicable): **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

66821 **Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)**

Global: 090 **Issue:** **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAO

First Identified: October 2010 **2013 Est Medicare Utilization:** 620,137

2007 Work RVU: 3.42 **2014 Work RVU:** 3.42
2007 NF PE RVU: 4.05 **2014 NF PE RVU:** 5.63
2007 Fac PE RVU 3.6 **2014 Fac PE RVU:** 5.13

RUC Recommendation: Survey for October 2015. Request global change from 090-day to 010-day.

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

66982 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage**

Global: 090 **Issue:** Cataract Surgery **Screen:** High IWPUT / CMS Fastest Growing, Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 17 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Est Medicare Utilization:** 172,147

2007 Work RVU: 11.08 **2014 Work RVU:** 11.08
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.75 **2014 Fac PE RVU:** 10.67

RUC Recommendation: 11.08. CPT Assistant article published; Reduce to 2x99213 & 3x99212

CPT Action (if applicable): **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

Status Report: CMS Requests and Relativity Assessment Issues

66984 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)**

Global: 090 **Issue:** Cataract Surgery **Screen:** High IWPUT / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 17 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2013 Est Medicare Utilization: 1,666,089

2007 Work RVU: 8.52 **2014 Work RVU:** 8.52
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.24 **2014 Fac PE RVU:** 8.99

RUC Recommendation: 8.52

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67028 **Intravitreal injection of a pharmacologic agent (separate procedure)**

Global: 000 **Issue:** Treatment of Retinal Lesion **Screen:** High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: Jan11, Oct09 **Tab** 30 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2013 Est Medicare Utilization: 2,551,549

2007 Work RVU: 1.44 **2014 Work RVU:** 1.44
2007 NF PE RVU: 2.59 **2014 NF PE RVU:** 1.34
2007 Fac PE RVU 1.42 **2014 Fac PE RVU:** 1.3

RUC Recommendation: 1.44

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67036 **Vitrectomy, mechanical, pars plana approach;**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2013 Est Medicare Utilization: 14,681

2007 Work RVU: 13.32 **2014 Work RVU:** 13.32
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 8.96 **2014 Fac PE RVU:** 12.9

RUC Recommendation: 12.13

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67038 **Deleted from CPT**

Global: 090 **Issue:** Ophthalmological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Est Medicare Utilization:**

2007 Work RVU: 23.30 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 15.16 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2007 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

67039 **Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Est Medicare Utilization:** 2,333

2007 Work RVU: 16.74 **2014 Work RVU:** 16.74
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.94 **2014 Fac PE RVU:** 17.01

RUC Recommendation: 13.20

CPT Action (if applicable): **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67040 **Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Est Medicare Utilization:** 10,825

2007 Work RVU: 19.61 **2014 Work RVU:** 19.61
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 13.41 **2014 Fac PE RVU:** 19.2

RUC Recommendation: 14.50

CPT Action (if applicable): **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67041 **Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 15,237

2007 Work RVU: 19.25 **2014 Work RVU:** 19.25
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 16.94

RUC Recommendation: 16.33 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67042 **Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 24,620

2007 Work RVU: 22.38 **2014 Work RVU:** 22.38
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 18.92

RUC Recommendation: 16.33 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67043 **Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 1,208

2007 Work RVU: 23.24 **2014 Work RVU:** 23.24
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 20.22

RUC Recommendation: 17.40 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67107 **Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid**

Global: 090 **Issue:** Retinal Detachment **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Est Medicare Utilization:** 1,115

2007 Work RVU: 16.71 **2014 Work RVU:** 16.71
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.19 **2014 Fac PE RVU:** 16.53
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

67108 **Repair of retinal detachment; with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique**

Global: 090 **Issue:** Retinal Detachment **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Est Medicare Utilization:** 13,674

2007 Work RVU: 22.89 **2014 Work RVU:** 22.89
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 14.22 **2014 Fac PE RVU:** 20.97
Result: PE Only

RUC Recommendation: Survey for September 2014. Postponted to January 2015

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

67110 **Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)**

Global: 090 **Issue:** Retinal Detachment **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Est Medicare Utilization:** 2,780

2007 Work RVU: 10.25 **2014 Work RVU:** 10.25
2007 NF PE RVU: 9.99 **2014 NF PE RVU:** 13.56
2007 Fac PE RVU 7.37 **2014 Fac PE RVU:** 10.97
Result: PE Only

RUC Recommendation: Remove 99238

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67112 **Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAO

First Identified: April 2014 **2013 Est Medicare Utilization:** 506

2007 Work RVU: 18.45 **2014 Work RVU:** 18.75
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.71 **2014 Fac PE RVU:** 17.5

RUC Recommendation: Refer to CPT for deletion

CPT Action (if applicable): October 2014 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

67113 **Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, may include air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Est Medicare Utilization:** 11,461

2007 Work RVU: 25.35 **2014 Work RVU:** 25.35
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 22.31

RUC Recommendation: Survey for September 2014. Postponted to January 2015

CPT Action (if applicable): **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

67210 **Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 13 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2013 Est Medicare Utilization:** 84,909

2007 Work RVU: 6.36 **2014 Work RVU:** 6.36
2007 NF PE RVU: 6.48 **2014 NF PE RVU:** 7.84
2007 Fac PE RVU 5.84 **2014 Fac PE RVU:** 7.35

RUC Recommendation: 6.36

CPT Action (if applicable): **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67220 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 13 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2013 Est Medicare Utilization:** 7,350

2007 Work RVU: 6.36 **2014 Work RVU:** 6.36
2007 NF PE RVU: 10.23 **2014 NF PE RVU:** 8.29
2007 Fac PE RVU 8.9 **2014 Fac PE RVU:** 7.35
Result: Decrease

RUC Recommendation: 6.36 **CPT Action (if applicable):**
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 **2013 Est Medicare Utilization:** 269

2007 Work RVU: 0.47 **2014 Work RVU:** 0.47
2007 NF PE RVU: 0.25 **2014 NF PE RVU:** 0.34
2007 Fac PE RVU 0.20 **2014 Fac PE RVU:** 0.3
Result: Maintain

RUC Recommendation: 0.47 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

67227 **Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), 1 or more sessions, cryotherapy, diathermy**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**
Result:

RUC Recommendation: Survey for January 2015. Request global change from 090-day to 010-day. **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67228 **Treatment of extensive or progressive retinopathy, 1 or more sessions; (eg, diabetic retinopathy), photocoagulation**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2013 Est Medicare Utilization:** 78,660

2007 Work RVU: 13.82 **2014 Work RVU:** 13.82
2007 NF PE RVU: 11.2 **2014 NF PE RVU:** 13.52
2007 Fac PE RVU 8.43 **2014 Fac PE RVU:** 12.07

RUC Recommendation: Survey for January 2015. Request global change from 090-day to 010-day.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

67255 **Scleral reinforcement (separate procedure); with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2013 Est Medicare Utilization:** 11,345

2007 Work RVU: 10.17 **2014 Work RVU:** 10.17
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.61 **2014 Fac PE RVU:** 12.9

RUC Recommendation: 10.17

CPT Action (if applicable): October 2013

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

67914 **Repair of ectropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2013 Est Medicare Utilization:** 2,082

2007 Work RVU: 3.75 **2014 Work RVU:** 3.75
2007 NF PE RVU: 5.98 **2014 NF PE RVU:** 9.14
2007 Fac PE RVU 2.99 **2014 Fac PE RVU:** 5.22

RUC Recommendation: 3.75

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67915 **Repair of ectropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2013 Est Medicare Utilization:** 471

2007 Work RVU: 2.03 **2014 Work RVU:** 2.03
2007 NF PE RVU: 5.62 **2014 NF PE RVU:** 6.02
2007 Fac PE RVU 2.75 **2014 Fac PE RVU:** 3.41

RUC Recommendation: 2.03

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67916 **Repair of ectropion; excision tarsal wedge**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2013 Est Medicare Utilization:** 2,788

2007 Work RVU: 5.48 **2014 Work RVU:** 5.48
2007 NF PE RVU: 7.68 **2014 NF PE RVU:** 10.74
2007 Fac PE RVU 4.65 **2014 Fac PE RVU:** 6.3

RUC Recommendation: 5.48

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67917 **Repair of ectropion; extensive (eg, tarsal strip operations)**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2013 Est Medicare Utilization:** 28,367

2007 Work RVU: 5.93 **2014 Work RVU:** 5.93
2007 NF PE RVU: 8.08 **2014 NF PE RVU:** 10.58
2007 Fac PE RVU 4.95 **2014 Fac PE RVU:** 6.6

RUC Recommendation: 5.93

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67921 **Repair of entropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2013 Est Medicare Utilization:** 4,552

2007 Work RVU: 3.47 **2014 Work RVU:** 3.47
2007 NF PE RVU: 5.83 **2014 NF PE RVU:** 9.19
2007 Fac PE RVU 2.84 **2014 Fac PE RVU:** 5.06

RUC Recommendation: 3.47

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67922 **Repair of entropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2013 Est Medicare Utilization:** 144

2007 Work RVU: 2.03 **2014 Work RVU:** 2.03
2007 NF PE RVU: 5.55 **2014 NF PE RVU:** 5.96
2007 Fac PE RVU 2.7 **2014 Fac PE RVU:** 3.41

RUC Recommendation: 2.03

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67923 **Repair of entropion; excision tarsal wedge**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2013 Est Medicare Utilization:** 2,149

2007 Work RVU: 5.48 **2014 Work RVU:** 5.48
2007 NF PE RVU: 7.76 **2014 NF PE RVU:** 10.75
2007 Fac PE RVU 4.86 **2014 Fac PE RVU:** 6.31

RUC Recommendation: 5.48

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2013 Est Medicare Utilization:** 12,847

2007 Work RVU: 5.93 **2014 Work RVU:** 5.93
2007 NF PE RVU: 8.48 **2014 NF PE RVU:** 11.36
2007 Fac PE RVU 4.57 **2014 Fac PE RVU:** 6.6

RUC Recommendation: 5.93 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

68040 **Expression of conjunctival follicles (eg, for trachoma)**

Global: 000 **Issue:** Treatment of Eyelid Lesions **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2013 Est Medicare Utilization:** 4,119

2007 Work RVU: 0.85 **2014 Work RVU:** 0.85
2007 NF PE RVU: 0.69 **2014 NF PE RVU:** 0.91
2007 Fac PE RVU 0.42 **2014 Fac PE RVU:** 0.58

RUC Recommendation: Revised parenthetical **CPT Action (if applicable):** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

68200 **Subconjunctival injection**

Global: 000 **Issue:** Subconjunctival Injection **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO

First Identified: April 2011 **2013 Est Medicare Utilization:** 21,764

2007 Work RVU: 0.49 **2014 Work RVU:** 0.49
2007 NF PE RVU: 0.52 **2014 NF PE RVU:** 0.64
2007 Fac PE RVU 0.32 **2014 Fac PE RVU:** 0.46

RUC Recommendation: 0.49 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

68760 **Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: July 2014

2013 Est Medicare Utilization:

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey for October 2015. Request global change from 090-day to 010-day.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

68761 **Closure of the lacrimal punctum; by plug, each**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: July 2014

2013 Est Medicare Utilization:

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey for October 2015. Request global change from 090-day to 010-day.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

68801 **Dilation of lacrimal punctum, with or without irrigation**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 15 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: January 2014

2013 Est Medicare Utilization: 43,863

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: 1.91 **2014 NF PE RVU:** 2.43
2007 Fac PE RVU 1.48 **2014 Fac PE RVU:** 1.96

RUC Recommendation: 1.00 (Interim)

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

68810 **Probing of nasolacrimal duct, with or without irrigation;**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** Site of Service Anomaly / 010-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 15 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2007 **2013 Est Medicare Utilization:** 29,630

2007 Work RVU: 2.15 **2014 Work RVU:** 2.15
2007 NF PE RVU: 3.62 **2014 NF PE RVU:** 4.5
2007 Fac PE RVU 2.7 **2014 Fac PE RVU:** 2.99

RUC Recommendation: 1.95 (Interim)

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

68811 **Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia**

Global: **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey for January 2015

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

68815 **Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 15 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: January 2014 **2013 Est Medicare Utilization:** 8,200

2007 Work RVU: 3.30 **2014 Work RVU:** 3.30
2007 NF PE RVU: 7.82 **2014 NF PE RVU:** 9.04
2007 Fac PE RVU 2.74 **2014 Fac PE RVU:** 3.75

RUC Recommendation: 3.06 (Interim)

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

68816 **Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation**

Global: **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey for January 2015 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

69100 **Biopsy external ear**

Global: 000 **Issue:** Biopsy of Ear **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 28 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2013 Est Medicare Utilization:** 119,035

2007 Work RVU: 0.81 **2014 Work RVU:** 0.81
2007 NF PE RVU: 1.75 **2014 NF PE RVU:** 1.87
2007 Fac PE RVU 0.40 **2014 Fac PE RVU:** 0.48

RUC Recommendation: 0.81 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

69200 **Removal foreign body from external auditory canal; without general anesthesia**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 29 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 42,915

2007 Work RVU: 0.77 **2014 Work RVU:** 0.77
2007 NF PE RVU: 2.29 **2014 NF PE RVU:** 2.63
2007 Fac PE RVU 0.56 **2014 Fac PE RVU:** 0.8

RUC Recommendation: 0.77 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

69210 **Removal impacted cerumen requiring instrumentation, unilateral**

Global: 000 **Issue:** Removal of Cerumen **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 13 **Specialty Developing Recommendation:** AAFP, AAO-HNS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,589,429

2007 Work RVU: 0.61 **2014 Work RVU:** 0.61
2007 NF PE RVU: 0.61 **2014 NF PE RVU:** 0.72
2007 Fac PE RVU 0.21 **2014 Fac PE RVU:** 0.27

RUC Recommendation: 0.58. Re-review bilateral data January 2015. **CPT Action (if applicable):** October 2012 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69400 **Eustachian tube inflation, transnasal; with catheterization**

Global: 000 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2013 **2013 Est Medicare Utilization:** 454

2007 Work RVU: 0.83 **2014 Work RVU:** 0.83
2007 NF PE RVU: 2.27 **2014 NF PE RVU:** 3.31
2007 Fac PE RVU 0.66 **2014 Fac PE RVU:** 0.86

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

69401 **Eustachian tube inflation, transnasal; without catheterization**

Global: 000 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2013 **2013 Est Medicare Utilization:** 10,481

2007 Work RVU: 0.63 **2014 Work RVU:** 0.63
2007 NF PE RVU: 1.3 **2014 NF PE RVU:** 1.83
2007 Fac PE RVU 0.63 **2014 Fac PE RVU:** 0.74

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

69405 **Eustachian tube catheterization, transtympanic**

Global: 010 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2013 **2013 Est Medicare Utilization:** 34

2007 Work RVU: 2.68 **2014 Work RVU:** 2.68
2007 NF PE RVU: 3.48 **2014 NF PE RVU:** 4.5
2007 Fac PE RVU 2.19 **2014 Fac PE RVU:** 2.53

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

69433 **Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia**

Global: 010 **Issue:** Tympanostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 30 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2011 **2013 Est Medicare Utilization:** 47,869

2007 Work RVU: 1.57 **2014 Work RVU:** 1.57
2007 NF PE RVU: 3.09 **2014 NF PE RVU:** 4.04
2007 Fac PE RVU 1.60 **2014 Fac PE RVU:** 2.05

RUC Recommendation: 1.57

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69801 **Labyrinthotomy, with perfusion of vestibuloactive drug(s); transcanal** **Global:** 000 **Issue:** Labyrinthotomy **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 16,085

2007 Work RVU: 2.06 **2014 Work RVU:** 2.06
2007 NF PE RVU: NA **2014 NF PE RVU:** 3.31
2007 Fac PE RVU 9.31 **2014 Fac PE RVU:** 1.32

RUC Recommendation: 2.06 **CPT Action (if applicable):** Feb 2010 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

69802 **Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy** **Global:** 090 **Issue:** Labryinthotomy **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 13.39 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 11.91 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** Feburary 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

69930 **Cochlear device implantation, with or without mastoidectomy** **Global:** 090 **Issue:** Cochlear Device Implantation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** M **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,704

2007 Work RVU: 17.73 **2014 Work RVU:** 17.73
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 14.06 **2014 Fac PE RVU:** 15.42

RUC Recommendation: 17.60 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70100 **Radiologic examination, mandible; partial, less than 4 views** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: April 2013 **2013 Est Medicare Utilization:** 20,017

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: 0.59 **2014 NF PE RVU:** 0.79
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporitn of this servie with the hand-held device in Texas.

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

70310 **Radiologic examination, teeth; partial examination, less than full mouth** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: April 2013 **2013 Est Medicare Utilization:** 1,171

2007 Work RVU: 0.16 **2014 Work RVU:** 0.16
2007 NF PE RVU: 0.58 **2014 NF PE RVU:** 0.91
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporitn of this servie with the hand-held device in Texas.

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

70371 **Complex dynamic pharyngeal and speech evaluation by cine or video recording** **Global:** XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, AAFP

First Identified: October 2012 **2013 Est Medicare Utilization:** 10,576

2007 Work RVU: 0.84 **2014 Work RVU:** 0.84
2007 NF PE RVU: 2.14 **2014 NF PE RVU:** 1.75
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: CPT Assistant article published.

CPT Action (if applicable):

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Status Report: CMS Requests and Relativity Assessment Issues

70373 **Laryngography, contrast, radiological supervision and interpretation**

Global: XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2013 Est Medicare Utilization:** 4,314

2007 Work RVU: 0.44 **2014 Work RVU:** 0.44
2007 NF PE RVU: 1.83 **2014 NF PE RVU:** 2.01
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

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 Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2013 Est Medicare Utilization:** 5,285,226

2007 Work RVU: 0.85 **2014 Work RVU:** 0.85
2007 NF PE RVU: 4.91 **2014 NF PE RVU:** 2.59
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.85

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70460 **Computed tomography, head or brain; with contrast material(s)**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** **2013 Est Medicare Utilization:** 35,330

2007 Work RVU: 1.13 **2014 Work RVU:** 1.13
2007 NF PE RVU: 6.06 **2014 NF PE RVU:** 3.58
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.13

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70470 **Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Head/Brain **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2009 **2013 Est Medicare Utilization:** 154,761

2007 Work RVU: 1.27 **2014 Work RVU:** 1.27
2007 NF PE RVU: 7.49 **2014 NF PE RVU:** 4.38
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.27. Survey for work and PE for April 2013 RUC meeting (Identified as part of 70450 family).

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70486 **Computed tomography, maxillofacial area; without contrast material**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2013 **2013 Est Medicare Utilization:** 454,808

2007 Work RVU: 1.14 **2014 Work RVU:** 1.14
2007 NF PE RVU: 5.42 **2014 NF PE RVU:** 4.63
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.85

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70487 **Computed tomography, maxillofacial area; with contrast material(s)**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2013 Est Medicare Utilization:** 18,653

2007 Work RVU: 1.30 **2014 Work RVU:** 1.30
2007 NF PE RVU: 6.55 **2014 NF PE RVU:** 5.68
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.17

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70488 **Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2013 Est Medicare Utilization:** 3,859

2007 Work RVU: 1.42 **2014 Work RVU:** 1.42
2007 NF PE RVU: 8.11 **2014 NF PE RVU:** 6.94
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.30 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70496 **Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 175,660

2007 Work RVU: 1.75 **2014 Work RVU:** 1.75
2007 NF PE RVU: 12.43 **2014 NF PE RVU:** 10.73
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.75 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70498 **Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 203,100

2007 Work RVU: 1.75 **2014 Work RVU:** 1.75
2007 NF PE RVU: 12.45 **2014 NF PE RVU:** 11.21
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.75 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70551 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2013 Est Medicare Utilization:** 901,306

2007 Work RVU: 1.48 **2014 Work RVU:** 1.48
2007 NF PE RVU: 12.2 **2014 NF PE RVU:** 5.34
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.48 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70552 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2013 Est Medicare Utilization:** 24,547

2007 Work RVU: 1.78 **2014 Work RVU:** 1.78
2007 NF PE RVU: 14.22 **2014 NF PE RVU:** 7.5
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.78 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70553 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2013 Est Medicare Utilization:** 954,685

2007 Work RVU: 2.29 **2014 Work RVU:** 2.29
2007 NF PE RVU: 23.53 **2014 NF PE RVU:** 8.66
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 2.36 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71010 **Radiologic examination, chest; single view, frontal**

Global: XXX **Issue:** **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** ACR

First Identified: October 2010

2013 Est Medicare Utilization: 18,094,245

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: 0.5 **2014 NF PE RVU:** 0.47
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey for January 2015. 0.18

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

71020 **Radiologic examination, chest, 2 views, frontal and lateral;**

Global: XXX **Issue:** **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** ACR

First Identified: October 2010

2013 Est Medicare Utilization: 12,386,780

2007 Work RVU: 0.22 **2014 Work RVU:** 0.22
2007 NF PE RVU: 0.66 **2014 NF PE RVU:** 0.63
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey January 2015

CPT Action (if applicable):

Result: Maintain

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

2013 Est Medicare Utilization:

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2011

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71100 **Radiologic examination, ribs, unilateral; 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR

First Identified: April 2013

2013 Est Medicare Utilization: 236,531

2007 Work RVU: 0.22 **2014 Work RVU:** 0.22

2007 NF PE RVU: 0.63 **2014 NF PE RVU:** 0.7

2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.22

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

71250 **Computed tomography, thorax; without contrast material**

Global: XXX **Issue:** CT Thorax **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR

First Identified: October 2008

2013 Est Medicare Utilization: 1,530,208

2007 Work RVU: 1.02 **2014 Work RVU:** 1.02

2007 NF PE RVU: 6.24 **2014 NF PE RVU:** 4.31

2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.16

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

71260 **Computed tomography, thorax; with contrast material(s)**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: July 2014

2013 Est Medicare Utilization:

2007 Work RVU: **2014 Work RVU:**

2007 NF PE RVU: **2014 NF PE RVU:**

2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015

CPT Action (if applicable):

Result:

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

2013 Est Medicare Utilization: 781,381

2007 Work RVU: 1.92 **2014 Work RVU:** 1.92

2007 NF PE RVU: 12.53 **2014 NF PE RVU:** 8.49

2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.82

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

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 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2010 **2013 Est Medicare Utilization:** 596,825

2007 Work RVU: 0.22 **2014 Work RVU:** 0.22
2007 NF PE RVU: 0.69 **2014 NF PE RVU:** 0.77
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.22 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72050 **Radiologic examination, spine, cervical; 4 or 5 views** **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** **2013 Est Medicare Utilization:** 406,378

2007 Work RVU: 0.31 **2014 Work RVU:** 0.31
2007 NF PE RVU: 1 **2014 NF PE RVU:** 1.04
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72052 **Radiologic examination, spine, cervical; 6 or more views** **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** **2013 Est Medicare Utilization:** 108,371

2007 Work RVU: 0.36 **2014 Work RVU:** 0.36
2007 NF PE RVU: 1.27 **2014 NF PE RVU:** 1.38
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.36 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72070 **Radiologic examination, spine; thoracic, 2 views** **Global:** XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2013 **2013 Est Medicare Utilization:** 317,101

2007 Work RVU: 0.22 **2014 Work RVU:** 0.22
2007 NF PE RVU: 0.69 **2014 NF PE RVU:** 0.72
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.22 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72100 **Radiologic examination, spine, lumbosacral; 2 or 3 views**

Global: XXX **Issue:** Radiologic Examination - Spine **Screen:** Harvard Valued - Utilization over 100,000 / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,841,033

2007 Work RVU: 0.22 **2014 Work RVU:** 0.22
2007 NF PE RVU: 0.75 **2014 NF PE RVU:** 0.77
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.22 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72110 **Radiologic examination, spine, lumbosacral; minimum of 4 views**

Global: XXX **Issue:** Radiologic Examination – Spine **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS **First Identified:** October 2009 **2013 Est Medicare Utilization:** 887,136

2007 Work RVU: 0.31 **2014 Work RVU:** 0.31
2007 NF PE RVU: 1.03 **2014 NF PE RVU:** 1.06
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72114 **Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views**

Global: XXX **Issue:** Radiologic Examination – Spine **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 88,080

2007 Work RVU: 0.32 **2014 Work RVU:** 0.32
2007 NF PE RVU: 1.36 **2014 NF PE RVU:** 1.47
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.32 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72120 **Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views** **Global:** XXX **Issue:** Radiologic Examination – Spine **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 35,922

2007 Work RVU: 0.22 **2014 Work RVU:** 0.22
2007 NF PE RVU: 0.98 **2014 NF PE RVU:** 0.9
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.22 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72125 **Computed tomography, cervical spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 847,407

2007 Work RVU: 1.07 **2014 Work RVU:** 1.07
2007 NF PE RVU: 6.24 **2014 NF PE RVU:** 4.38
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.16 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72126 **Computed tomography, cervical spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2013 Est Medicare Utilization:** 19,959

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2014 NF PE RVU:** 5.45
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

72127 **Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2013 Est Medicare Utilization:** 1,964

2007 Work RVU: 1.27 **2014 Work RVU:** 1.27
2007 NF PE RVU: 9.3 **2014 NF PE RVU:** 6.68
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72128 **Computed tomography, thoracic spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 117,462

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: 6.24 **2014 NF PE RVU:** 4.34
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.16 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 14,325

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2014 NF PE RVU:** 5.45
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

72130 **Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2013 Est Medicare Utilization:** 1,212

2007 Work RVU: 1.27 **2014 Work RVU:** 1.27
2007 NF PE RVU: 9.29 **2014 NF PE RVU:** 6.77
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

72131 **Computed tomography, lumbar spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2013 Est Medicare Utilization:** 367,304

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: 6.24 **2014 NF PE RVU:** 4.32
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.16 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72132 **Computed tomography, lumbar spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2013 Est Medicare Utilization:** 55,211

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2014 NF PE RVU:** 5.43
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

72133 **Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2013 Est Medicare Utilization:** 4,356

2007 Work RVU: 1.27 **2014 Work RVU:** 1.27
2007 NF PE RVU: 9.34 **2014 NF PE RVU:** 6.69
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

72141 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material** **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** September 2011 **2013 Est Medicare Utilization:** 519,728

2007 Work RVU: 1.48 **2014 Work RVU:** 1.48
2007 NF PE RVU: 11.76 **2014 NF PE RVU:** 5.28
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.48 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

72142 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)** **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2013 Est Medicare Utilization:** 4,267

2007 Work RVU: 1.78 **2014 Work RVU:** 1.78
2007 NF PE RVU: 14.26 **2014 NF PE RVU:** 7.54
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.78 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2013 Est Medicare Utilization:** 183,757

2007 Work RVU: 1.48 **2014 Work RVU:** 1.48
2007 NF PE RVU: 12.69 **2014 NF PE RVU:** 5.28
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 1.48 **CPT Action (if applicable):**
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 Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2013 Est Medicare Utilization:** 3,504

2007 Work RVU: 1.78 **2014 Work RVU:** 1.78
2007 NF PE RVU: 13.76 **2014 NF PE RVU:** 7.45
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 1.78 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** AAOS, AUR, ACR, NASS, ASNR **First Identified:** April 2011 **2013 Est Medicare Utilization:** 1,186,417

2007 Work RVU: 1.48 **2014 Work RVU:** 1.48
2007 NF PE RVU: 12.66 **2014 NF PE RVU:** 5.28
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.48 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72149 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2013 Est Medicare Utilization: 6,931

2007 Work RVU: 1.78 **2014 Work RVU:** 1.78
2007 NF PE RVU: 14.23 **2014 NF PE RVU:** 7.41
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.78

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2013 Est Medicare Utilization: 105,074

2007 Work RVU: 2.29 **2014 Work RVU:** 2.29
2007 NF PE RVU: 23.52 **2014 NF PE RVU:** 8.67
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 2.29

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

72157 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2013 Est Medicare Utilization: 78,619

2007 Work RVU: 2.29 **2014 Work RVU:** 2.29
2007 NF PE RVU: 23.12 **2014 NF PE RVU:** 8.68
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 2.29

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2013 Est Medicare Utilization: 261,257

2007 Work RVU: 2.29 **2014 Work RVU:** 2.29
2007 NF PE RVU: 23.45 **2014 NF PE RVU:** 8.62
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 2.29

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72170 **Radiologic examination, pelvis; 1 or 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip/Pelvis **Screen:** Low Value-High Volume / Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: April 2011 **Tab** 25 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2010

2013 Est Medicare Utilization: 1,791,060

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.56 **2014 NF PE RVU:** 0.62
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle 73700 and 72170.

CPT Action (if applicable): February 2015

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72191 **Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 / CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2008

2013 Est Medicare Utilization: 2,847

2007 Work RVU: 1.81 **2014 Work RVU:** 1.81
2007 NF PE RVU: 12.15 **2014 NF PE RVU:** 9.02
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.81

CPT Action (if applicable): October 2010

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72192 **Computed tomography, pelvis; without contrast material**

Global: XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 135,818

2007 Work RVU: 1.09 **2014 Work RVU:** 1.09
2007 NF PE RVU: 6.12 **2014 NF PE RVU:** 3.11
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.09 **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72193 **Computed tomography, pelvis; with contrast material(s)**

Global: XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 33,947

2007 Work RVU: 1.16 **2014 Work RVU:** 1.16
2007 NF PE RVU: 7.2 **2014 NF PE RVU:** 5.4
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.16 **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72194 **Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - NPRM for 2012 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 6,158

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 9.06 **2014 NF PE RVU:** 6.47
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.22 **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72240 **Myelography, cervical, radiological supervision and interpretation** **Global:** XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 8,036

2007 Work RVU: 0.91 **2014 Work RVU:** 0.91
2007 NF PE RVU: 4.37 **2014 NF PE RVU:** 2.71
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.91 **CPT Action (if applicable):** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72255 **Myelography, thoracic, radiological supervision and interpretation** **Global:** XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2013 **2013 Est Medicare Utilization:** 824

2007 Work RVU: 0.91 **2014 Work RVU:** 0.91
2007 NF PE RVU: 3.98 **2014 NF PE RVU:** 2.54
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.91 **CPT Action (if applicable):** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72265 **Myelography, lumbosacral, radiological supervision and interpretation** **Global:** XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 35,016

2007 Work RVU: 0.83 **2014 Work RVU:** 0.83
2007 NF PE RVU: 3.83 **2014 NF PE RVU:** 2.71
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.83 **CPT Action (if applicable):** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72270 **Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 9,517

2007 Work RVU: 1.33 **2014 Work RVU:** 1.33
2007 NF PE RVU: 5.81 **2014 NF PE RVU:** 4.17
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.33 **CPT Action (if applicable):** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72275 **Epidurography, radiological supervision and interpretation**

Global: XXX **Issue:** Epidurography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS **First Identified:** October 2009 **2013 Est Medicare Utilization:** 89,439

2007 Work RVU: 0.76 **2014 Work RVU:** 0.76
2007 NF PE RVU: 2.15 **2014 NF PE RVU:** 2.49
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.76, CPT Assistant article published. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009 and Q&A

72291 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance**

Global: XXX **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2013 Est Medicare Utilization:** 60,073

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0 **2014 NF PE RVU:** 0
2007 Fac PE RVU 0 **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72292 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance**

Global: XXX **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Est Medicare Utilization:** 881

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0 **2014 NF PE RVU:** 0
2007 Fac PE RVU 0 **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

73030 **Radiologic examination, shoulder; complete, minimum of 2 views**

Global: XXX **Issue:** X-Ray Exam of Shoulder **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 26 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2010 **2013 Est Medicare Utilization:** 2,332,544

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: 0.61 **2014 NF PE RVU:** 0.67
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.18

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73060 **Radiologic examination; humerus, minimum of 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2013 **2013 Est Medicare Utilization:** 340,571

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2014 NF PE RVU:** 0.64
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.16

CPT Action (if applicable): **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73080 **Radiologic examination, elbow; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 39 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2009 **2013 Est Medicare Utilization:** 322,648

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.66 **2014 NF PE RVU:** 0.77
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.17

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73110 **Radiologic examination, wrist; complete, minimum of 3 views**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010

2013 Est Medicare Utilization: 926,845

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.63 **2014 NF PE RVU:** 0.89
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73130 **Radiologic examination, hand; minimum of 3 views**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010

2013 Est Medicare Utilization: 1,012,793

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.6 **2014 NF PE RVU:** 0.75
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73200 **Computed tomography, upper extremity; without contrast material**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 23 **Specialty Developing** ACR **Recommendation:**

First Identified: October 2008

2013 Est Medicare Utilization: 79,511

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: 5.5 **2014 NF PE RVU:** 4.31
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.09

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73201 **Computed tomography, upper extremity; with contrast material(s)**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing** ACR **Recommendation:**

First Identified: February 2009

2013 Est Medicare Utilization: 13,061

2007 Work RVU: 1.16 **2014 Work RVU:** 1.16
2007 NF PE RVU: 6.58 **2014 NF PE RVU:** 5.35
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

73202 **Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2013 Est Medicare Utilization:** 1,780

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 8.38 **2014 NF PE RVU:** 7.1
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):**

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

73206 **Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** May 2013 **2013 Est Medicare Utilization:** 3,328

2007 Work RVU: 1.81 **2014 Work RVU:** 1.81
2007 NF PE RVU: 11.22 **2014 NF PE RVU:** 7.55
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey with all CTA codes for October 2013. **CPT Action (if applicable):**

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

73218 **Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)**

Global: XXX **Issue:** MRI **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 28,971

2007 Work RVU: 1.35 **2014 Work RVU:** 1.35
2007 NF PE RVU: 12.24 **2014 NF PE RVU:** 8.93
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant published. **CPT Action (if applicable):**

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 Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 414,158

2007 Work RVU: 1.35 **2014 Work RVU:** 1.35
2007 NF PE RVU: 11.98 **2014 NF PE RVU:** 5.72
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.35 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73500 **Radiologic examination, hip, unilateral; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip/Pelvis **Screen:** CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2013 Est Medicare Utilization:** 505,615

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.52 **2014 NF PE RVU:** 0.57
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle **CPT Action (if applicable):** February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

73510 **Radiologic examination, hip, unilateral; complete, minimum of 2 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 2,439,668

2007 Work RVU: 0.21 **2014 Work RVU:** 0.21
2007 NF PE RVU: 0.67 **2014 NF PE RVU:** 0.88
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.21 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73520 **Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2013 Est Medicare Utilization:** 364,362

2007 Work RVU: 0.26 **2014 Work RVU:** 0.26
2007 NF PE RVU: 0.76 **2014 NF PE RVU:** 0.89
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey with future bundle CCP **CPT Action (if applicable):** February 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

73542 **Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation**

Global: XXX **Issue:** Sacroiliac Joint Arthrography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS, ACR, AUR, ISIS, ASNR **First Identified:** October 2009 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.59 **2014 Work RVU:**
2007 NF PE RVU: 1.98 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT

73550 **Radiologic examination, femur, 2 views**

Global: XXX **Issue:** RAW review **Screen:** CMS-Other - Utilization over 500,000 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2013 Est Medicare Utilization:** 542,173

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2014 NF PE RVU:** 0.61
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle **CPT Action (if applicable):** February 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2013 Est Medicare Utilization:** 2,041,304

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.58 **2014 NF PE RVU:** 0.67
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.16 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73562 **Radiologic examination, knee; 3 views** **Global:** XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2013 Est Medicare Utilization:** 2,048,148

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: 0.65 **2014 NF PE RVU:** 0.85
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.18 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73564 **Radiologic examination, knee; complete, 4 or more views** **Global:** XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,196,398

2007 Work RVU: 0.22 **2014 Work RVU:** 0.22
2007 NF PE RVU: 0.73 **2014 NF PE RVU:** 0.98
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.22 **CPT Action (if applicable):** **Result:** Maintain

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 **2013 Est Medicare Utilization:** 331,782

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.57 **2014 NF PE RVU:** 0.81
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.16 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73580 **Radiologic examination, knee, arthrography, radiological supervision and interpretation**

Global: XXX **Issue:** Contrast X-Ray of Knee Joint **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 32,204

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 2.67 **2014 NF PE RVU:** 3.01
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant Article published June 2012.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

73590 **Radiologic examination; tibia and fibula, 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2013 Est Medicare Utilization:** 470,238

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.57 **2014 NF PE RVU:** 0.6
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.16

CPT Action (if applicable):

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 **2013 Est Medicare Utilization:** 249,100

2007 Work RVU: 0.16 **2014 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2014 NF PE RVU:** 0.64
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.16

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73610 **Radiologic examination, ankle; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 1,185,120

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2014 NF PE RVU:** 0.77
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73620 **Radiologic examination, foot; 2 views**

Global: XXX **Issue:** X-Ray Exam of Foot **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 27 **Specialty Developing Recommendation:** ACR, AAOS, APMA **First Identified:** October 2010 **2013 Est Medicare Utilization:** 753,750

2007 Work RVU: 0.16 **2014 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2014 NF PE RVU:** 0.6
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.16 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 2,385,136

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.6 **2014 NF PE RVU:** 0.71
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73700 **Computed tomography, lower extremity; without contrast material**

Global: XXX **Issue:** CT Lower Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 212,178

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: 5.5 **2014 NF PE RVU:** 4.31
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.09 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73701 **Computed tomography, lower extremity; with contrast material(s)** **Global:** XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2013 Est Medicare Utilization:** 29,992

2007 Work RVU: 1.16 **2014 Work RVU:** 1.16
2007 NF PE RVU: 6.6 **2014 NF PE RVU:** 5.43
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

73702 **Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2013 Est Medicare Utilization:** 4,233

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 8.4 **2014 NF PE RVU:** 7.03
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

73706 **Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing** **Global:** XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 13,179

2007 Work RVU: 1.90 **2014 Work RVU:** 1.90
2007 NF PE RVU: 11.61 **2014 NF PE RVU:** 8.49
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey for October 2013. Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

73721 **Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material** **Global:** XXX **Issue:** MRI of Lower Extremity Joint **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2013 Est Medicare Utilization:** 610,083

2007 Work RVU: 1.35 **2014 Work RVU:** 1.35
2007 NF PE RVU: 12.05 **2014 NF PE RVU:** 5.73
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.35 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

74000 **Radiologic examination, abdomen; single anteroposterior view** **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010

2013 Est Medicare Utilization: 2,091,648

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: 0.55 **2014 NF PE RVU:** 0.5
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74150 **Computed tomography, abdomen; without contrast material** **Global:** XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACR

First Identified: February 2008

2013 Est Medicare Utilization: 103,919

2007 Work RVU: 1.19 **2014 Work RVU:** 1.19
2007 NF PE RVU: 5.97 **2014 NF PE RVU:** 3.09
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Review PE. 0.35

CPT Action (if applicable): October 2009

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74160 **Computed tomography, abdomen; with contrast material(s)** **Global:** XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / MPC List / CMS Request - NPRM for 2012 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR

First Identified: February 2008

2013 Est Medicare Utilization: 141,828

2007 Work RVU: 1.27 **2014 Work RVU:** 1.27
2007 NF PE RVU: 7.53 **2014 NF PE RVU:** 5.42
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.42

CPT Action (if applicable): October 2009

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74170 **Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 34 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 114,377

2007 Work RVU: 1.40 **2014 Work RVU:** 1.40
2007 NF PE RVU: 9.6 **2014 NF PE RVU:** 6.33
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.40 **CPT Action (if applicable):** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74174 **Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2013 Est Medicare Utilization:** 145,657

2007 Work RVU: 2.20 **2014 Work RVU:** 2.20
2007 NF PE RVU: **2014 NF PE RVU:** 12.97
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 2.20 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74175 **Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 52,058

2007 Work RVU: 1.90 **2014 Work RVU:** 1.90
2007 NF PE RVU: 12.39 **2014 NF PE RVU:** 8.88
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.82 **CPT Action (if applicable):** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74176 **Computed tomography, abdomen and pelvis; without contrast material** **Global:** XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 16 **Specialty Developing Recommendation:** ACR **First Identified:** **2013 Est Medicare Utilization:** 2,000,713

2007 Work RVU: 1.74 **2014 Work RVU:** 1.74
2007 NF PE RVU: **2014 NF PE RVU:** 4.26
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.74 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

74177 **Computed tomography, abdomen and pelvis; with contrast material(s)** **Global:** XXX **Issue:** CT Abdomen and Pelvis **Screen:** CMS Fastest Growing / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR **First Identified:** **2013 Est Medicare Utilization:** 2,344,664

2007 Work RVU: 1.82 **2014 Work RVU:** 1.82
2007 NF PE RVU: **2014 NF PE RVU:** 7.21
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.82 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

74178 **Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions** **Global:** XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 16 **Specialty Developing Recommendation:** ACR **First Identified:** **2013 Est Medicare Utilization:** 590,203

2007 Work RVU: 2.01 **2014 Work RVU:** 2.01
2007 NF PE RVU: **2014 NF PE RVU:** 8.51
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 2.01 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: July 2014

2013 Est Medicare Utilization:

2007 Work RVU: **2014 Work RVU:**

2007 NF PE RVU: **2014 NF PE RVU:**

2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey for October 2015

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

74230 **Swallowing function, with cineradiography/videoradiography**

Global: XXX **Issue:** Swallowing Function **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 28 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: April 2013

2013 Est Medicare Utilization: 376,060

2007 Work RVU: 0.53 **2014 Work RVU:** 0.53

2007 NF PE RVU: 1.57 **2014 NF PE RVU:** 2.05

2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.53

CPT Action (if applicable):

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 films, with KUB**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR

First Identified: April 2011

2013 Est Medicare Utilization: 26,526

2007 Work RVU: 0.69 **2014 Work RVU:** 0.69

2007 NF PE RVU: 2.18 **2014 NF PE RVU:** 3.36

2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.69

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74280 **Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2013 Est Medicare Utilization:** 19,378

2007 Work RVU: 0.99 **2014 Work RVU:** 0.99
2007 NF PE RVU: 3.07 **2014 NF PE RVU:** 5.25
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.99 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74305 **Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 16,804

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: NA **2014 NF PE RVU:** 0
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

74320 **Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 5,515

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 3 **2014 NF PE RVU:** 2.19
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74400 **Urography (pyelography), intravenous, with or without KUB, with or without tomography**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2013 Est Medicare Utilization:** 18,020

2007 Work RVU: 0.49 **2014 Work RVU:** 0.49
2007 NF PE RVU: 2 **2014 NF PE RVU:** 2.7
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.49 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74425 **Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 38,674

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: NA **2014 NF PE RVU:** 0
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

74475 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 22,393

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 3.69 **2014 NF PE RVU:** 2.17
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 13,466

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 3.69 **2014 NF PE RVU:** 2.17
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2016 cycle **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

75574 **Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)**

Global: XXX **Issue:** CT Angiography **Screen:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, ACC **First Identified:** May 2013 **2013 Est Medicare Utilization:** 39,243

2007 Work RVU: 2.40 **2014 Work RVU:** 2.40
2007 NF PE RVU: **2014 NF PE RVU:** 9.34
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Survey with all CTA codes for October 2013.

CPT Action (if applicable): **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

75635 **Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 89,046

2007 Work RVU: 2.40 **2014 Work RVU:** 2.40
2007 NF PE RVU: 15.56 **2014 NF PE RVU:** 9.24
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: CMS added to survey for October 2013. Remove from Screen

CPT Action (if applicable): **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75650 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.49 **2014 Work RVU:**
2007 NF PE RVU: 10.66 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75671 **Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.66 **2014 Work RVU:**
2007 NF PE RVU: 11.08 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75680 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.66 **2014 Work RVU:**
2007 NF PE RVU: 10.96 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75722 **Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.14 **2014 Work RVU:**
2007 NF PE RVU: 10.7 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75724 **Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.49 **2014 Work RVU:**
2007 NF PE RVU: 11.15 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75790 **Deleted from CPT**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.84 **2014 Work RVU:**
2007 NF PE RVU: 2.2 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75791 **Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** **2013 Est Medicare Utilization:** 17,994

2007 Work RVU: 1.71 **2014 Work RVU:** 1.71
2007 NF PE RVU: **2014 NF PE RVU:** 7.43
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.71 **CPT Action (if applicable):** **Result:** Decrease

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 **2013 Est Medicare Utilization:** 369

2007 Work RVU: 1.44 **2014 Work RVU:** 1.44
2007 NF PE RVU: 10.54 **2014 NF PE RVU:** 3.24
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

75887 **Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2013 Est Medicare Utilization:** 371

2007 Work RVU: 1.44 **2014 Work RVU:** 1.44
2007 NF PE RVU: 10.6 **2014 NF PE RVU:** 3.24
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75894 **Transcatheter therapy, embolization, any method, radiological supervision and interpretation**

Global: XXX **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 16 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 41,669

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: NA **2014 NF PE RVU:** 0
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

75896 **Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation**

Global: XXX **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 07 **Specialty Developing Recommendation:** **First Identified:** February 2010 **2013 Est Medicare Utilization:** 4,356

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: NA **2014 NF PE RVU:** 0
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Carrier Price. **CPT Action (if applicable):** February 2014 **Result:** Carrier Price
Referred to CPT Asst ☐ **Published in CPT Asst:**

75898 **Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis**

Global: XXX **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 07 **Specialty Developing Recommendation:** **First Identified:** February 2010 **2013 Est Medicare Utilization:** 34,409

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: NA **2014 NF PE RVU:** 0
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Carrier Price. **CPT Action (if applicable):** February 2014 **Result:** Carrier Price
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75960 **Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:** 54,963

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75961 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation**

Global: XXX **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 4.24 **2014 Work RVU:**
2007 NF PE RVU: 9.99 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75962 **Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:** 54,239

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 12.8 **2014 NF PE RVU:** 3.53
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

75964 **Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:** 2,408

2007 Work RVU: 0.36 **2014 Work RVU:** 0.36
2007 NF PE RVU: 6.96 **2014 NF PE RVU:** 2.23
2007 Fac PE RVU 6.96 **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

75978 **Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation**

Global: XXX **Issue:** Transluminal Balloon Angioplasty **Screen:** CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 43 **Specialty Developing Recommendation:** ACR, RPA, SCAI, SIR, SVS **First Identified:** April 2013 **2013 Est Medicare Utilization:** 297,644

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 12.72 **2014 NF PE RVU:** 3.48
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75980 **Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 1,883

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: NA **2014 NF PE RVU:** 0
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 5,132

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0 **2014 NF PE RVU:** 0
2007 Fac PE RVU 0 **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

75984 **Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 59,182

2007 Work RVU: 0.72 **2014 Work RVU:** 0.72
2007 NF PE RVU: 2.18 **2014 NF PE RVU:** 2.37
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75992 **Deleted from CPT** **Global:** XXX **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75993 **Deleted from CPT** **Global:** ZZZ **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75994 **Revised to Category III** **Global:** XXX **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75995 **Revised to Category III** **Global:** XXX **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75996 **Revised to Category III** **Global:** ZZZ **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

76000 **Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)** **Global:** XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 73 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Est Medicare Utilization:** 133,876

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 1.68 **2014 NF PE RVU:** 1.24
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76100 **Radiologic examination, single plane body section (eg, tomography), other than with urography** **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2013 Est Medicare Utilization:** 5,351

2007 Work RVU: 0.58 **2014 Work RVU:** 0.58
2007 NF PE RVU: 1.93 **2014 NF PE RVU:** 2.22
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

76101 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral** **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2013 Est Medicare Utilization:** 361

2007 Work RVU: 0.58 **2014 Work RVU:** 0.58
2007 NF PE RVU: 2.5 **2014 NF PE RVU:** 3.58
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76102 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral**

Global: XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2013 Est Medicare Utilization:** 939

2007 Work RVU: 0.58 **2014 Work RVU:** 0.58
2007 NF PE RVU: 3.35 **2014 NF PE RVU:** 5
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

76513 **Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy**

Global: XXX **Issue:** Ophthalmic Ultrasound **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** February 2008 **2013 Est Medicare Utilization:** 20,034

2007 Work RVU: 0.66 **2014 Work RVU:** 0.66
2007 NF PE RVU: 1.75 **2014 NF PE RVU:** 2.03
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.66 and CPT Assistant article published **CPT Action (if applicable):** May 2008 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2013

76516 **Ophthalmic biometry by ultrasound echography, A-scan;**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey October 2015 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

76519 **Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey October 2015 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76536 **Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation**

Global: XXX **Issue:** Soft Tissue Ultrasound **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** ACR, ASNR, TES, AACE **First Identified:** October 2008 **2013 Est Medicare Utilization:** 738,817

2007 Work RVU: 0.56 **2014 Work RVU:** 0.56
2007 NF PE RVU: 1.83 **2014 NF PE RVU:** 2.85
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey January 2015. 0.56 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76645 **Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation**

Global: XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2013 Est Medicare Utilization:** 893,375

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 1.41 **2014 NF PE RVU:** 2.2
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

7664X1

Global: **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.73 **CPT Action (if applicable):** October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

7664X2

Global: **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.68 **CPT Action (if applicable):** October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76700 **Ultrasound, abdominal, real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,022,879

2007 Work RVU: 0.81 **2014 Work RVU:** 0.81
2007 NF PE RVU: 2.39 **2014 NF PE RVU:** 3.13
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.81 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76705 **Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR, ASBS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 976,237

2007 Work RVU: 0.59 **2014 Work RVU:** 0.59
2007 NF PE RVU: 1.77 **2014 NF PE RVU:** 2.44
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.59 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76770 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2013 Est Medicare Utilization:** 1,189,915

2007 Work RVU: 0.74 **2014 Work RVU:** 0.74
2007 NF PE RVU: 2.36 **2014 NF PE RVU:** 2.97
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.74 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76775 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR

First Identified: April 2011 **2013 Est Medicare Utilization:** 725,939

2007 Work RVU: 0.58 **2014 Work RVU:** 0.58
2007 NF PE RVU: 1.81 **2014 NF PE RVU:** 1.23
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.58

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76819 **Fetal biophysical profile; without non-stress testing**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: April 2013 **2013 Est Medicare Utilization:** 12,406

2007 Work RVU: 0.77 **2014 Work RVU:** 0.77
2007 NF PE RVU: 1.81 **2014 NF PE RVU:** 1.72
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

76830 **Ultrasound, transvaginal**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA

First Identified: September 2011 **2013 Est Medicare Utilization:** 470,648

2007 Work RVU: 0.69 **2014 Work RVU:** 0.69
2007 NF PE RVU: 1.97 **2014 NF PE RVU:** 2.84
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.69

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76856 **Ultrasound, pelvic (nonobstetric), real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR

First Identified: April 2011 **2013 Est Medicare Utilization:** 520,567

2007 Work RVU: 0.69 **2014 Work RVU:** 0.69
2007 NF PE RVU: 1.99 **2014 NF PE RVU:** 2.78
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.69

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

76857 **Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2013 Est Medicare Utilization:** 251,237

2007 Work RVU: 0.38 **2014 Work RVU:** 0.38
2007 NF PE RVU: 1.99 **2014 NF PE RVU:** 1.1
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76872 **Ultrasound, transrectal;**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2013 Est Medicare Utilization:** 214,591

2007 Work RVU: 0.69 **2014 Work RVU:** 0.69
2007 NF PE RVU: 2.52 **2014 NF PE RVU:** 1.88
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.69 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76880 **Deleted from CPT**

Global: XXX **Issue:** Lower Extremity Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 26 **Specialty Developing Recommendation:** APMA, ACR **First Identified:** October 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.59 **2014 Work RVU:**
2007 NF PE RVU: 1.97 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

76881 **Ultrasound, extremity, nonvascular, real-time with image documentation; complete**

Global: XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 17 **Specialty Developing Recommendation:** AAPMR, APMA, ACR **First Identified:** April 2010 **2013 Est Medicare Utilization:** 144,625

2007 Work RVU: 0.63 **2014 Work RVU:** 0.63
2007 NF PE RVU: **2014 NF PE RVU:** 2.67
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.72 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples

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Status Report: CMS Requests and Relativity Assessment Issues

76882 **Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific**

Global: XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 17 **Specialty Developing Recommendation:** AAPMR, APMA, ACR **First Identified:** April 2010 **2013 Est Medicare Utilization:** 210,651

2007 Work RVU: 0.49 **2014 Work RVU:** 0.49
2007 NF PE RVU: **2014 NF PE RVU:** 0.47
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples

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76930 **Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2013 Est Medicare Utilization:** 1,915

2007 Work RVU: 0.67 **2014 Work RVU:** 0.67
2007 NF PE RVU: 1.85 **2014 NF PE RVU:** 1.67
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.67 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76932 **Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2013 Est Medicare Utilization:** 1,053

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: NA **2014 NF PE RVU:** 0
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.67 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76936 **Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)**

Global: XXX **Issue:** RAW **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** July 2013 **2013 Est Medicare Utilization:** 1,433

2007 Work RVU: 1.99 **2014 Work RVU:** 1.99
2007 NF PE RVU: 6.67 **2014 NF PE RVU:** 5.46
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76940 **Ultrasound guidance for, and monitoring of, parenchymal tissue ablation**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** July 2013 **2013 Est Medicare Utilization:** 1,274

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: NA **2014 NF PE RVU:** 0
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Action plan for January 2015. 2.00 (interim) **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76942 **Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation**

Global: XXX **Issue:** Ultrasound Guidance for Needle Placement **Screen:** CMS-Other - Utilization over 500,000 / CMS Request Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 35 **Specialty Developing Recommendation:** AACE, AAOS, AAPMR, ACR, ACRh, APMA, ASA, ASBS, ASIPP, AUA, SIR, TES **First Identified:** April 2011 **2013 Est Medicare Utilization:** 1,902,741

2007 Work RVU: 0.67 **2014 Work RVU:** 0.67
2007 NF PE RVU: 3.43 **2014 NF PE RVU:** 1.35
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Review utilization at the RAW. 0.67 **CPT Action (if applicable):** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76948 **Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** NO INTEREST **First Identified:** July 2013 **2013 Est Medicare Utilization:** 13

2007 Work RVU: 0.38 **2014 Work RVU:** 0.38
2007 NF PE RVU: 1.34 **2014 NF PE RVU:** 0.51
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey for January 2015. 0.38 (interim)

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76950 **Ultrasonic guidance for placement of radiation therapy fields**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** **First Identified:** February 2010 **2013 Est Medicare Utilization:** 27,431

2007 Work RVU: 0.58 **2014 Work RVU:** 0.58
2007 NF PE RVU: 1.43 **2014 NF PE RVU:** 0.82
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2013

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

76965 **Ultrasonic guidance for interstitial radioelement application**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** NO INTERESET **First Identified:** July 2013 **2013 Est Medicare Utilization:** 7,854

2007 Work RVU: 1.34 **2014 Work RVU:** 1.34
2007 NF PE RVU: 4.8 **2014 NF PE RVU:** 1.14
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Maintain

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76970 **Ultrasound study follow-up (specify)**

Global: XXX **Issue:** IMRT with Ultrasound Guidance **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACS, ACR, AACE **First Identified:** February 2008 **2013 Est Medicare Utilization:** 20,076

2007 Work RVU: 0.40 **2014 Work RVU:** 0.40
2007 NF PE RVU: 1.41 **2014 NF PE RVU:** 2.22
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

77001 **Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request Final Rule for 2013 / NPRM for 2015 **Complete?** No

Most Recent RUC Meeting: April 2013 **Tab** 27 **Specialty Developing Recommendation:** AANEM, AAPM, AAPM&R, ACR, ASA, ISIS, NASS **First Identified:** January 2012 **2013 Est Medicare Utilization:** 439,441

2007 Work RVU: 0.38 **2014 Work RVU:** 0.38
2007 NF PE RVU: 1.73 **2014 NF PE RVU:** 1.81
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT. 0.38

CPT Action (if applicable): CPT 2017 cycle

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77002 **Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)**

Global: XXX **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request Final Rule for 2013 / NPRM for 2015 **Complete?** No

Most Recent RUC Meeting: April 2013 **Tab** 27 **Specialty Developing Recommendation:** AANEM, AAPM, AAPM&R, ACR, ASA, ISIS, NASS **First Identified:** January 2012 **2013 Est Medicare Utilization:** 337,919

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 1.4 **2014 NF PE RVU:** 2.3
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT 0.54

CPT Action (if applicable): CPT 2017 cycle

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77003 **Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)**

Global: XXX **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request Final Rule for 2013 / NPRM for 2015 **Complete?** No

Most Recent RUC Meeting: April 2013 **Tab** 27 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ASIPP, NASS, SIR **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,050,516

2007 Work RVU: 0.60 **2014 Work RVU:** 0.60
2007 NF PE RVU: 1.28 **2014 NF PE RVU:** 1.9
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT 0.60 **CPT Action (if applicable):** CPT 2017 cycle **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77011 **Computed tomography guidance for stereotactic localization**

Global: XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 15 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** **2013 Est Medicare Utilization:** 4,671

2007 Work RVU: 1.21 **2014 Work RVU:** 1.21
2007 NF PE RVU: 11.38 **2014 NF PE RVU:** 5.05
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77014 **Computed tomography guidance for placement of radiation therapy fields**

Global: XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ASTRO, ACR **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,275,530

2007 Work RVU: 0.85 **2014 Work RVU:** 0.85
2007 NF PE RVU: 3.53 **2014 NF PE RVU:** 2.56
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Review Sept 2017.Maintain current value **CPT Action (if applicable):** October 2013 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77031 **Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: XXX **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Est Medicare Utilization:** 65,339

2007 Work RVU: 1.59 **2014 Work RVU:**
2007 NF PE RVU: 6.19 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77032 **Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: XXX **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Est Medicare Utilization:** 34,584

2007 Work RVU: 0.56 **2014 Work RVU:**
2007 NF PE RVU: 1.26 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77052 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2013 Est Medicare Utilization:** 5,455,606

2007 Work RVU: 0.06 **2014 Work RVU:** 0.06
2007 NF PE RVU: 0.38 **2014 NF PE RVU:** 0.21
2007 Fac PE RVU 0.38 **2014 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77055 **Mammography; unilateral**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 250,000 / NPRM for 2015 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Est Medicare Utilization:** 47,740

2007 Work RVU: 0.70 **2014 Work RVU:** 0.70
2007 NF PE RVU: 1.34 **2014 NF PE RVU:** 1.77
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey for work and review PE for January 2015

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

77056 **Mammography; bilateral**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 250,000 / NPRM for 2015 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Est Medicare Utilization:** 37,665

2007 Work RVU: 0.87 **2014 Work RVU:** 0.87
2007 NF PE RVU: 1.68 **2014 NF PE RVU:** 2.31
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey for work and review PE for January 2015

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

77057 **Screening mammography, bilateral (2-view film study of each breast)**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 250,000 / NPRM for 2015 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Est Medicare Utilization:** 304,308

2007 Work RVU: 0.70 **2014 Work RVU:** 0.70
2007 NF PE RVU: 1.43 **2014 NF PE RVU:** 1.56
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey for work and review PE for January 2015

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77079 **Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: XXX **Issue:** CT Bone Density Study **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACR, AAFP, ACP **First Identified:** October 2009 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.22 **2014 Work RVU:**
2007 NF PE RVU: 2.45 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77080 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - NPRM for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 2,300,025

2007 Work RVU: 0.20 **2014 Work RVU:** 0.20
2007 NF PE RVU: 2.59 **2014 NF PE RVU:** 1.16
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.20 **CPT Action (if applicable):** 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 - NPRM for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 146,004

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.71 **2014 NF PE RVU:** 0.59
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77083 **Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites**

Global: XXX **Issue:** Radiographic Absorptiometry **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACR, ACP **First Identified:** October 2009 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.20 **2014 Work RVU:**
2007 NF PE RVU: 0.71 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

7708X1

Global: **Issue:** Dual Energy X-Ray **Screen:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.30 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

7708X2

Global: **Issue:** Dual Energy X-Ray **Screen:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.17 **CPT Action (if applicable):** May 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77261 **Therapeutic radiology treatment planning; simple**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77262 **Therapeutic radiology treatment planning; intermediate**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015

CPT Action (if applicable): **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77263 **Therapeutic radiology treatment planning; complex**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015

CPT Action (if applicable): **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77280 **Therapeutic radiology simulation-aided field setting; simple**

Global: XXX **Issue:** Set Radiation Therapy Field **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: April 2011 **2013 Est Medicare Utilization:** 282,303

2007 Work RVU: 0.70 **2014 Work RVU:** 0.70
2007 NF PE RVU: 3.89 **2014 NF PE RVU:** 6.84
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.70

CPT Action (if applicable): October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77285 **Therapeutic radiology simulation-aided field setting; intermediate**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2011 **2013 Est Medicare Utilization:** 3,692

2007 Work RVU: 1.05 **2014 Work RVU:** 1.05
2007 NF PE RVU: 6.45 **2014 NF PE RVU:** 10.7
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.05 **CPT Action (if applicable):** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77290 **Therapeutic radiology simulation-aided field setting; complex**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** MPC List / Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2013 Est Medicare Utilization:** 321,897

2007 Work RVU: 1.56 **2014 Work RVU:** 1.56
2007 NF PE RVU: 8.63 **2014 NF PE RVU:** 12.52
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.56 **CPT Action (if applicable):** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77293 **Respiratory motion management simulation (List separately in addition to code for primary procedure)**

Global: **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77295 **3-dimensional radiotherapy plan, including dose-volume histograms**

Global: XXX **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: September 2011 **2013 Est Medicare Utilization:** 137,889

2007 Work RVU: 4.29 **2014 Work RVU:** 4.29
2007 NF PE RVU: 23.92 **2014 NF PE RVU:** 9
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 4.29

CPT Action (if applicable): October 2012 **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:** Isodose Calculation with Isodose Planning Bundle **Screen:** MPC List / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2010 **2013 Est Medicare Utilization:** 1,678,584

2007 Work RVU: 0.62 **2014 Work RVU:** 0.62
2007 NF PE RVU: 1.45 **2014 NF PE RVU:** 1.22
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.62

CPT Action (if applicable): February 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 Codes / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 28 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2008 **2013 Est Medicare Utilization:** 95,984

2007 Work RVU: 7.99 **2014 Work RVU:** 7.99
2007 NF PE RVU: 37.25 **2014 NF PE RVU:** 46.12
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. 7.99. CPT Assistant article published.

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009

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 **2013 Est Medicare Utilization:** 4,447

2007 Work RVU: 0.70 **2014 Work RVU:** 0.70
2007 NF PE RVU: 1.79 **2014 NF PE RVU:** 0.93
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77306X

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.40 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77307X

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.90 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 1,567

2007 Work RVU: 1.05 **2014 Work RVU:** 1.05
2007 NF PE RVU: 2.32 **2014 NF PE RVU:** 1.3
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77315 **Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2013 Est Medicare Utilization:** 71,476

2007 Work RVU: 1.56 **2014 Work RVU:** 1.56
2007 NF PE RVU: 2.9 **2014 NF PE RVU:** 2.16
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77316X

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.50 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77317X

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.83 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77318

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.90 **CPT Action (if applicable):** February 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77326 **Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Est Medicare Utilization:** 4,994

2007 Work RVU: 0.93 **2014 Work RVU:** 0.93
2007 NF PE RVU: 2.75 **2014 NF PE RVU:** 3.05
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77327 **Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2013 Est Medicare Utilization:** 2,570

2007 Work RVU: 1.39 **2014 Work RVU:** 1.39
2007 NF PE RVU: 3.97 **2014 NF PE RVU:** 4.2
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77328 **Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2013 Est Medicare Utilization:** 12,148

2007 Work RVU: 2.09 **2014 Work RVU:** 2.09
2007 NF PE RVU: 5.54 **2014 NF PE RVU:** 5.38
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** 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: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:**

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: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: July 2014

2013 Est Medicare Utilization:

2007 Work RVU: **2014 Work RVU:**

2007 NF PE RVU: **2014 NF PE RVU:**

2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015

CPT Action (if applicable):

Result:

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 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010

2013 Est Medicare Utilization: 844,359

2007 Work RVU: 1.24 **2014 Work RVU:** 1.24

2007 NF PE RVU: 3.43 **2014 NF PE RVU:** 2.9

2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey January 2015

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77336 **Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy**

Global: XXX **Issue:** Continuing Medical Physics Consultation-PE Only **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 31 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2012

2013 Est Medicare Utilization: 477,138

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00

2007 NF PE RVU: 2.52 **2014 NF PE RVU:** 2.08

2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77338 **Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan**

Global: XXX **Issue:** IMRT - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 28 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2013 Est Medicare Utilization:** 116,089

2007 Work RVU: 4.29 **2014 Work RVU:** 4.29
2007 NF PE RVU: **2014 NF PE RVU:** 9.46
2007 Fac PE RVU **2014 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE Inputs **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77371 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based**

Global: XXX **Issue:** Radiation Treatment Delivery, Stereotactic Radiosurgery **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 30 **Specialty Developing Recommendation:** ASTRO **First Identified:** NA **2013 Est Medicare Utilization:** 44

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 30.25 **2014 NF PE RVU:** 0
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0
Result: PE Only

RUC Recommendation: New PE inputs **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77372 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** **2013 Est Medicare Utilization:** 776

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 22.93 **2014 NF PE RVU:** 29.13
2007 Fac PE RVU NA **2014 Fac PE RVU:** 29.13
Result: PE Only

RUC Recommendation: New PE Inputs **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77373 **Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASTRO, ACRO **First Identified:** July 2012 **2013 Est Medicare Utilization:** 16,311

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 42.87 **2014 NF PE RVU:** 34.87
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77402 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 16,511

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 2.37 **2014 NF PE RVU:** 3.9
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: PE Only, revised introductory guidelines **CPT Action (if applicable):** October 2013 and Feburary 2014 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77403 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 8,964

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 2.27 **2014 NF PE RVU:** 3.45
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77404 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 4,826

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 2.38 **2014 NF PE RVU:** 3.85
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77406 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 728

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 2.38 **2014 NF PE RVU:** 3.83
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77407 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; up to 5 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 10,768

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 2.93 **2014 NF PE RVU:** 7.09
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: PE Only, revised introductory guidelines **CPT Action (if applicable):** October 2013 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77408 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 3,199

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 2.87 **2014 NF PE RVU:** 4.75
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77409 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 1,151

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 3.02 **2014 NF PE RVU:** 5.28
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77411 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 175

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 3.01 **2014 NF PE RVU:** 5.25
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77412 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 5,896

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 3.46 **2014 NF PE RVU:** 6.73
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: PE Only, revised introductory guidelines **CPT Action (if applicable):** October 2013 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77413 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 514,504

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 3.46 **2014 NF PE RVU:** 6.25
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77414 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 376,717

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 3.68 **2014 NF PE RVU:** 7.04
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77416 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 45,059

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 3.68 **2014 NF PE RVU:** 7.04
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77418 **Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** CMS Fastest Growing / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2008 **2013 Est Medicare Utilization:** 1,355,676

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 16.8 **2014 NF PE RVU:** 11.02
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009 and Q&A

7741X1

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: PE Only, revised introductory guidelines **CPT Action (if applicable):** October 2013 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

7741X2

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: PE Only, revised introductory guidelines **CPT Action (if applicable):** October 2013 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

7741X3

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.58 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Codes / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,389,838

2007 Work RVU: 0.39 **2014 Work RVU:** 0.39
2007 NF PE RVU: 3.11 **2014 NF PE RVU:** 1.66
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77427 **Radiation treatment management, 5 treatments**

Global: XXX **Issue:** Radiation Treatment Management **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 27 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,100,282

2007 Work RVU: 3.37 **2014 Work RVU:** 3.37
2007 NF PE RVU: 1.15 **2014 NF PE RVU:** 1.57
2007 Fac PE RVU 1.15 **2014 Fac PE RVU:** 1.57

RUC Recommendation: 3.45 **CPT Action (if applicable):** June 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77600 **Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)**

Global: XXX **Issue:** Hyperthermia - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2013 Est Medicare Utilization:** 1,750

2007 Work RVU: 1.56 **2014 Work RVU:** 1.56
2007 NF PE RVU: 5.09 **2014 NF PE RVU:** 9.45
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77778 **Interstitial radiation source application; complex**

Global: 090 **Issue:** Clinical Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 6,335

2007 Work RVU: 11.32 **2014 Work RVU:** 11.32
2007 NF PE RVU: 9.38 **2014 NF PE RVU:** 12.36
2007 Fac PE RVU 9.38 **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2014 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77781 **Deleted from CPT** **Global:** XXX **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.21 **2014 Work RVU:**
2007 NF PE RVU: 16.73 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77782 **Deleted from CPT** **Global:** XXX **Issue:** Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 2.04 **2014 Work RVU:**
2007 NF PE RVU: 18.94 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77784 **Deleted from CPT** **Global:** XXX **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 5.15 **2014 Work RVU:**
2007 NF PE RVU: 28.04 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77785 **Remote afterloading high dose rate radionuclide brachytherapy; 1 channel** **Global:** XXX **Issue:** High Dose Rate Brachytherapy-PE Only **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 32 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2013 Est Medicare Utilization:** 21,081

2007 Work RVU: 1.42 **2014 Work RVU:** 1.42
2007 NF PE RVU: **2014 NF PE RVU:** 5.11
2007 Fac PE RVU **2014 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 1.42 and new PE inputs **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77786 **Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels** **Global:** XXX **Issue:** High Dose Rate Brachytherapy-PE Only **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 32 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2013 Est Medicare Utilization:** 32,110

2007 Work RVU: 3.25 **2014 Work RVU:** 3.25
2007 NF PE RVU: **2014 NF PE RVU:** 10.08
2007 Fac PE RVU **2014 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 3.25 and new PE inputs **CPT Action (if applicable):**
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:** High Dose Rate Brachytherapy-PE Only **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?** No

Most Recent RUC Meeting: April 2013 **Tab** 32 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 6,198

2007 Work RVU: 4.89 **2014 Work RVU:** 4.89
2007 NF PE RVU: **2014 NF PE RVU:** 16.33
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT. New PE Inputs **CPT Action (if applicable):** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77790 **Supervision, handling, loading of radiation source**

Global: XXX **Issue:** Clinical Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 7,666

2007 Work RVU: 1.05 **2014 Work RVU:** 1.05
2007 NF PE RVU: 1 **2014 NF PE RVU:** 1.58
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2014 **Result:**
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:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.19 **2014 Work RVU:**
2007 NF PE RVU: 1.21 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78001 **Thyroid uptake; multiple determinations**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2014 Work RVU:**
2007 NF PE RVU: 1.59 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78003 **Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.33 **2014 Work RVU:**
2007 NF PE RVU: 1.26 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78006 **Thyroid imaging, with uptake; single determination**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.49 **2014 Work RVU:**
2007 NF PE RVU: 3.38 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78007 **Thyroid imaging, with uptake; multiple determinations**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.50 **2014 Work RVU:**
2007 NF PE RVU: 2.76 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78010 **Thyroid imaging; only**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.39 **2014 Work RVU:**
2007 NF PE RVU: 2.45 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78011 **Thyroid imaging; with vascular flow**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.45 **2014 Work RVU:**
2007 NF PE RVU: 2.99 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78012 **Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Est Medicare Utilization:** 4,845

2007 Work RVU: 0.19 **2014 Work RVU:** 0.19
2007 NF PE RVU: **2014 NF PE RVU:** 1.98
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.19 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78013 **Thyroid imaging (including vascular flow, when performed);**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Est Medicare Utilization:** 3,519

2007 Work RVU: 0.37 **2014 Work RVU:** 0.37
2007 NF PE RVU: **2014 NF PE RVU:** 5.11
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.37 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78014 **Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Est Medicare Utilization:** 32,335

2007 Work RVU: 0.50 **2014 Work RVU:** 0.50
2007 NF PE RVU: **2014 NF PE RVU:** 6.13
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78070 **Parathyroid planar imaging (including subtraction, when performed);**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 23 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2013 Est Medicare Utilization:** 18,147

2007 Work RVU: 0.80 **2014 Work RVU:** 0.80
2007 NF PE RVU: 4.21 **2014 NF PE RVU:** 7.62
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.80 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78071 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 23 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2013 Est Medicare Utilization:** 8,348

2007 Work RVU: 1.20 **2014 Work RVU:** 1.20
2007 NF PE RVU: **2014 NF PE RVU:** 8.68
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.20 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78072 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization**

Global: YYY **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 23 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2013 Est Medicare Utilization:** 4,797

2007 Work RVU: 1.60 **2014 Work RVU:** 1.60
2007 NF PE RVU: **2014 NF PE RVU:** 10.79
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.60 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78223 **Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function**

Global: XXX **Issue:** Hepatobiliary Ductal System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2009 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.84 **2014 Work RVU:**
2007 NF PE RVU: 4.95 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78226 **Hepatobiliary system imaging, including gallbladder when present;**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2013 Est Medicare Utilization:** 59,517

2007 Work RVU: 0.74 **2014 Work RVU:** 0.74
2007 NF PE RVU: **2014 NF PE RVU:** 8.64
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.74 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78227 **Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2013 Est Medicare Utilization:** 103,436

2007 Work RVU: 0.90 **2014 Work RVU:** 0.90
2007 NF PE RVU: **2014 NF PE RVU:** 11.82
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.90 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78278 **Acute gastrointestinal blood loss imaging**

Global: XXX **Issue:** Acute GI Blood Loss Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 34 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** April 2011 **2013 Est Medicare Utilization:** 35,494

2007 Work RVU: 0.99 **2014 Work RVU:** 0.99
2007 NF PE RVU: 5.92 **2014 NF PE RVU:** 8.88
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.99 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78451 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2013 Est Medicare Utilization:** 44,108

2007 Work RVU: 1.38 **2014 Work RVU:** 1.38
2007 NF PE RVU: **2014 NF PE RVU:** 8.33
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Survey January 2015. 1.40 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2013 Est Medicare Utilization:** 2,129,246

2007 Work RVU: 1.62 **2014 Work RVU:** 1.62
2007 NF PE RVU: **2014 NF PE RVU:** 11.87
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Survey January 2015. 1.75 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78453 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2013 Est Medicare Utilization:** 1,588

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: **2014 NF PE RVU:** 7.66
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Survey January 2015. 1.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2013 Est Medicare Utilization:** 12,616

2007 Work RVU: 1.34 **2014 Work RVU:** 1.34
2007 NF PE RVU: **2014 NF PE RVU:** 11.01
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Survey January 2015. 1.34 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78460 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.86 **2014 Work RVU:**
2007 NF PE RVU: 3.1 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78461 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 1.23 **2014 Work RVU:**
2007 NF PE RVU: 4.81 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78464 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 1.09 **2014 Work RVU:**
2007 NF PE RVU: 7.03 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78465 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.46 **2014 Work RVU:**
2007 NF PE RVU: 12.08 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78472 **Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing**

Global: XXX **Issue:** Cardiac Blood Pool Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 35 **Specialty Developing Recommendation:** ACC, ACR, SNM, ACNM **First Identified:** April 2011 **2013 Est Medicare Utilization:** 33,590

2007 Work RVU: 0.98 **2014 Work RVU:** 0.98
2007 NF PE RVU: 5.87 **2014 NF PE RVU:** 5.5
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.98 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78478 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.50 **2014 Work RVU:**
2007 NF PE RVU: 1.54 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78480 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.30 **2014 Work RVU:**
2007 NF PE RVU: 1.51 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78579 **Pulmonary ventilation imaging (eg, aerosol or gas)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** **2013 Est Medicare Utilization:** 1,634

2007 Work RVU: 0.49 **2014 Work RVU:** 0.49
2007 NF PE RVU: **2014 NF PE RVU:** 4.78
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.49 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78580 **Pulmonary perfusion imaging (eg, particulate)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Est Medicare Utilization:** 18,094

2007 Work RVU: 0.74 **2014 Work RVU:** 0.74
2007 NF PE RVU: 3.97 **2014 NF PE RVU:** 6.02
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.74 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

78582 **Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** **2013 Est Medicare Utilization:** 229,271

2007 Work RVU: 1.07 **2014 Work RVU:** 1.07
2007 NF PE RVU: **2014 NF PE RVU:** 8.42
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.07 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78584 **Pulmonary perfusion imaging, particulate, with ventilation; single breath**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.99 **2014 Work RVU:**
2007 NF PE RVU: 3.34 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78585 **Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.09 **2014 Work RVU:**
2007 NF PE RVU: 6.53 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78586 **Pulmonary ventilation imaging, aerosol; single projection**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.40 **2014 Work RVU:**
2007 NF PE RVU: 3.02 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78587 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.49 **2014 Work RVU:**
2007 NF PE RVU: 3.51 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78588 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.09 **2014 Work RVU:**
2007 NF PE RVU: 4.7 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78591 **Deleted from CPT** **Global:** XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.40 **2014 Work RVU:**
2007 NF PE RVU: 3.21 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78593 **Deleted from CPT** **Global:** XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.49 **2014 Work RVU:**
2007 NF PE RVU: 3.84 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78594 **Deleted from CPT** **Global:** XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.53 **2014 Work RVU:**
2007 NF PE RVU: 5.12 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78596 **Deleted from CPT** **Global:** XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.27 **2014 Work RVU:**
2007 NF PE RVU: 7.7 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78597 **Quantitative differential pulmonary perfusion, including imaging when performed**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** **2013 Est Medicare Utilization:** 1,758

2007 Work RVU: 0.75 **2014 Work RVU:** 0.75
2007 NF PE RVU: **2014 NF PE RVU:** 4.97
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.75 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78598 **Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** **2013 Est Medicare Utilization:** 4,737

2007 Work RVU: 0.85 **2014 Work RVU:** 0.85
2007 NF PE RVU: **2014 NF PE RVU:** 7.85
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.85 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78815 **Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2010 **2013 Est Medicare Utilization:** 525,792

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0 **2014 NF PE RVU:** 0
2007 Fac PE RVU 0 **2014 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

79101 **Radiopharmaceutical therapy, by intravenous administration**

Global: XXX **Issue:** Radiopharmaceutical Therapy **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2013 Est Medicare Utilization:** 2,806

2007 Work RVU: 1.96 **2014 Work RVU:** 1.96
2007 NF PE RVU: 2.98 **2014 NF PE RVU:** 2.02
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Article published Feb 2012 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2012

88104 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** October 2009 **2013 Est Medicare Utilization:** 93,385

2007 Work RVU: 0.56 **2014 Work RVU:** 0.56
2007 NF PE RVU: 0.93 **2014 NF PE RVU:** 1.49
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.56 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88106 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2013 Est Medicare Utilization:** 7,084

2007 Work RVU: 0.37 **2014 Work RVU:** 0.37
2007 NF PE RVU: 1.39 **2014 NF PE RVU:** 1.97
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.56 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88107 **Deleted from CPT**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.76 **2014 Work RVU:**
2007 NF PE RVU: 1.66 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88108 **Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2013 Est Medicare Utilization:** 245,826

2007 Work RVU: 0.44 **2014 Work RVU:** 0.44
2007 NF PE RVU: 1.27 **2014 NF PE RVU:** 1.74
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.56

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

88112 **Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal**

Global: XXX **Issue:** Cytopathology **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,017,348

2007 Work RVU: 0.56 **2014 Work RVU:** 0.56
2007 NF PE RVU: 1.85 **2014 NF PE RVU:** 1.18
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 0.56

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

88120 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual**

Global: XXX **Issue:** RAW review **Screen:** CMS Request Final Rule for 2013 **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** **First Identified:** November 2012 **2013 Est Medicare Utilization:** 72,856

2007 Work RVU: 1.20 **2014 Work RVU:** 1.20
2007 NF PE RVU: **2014 NF PE RVU:** 16.01
2007 Fac PE RVU **2014 Fac PE RVU:** NA
Result:

RUC Recommendation: Review utilization to confirm appropriate shift from 88365, 88367 and 88368 are now in 88120 and 88121.

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

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** 34 **Specialty Developing Recommendation:**

First Identified: November 2012 **2013 Est Medicare Utilization:** 53,721

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: **2014 NF PE RVU:** 13.9
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Review utilization to confirm appropriate shift from 88365, 88367 and 88368 are now in 88120 and 88121.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

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: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Maintain and remove from screen

CPT Action (if applicable):

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

88300 **Level I - Surgical pathology, gross examination only**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-Billed in Multiple Units / CMS Request NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE

First Identified: February 2009 **2013 Est Medicare Utilization:** 214,085

2007 Work RVU: 0.08 **2014 Work RVU:** 0.08
2007 NF PE RVU: 0.49 **2014 NF PE RVU:** 0.31
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.08 and new PE inputs

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88302 **Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2013 Est Medicare Utilization:** 98,801

2007 Work RVU: 0.13 **2014 Work RVU:** 0.13
2007 NF PE RVU: 1.1 **2014 NF PE RVU:** 0.69
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.13 and new PE inputs

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88304 **Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume / CMS Request NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2013 Est Medicare Utilization:** 1,059,273

2007 Work RVU: 0.22 **2014 Work RVU:** 0.22
2007 NF PE RVU: 1.37 **2014 NF PE RVU:** 0.97
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.22 and new PE inputs

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2013 Est Medicare Utilization:** 16,810,487

2007 Work RVU: 0.75 **2014 Work RVU:** 0.75
2007 NF PE RVU: 1.97 **2014 NF PE RVU:** 1.2
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.75 and new PE inputs **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2013 Est Medicare Utilization:** 886,836

2007 Work RVU: 1.59 **2014 Work RVU:** 1.59
2007 NF PE RVU: 3.48 **2014 NF PE RVU:** 6.41
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.59 and new PE inputs **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88309 **Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection**

Global: XXX **Issue:** Pathology Services **Screen:** Havard Valued - Utilization over 1 Million / CMS Request NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2013 Est Medicare Utilization:** 152,968

2007 Work RVU: 2.80 **2014 Work RVU:** 2.80
2007 NF PE RVU: 4.86 **2014 NF PE RVU:** 9.34
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 2.80 and new PE inputs **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88312 **Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2013 Est Medicare Utilization:** 1,440,888

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 1.76 **2014 NF PE RVU:** 2.08
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.54 **CPT Action (if applicable):** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88313 **Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2013 Est Medicare Utilization:** 1,514,537

2007 Work RVU: 0.24 **2014 Work RVU:** 0.24
2007 NF PE RVU: 1.42 **2014 NF PE RVU:** 1.58
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.24 **CPT Action (if applicable):** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88314 **Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** February 2009 **2013 Est Medicare Utilization:** 21,684

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 2.04 **2014 NF PE RVU:** 1.71
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.45 **CPT Action (if applicable):** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88318 **Deleted from CPT**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 22 **Specialty Developing Recommendation:** CAP, AAD **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.42 **2014 Work RVU:**
2007 NF PE RVU: 1.98 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88319 **Special stain including interpretation and report; Group III, for enzyme constituents**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** **2013 Est Medicare Utilization:** 15,534

2007 Work RVU: 0.53 **2014 Work RVU:** 0.53
2007 NF PE RVU: 3.36 **2014 NF PE RVU:** 1.83
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.53 **CPT Action (if applicable):** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88329 **Pathology consultation during surgery;**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP **First Identified:** February 2010 **2013 Est Medicare Utilization:** 32,280

2007 Work RVU: 0.67 **2014 Work RVU:** 0.67
2007 NF PE RVU: 0.66 **2014 NF PE RVU:** 0.89
2007 Fac PE RVU 0.27 **2014 Fac PE RVU:** 0.31

RUC Recommendation: 0.67 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88331 **Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2013 Est Medicare Utilization:** 536,808

2007 Work RVU: 1.19 **2014 Work RVU:** 1.19
2007 NF PE RVU: 1.14 **2014 NF PE RVU:** 1.55
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.19 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88332 **Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2013 Est Medicare Utilization:** 175,259

2007 Work RVU: 0.59 **2014 Work RVU:** 0.59
2007 NF PE RVU: 0.46 **2014 NF PE RVU:** 0.61
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.59 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88342 **Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; first separately identifiable antibody per slide**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** April 2011 **2013 Est Medicare Utilization:** 4,091,745

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 1.6 **2014 NF PE RVU:** 0
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.70 **CPT Action (if applicable):** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88343 **Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88346 **Immunofluorescent study, each antibody; direct method**

Global: XXX **Issue:** Immunofluorescent Study **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 19 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** April 2013 **2013 Est Medicare Utilization:** 241,916

2007 Work RVU: 0.86 **2014 Work RVU:** 0.86
2007 NF PE RVU: 1.67 **2014 NF PE RVU:** 2.09
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2014 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

88347 **Immunofluorescent study, each antibody; indirect method**

Global: XXX **Issue:** Immunofluorescent Study **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 19 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2013 **2013 Est Medicare Utilization:** 12,813

2007 Work RVU: 0.86 **2014 Work RVU:** 0.86
2007 NF PE RVU: 1.28 **2014 NF PE RVU:** 1.6
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2014 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

88348 **Electron microscopy; diagnostic**

Global: XXX **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2013 Est Medicare Utilization:** 13,084

2007 Work RVU: 1.51 **2014 Work RVU:** 1.51
2007 NF PE RVU: 11.48 **2014 NF PE RVU:** 17.98
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88349 **Electron microscopy; scanning**

Global: XXX **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 14 **Specialty Developing Recommendation:** CAP

First Identified: October 2012 **2013 Est Medicare Utilization:** 43

2007 Work RVU: 0.76 **2014 Work RVU:** 0.76
2007 NF PE RVU: 4.88 **2014 NF PE RVU:** 10.58
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): Oct 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

8834X1

Global: **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP

First Identified: November 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.77

CPT Action (if applicable): **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

8834X2

Global: **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP

First Identified: November 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.65

CPT Action (if applicable): **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88356 **Morphometric analysis; nerve** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 37 **Specialty Developing Recommendation:** ASCP, CAP **First Identified:** April 2013 **2013 Est Medicare Utilization:** 17,089

2007 Work RVU: 3.02 **2014 Work RVU:** 3.02
2007 NF PE RVU: 4.79 **2014 NF PE RVU:** 4.62
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 2.80 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88365 **In situ hybridization (eg, FISH), each probe** **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - NPRM for 2012 / CMS Request Final Rule for 2013 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** September 2011 **2013 Est Medicare Utilization:** 50,467

2007 Work RVU: 1.20 **2014 Work RVU:** 1.20
2007 NF PE RVU: 2.32 **2014 NF PE RVU:** 3.71
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.88 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2

88367 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computer-assisted technology** **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request Final Rule for 2013 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2013 Est Medicare Utilization:** 138,785

2007 Work RVU: 1.30 **2014 Work RVU:** 1.30
2007 NF PE RVU: 4.31 **2014 NF PE RVU:** 5.78
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.86 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2

Status Report: CMS Requests and Relativity Assessment Issues

88368 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; manual**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request Final Rule for 2013 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2013 Est Medicare Utilization:** 234,290

2007 Work RVU: 1.40 **2014 Work RVU:** 1.40
2007 NF PE RVU: 2.96 **2014 NF PE RVU:** 5.04
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.88 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2

8836X1

Global: **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.04 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

8836X2

Global: **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.88 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

8836X3

Global: **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.86 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

8836X4

Global: **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.88 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

8836X6

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - NPRM for 2012 / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.24 **CPT Action (if applicable):** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

8836X9

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - NPRM for 2012 / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.40 **CPT Action (if applicable):** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

8836XX

Global: ZZZ **Issue:** In Situ Hybridization **Screen:** CMS Request - NPRM for 2012 / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 08 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.65 **CPT Action (if applicable):** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

90465 **Deleted from CPT**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2013 Est Medicare Utilization:**

2007 Work RVU: 0.17 **2014 Work RVU:**
2007 NF PE RVU: 0.35 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90467 **Deleted from CPT**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2013 Est Medicare Utilization:**

2007 Work RVU: 0.17 **2014 Work RVU:**
2007 NF PE RVU: 0.17 **2014 NF PE RVU:**
2007 Fac PE RVU 0.09 **2014 Fac PE RVU:**

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90471 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** February 2008 **2013 Est Medicare Utilization:** 437,475

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.35 **2014 NF PE RVU:** 0.52
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90472 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** February 2008 **2013 Est Medicare Utilization:** 26,394

2007 Work RVU: 0.15 **2014 Work RVU:** 0.15
2007 NF PE RVU: 0.13 **2014 NF PE RVU:** 0.19
2007 Fac PE RVU 0.11 **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90473 **Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2013 Est Medicare Utilization:** 57

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.18 **2014 NF PE RVU:** 0.52
2007 Fac PE RVU 0.06 **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90474 **Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2013 Est Medicare Utilization:** 4

2007 Work RVU: 0.15 **2014 Work RVU:** 0.15
2007 NF PE RVU: 0.09 **2014 NF PE RVU:** 0.19
2007 Fac PE RVU 0.05 **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90785 **Interactive complexity (List separately in addition to the code for primary procedure)**

Global: XXX **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Est Medicare Utilization:** 177,124

2007 Work RVU: 0.33 **2014 Work RVU:** 0.33
2007 NF PE RVU: **2014 NF PE RVU:** 0.06
2007 Fac PE RVU **2014 Fac PE RVU:** 0.06

RUC Recommendation: 0.33 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90791 **Psychiatric diagnostic evaluation**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Est Medicare Utilization:** 910,584

2007 Work RVU: 3.00 **2014 Work RVU:** 3.00
2007 NF PE RVU: **2014 NF PE RVU:** 0.63
2007 Fac PE RVU **2014 Fac PE RVU:** 0.51

RUC Recommendation: 3.00 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90792 **Psychiatric diagnostic evaluation with medical services**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Est Medicare Utilization:** 531,212

2007 Work RVU: 3.25 **2014 Work RVU:** 3.25
2007 NF PE RVU: **2014 NF PE RVU:** 0.67
2007 Fac PE RVU **2014 Fac PE RVU:** 0.55

RUC Recommendation: 3.25 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90801 **Psychiatric diagnostic interview examination**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 2.80 **2014 Work RVU:**
2007 NF PE RVU: 1.25 **2014 NF PE RVU:**
2007 Fac PE RVU 0.85 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90805 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.37 **2014 Work RVU:**
2007 NF PE RVU: 0.53 **2014 NF PE RVU:**
2007 Fac PE RVU 0.38 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90806 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.86 **2014 Work RVU:**
2007 NF PE RVU: 0.66 **2014 NF PE RVU:**
2007 Fac PE RVU 0.53 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90808 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 2.79 **2014 Work RVU:**
2007 NF PE RVU: 0.94 **2014 NF PE RVU:**
2007 Fac PE RVU 0.8 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90818 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.89 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0.63 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90832 **Psychotherapy, 30 minutes with patient and/or family member**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: **2013 Est Medicare Utilization:** 2,391,155

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: **2014 NF PE RVU:** 0.25
2007 Fac PE RVU **2014 Fac PE RVU:** 0.23

RUC Recommendation: 1.50

CPT Action (if applicable): February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90833 **Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: **2013 Est Medicare Utilization:** 1,254,717

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: **2014 NF PE RVU:** 0.29
2007 Fac PE RVU **2014 Fac PE RVU:** 0.28

RUC Recommendation: 1.50

CPT Action (if applicable): February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90834 **Psychotherapy, 45 minutes with patient and/or family member**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Est Medicare Utilization:** 6,015,990

2007 Work RVU: 2.00 **2014 Work RVU:** 2.00
2007 NF PE RVU: **2014 NF PE RVU:** 0.32
2007 Fac PE RVU **2014 Fac PE RVU:** 0.31

RUC Recommendation: 2.00 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90836 **Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Est Medicare Utilization:** 548,502

2007 Work RVU: 1.90 **2014 Work RVU:** 1.90
2007 NF PE RVU: **2014 NF PE RVU:** 0.37
2007 Fac PE RVU **2014 Fac PE RVU:** 0.35

RUC Recommendation: 1.90 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90837 **Psychotherapy, 60 minutes with patient and/or family member**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Est Medicare Utilization:** 3,139,347

2007 Work RVU: 3.00 **2014 Work RVU:** 3.00
2007 NF PE RVU: **2014 NF PE RVU:** 0.48
2007 Fac PE RVU **2014 Fac PE RVU:** 0.46

RUC Recommendation: 3.00 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90838 **Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Est Medicare Utilization:** 82,180

2007 Work RVU: 2.50 **2014 Work RVU:** 2.50
2007 NF PE RVU: **2014 NF PE RVU:** 0.49
2007 Fac PE RVU **2014 Fac PE RVU:** 0.47

RUC Recommendation: 2.50 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90839 **Psychotherapy for crisis; first 60 minutes**

Global: XXX **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Est Medicare Utilization:** 11,428

2007 Work RVU: 3.13 **2014 Work RVU:** 3.13
2007 NF PE RVU: **2014 NF PE RVU:** 0.51
2007 Fac PE RVU **2014 Fac PE RVU:** 0.48

RUC Recommendation: 3.13 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90840 **Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)**

Global: XXX **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Est Medicare Utilization:** 2,232

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: **2014 NF PE RVU:** 0.24
2007 Fac PE RVU **2014 Fac PE RVU:** 0.23

RUC Recommendation: 1.50 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90845 **Psychoanalysis**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2011
Tab
Specialty Developing Recommendation:
First Identified:
2013 Est Medicare Utilization: 4,911
2007 Work RVU: 2.10 **2014 Work RVU:** 2.10
2007 NF PE RVU: 0.53 **2014 NF PE RVU:** 0.41
2007 Fac PE RVU 0.49 **2014 Fac PE RVU:** 0.39
RUC Recommendation: 2.10
CPT Action (if applicable):
Result: Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90846 **Family psychotherapy (without the patient present)**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012
Tab 26
Specialty Developing Recommendation: APA, APA (HCPAC), NASW
First Identified:
2013 Est Medicare Utilization: 20,642
2007 Work RVU: 2.40 **2014 Work RVU:** 2.40
2007 NF PE RVU: 0.62 **2014 NF PE RVU:** 0.42
2007 Fac PE RVU 0.60 **2014 Fac PE RVU:** 0.4
RUC Recommendation: 2.40
CPT Action (if applicable): February 2012
Result: Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90847 **Family psychotherapy (conjoint psychotherapy) (with patient present)**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012
Tab 26
Specialty Developing Recommendation: APA, APA (HCPAC), NASW
First Identified:
2013 Est Medicare Utilization: 232,012
2007 Work RVU: 2.50 **2014 Work RVU:** 2.50
2007 NF PE RVU: 0.8 **2014 NF PE RVU:** 0.41
2007 Fac PE RVU 0.69 **2014 Fac PE RVU:** 0.39
RUC Recommendation: 2.50
CPT Action (if applicable): February 2012
Result: Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90853 **Group psychotherapy (other than of a multiple-family group)**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012
Tab 26
Specialty Developing Recommendation: APA, APA (HCPAC), NASW
First Identified:
2013 Est Medicare Utilization: 1,174,183
2007 Work RVU: 0.59 **2014 Work RVU:** 0.59
2007 NF PE RVU: 0.26 **2014 NF PE RVU:** 0.12
2007 Fac PE RVU 0.22 **2014 Fac PE RVU:** 0.1
RUC Recommendation: 0.59
CPT Action (if applicable): February 2012
Result: Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90862 **Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.95 **2014 Work RVU:**
2007 NF PE RVU: 0.46 **2014 NF PE RVU:**
2007 Fac PE RVU 0.31 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90863 **Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)**

Global: XXX **Issue:** Pharmacologic Management with Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 40 **Specialty Developing Recommendation:** APA (HCPAC) **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: 0.48 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90870 **Electroconvulsive therapy (includes necessary monitoring)**

Global: 000 **Issue:** Electroconvulsive Therapy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 41 **Specialty Developing Recommendation:** APA **First Identified:** October 2009 **2013 Est Medicare Utilization:** 140,558

2007 Work RVU: 2.50 **2014 Work RVU:** 2.50
2007 NF PE RVU: 1.93 **2014 NF PE RVU:** 2.37
2007 Fac PE RVU 0.54 **2014 Fac PE RVU:** 0.53

RUC Recommendation: 2.50 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90935 **Hemodialysis procedure with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** October 2008 **2013 Est Medicare Utilization:** 1,279,218

2007 Work RVU: 1.48 **2014 Work RVU:** 1.48
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.64 **2014 Fac PE RVU:** 0.49

RUC Recommendation: 1.48 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90937 **Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 74,988

2007 Work RVU: 2.11 **2014 Work RVU:** 2.11
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.93 **2014 Fac PE RVU:** 0.72

RUC Recommendation: 2.11 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

90945 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 145,994

2007 Work RVU: 1.56 **2014 Work RVU:** 1.56
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.66 **2014 Fac PE RVU:** 0.78

RUC Recommendation: 1.56 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90947 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 15,314

2007 Work RVU: 2.52 **2014 Work RVU:** 2.52
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.94 **2014 Fac PE RVU:** 0.85

RUC Recommendation: 2.52 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90951 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 43

2007 Work RVU: 18.46 **2014 Work RVU:** 18.46
2007 NF PE RVU: **2014 NF PE RVU:** 6.88
2007 Fac PE RVU **2014 Fac PE RVU:** 6.88

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90952 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 5

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90953 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 12

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90954 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 644

2007 Work RVU: 15.98 **2014 Work RVU:** 15.98
2007 NF PE RVU: **2014 NF PE RVU:** 6
2007 Fac PE RVU **2014 Fac PE RVU:** 6

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90955 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 119

2007 Work RVU: 8.79 **2014 Work RVU:** 8.79
2007 NF PE RVU: **2014 NF PE RVU:** 3.62
2007 Fac PE RVU **2014 Fac PE RVU:** 3.62

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90956 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 130

2007 Work RVU: 5.95 **2014 Work RVU:** 5.95
2007 NF PE RVU: **2014 NF PE RVU:** 2.69
2007 Fac PE RVU **2014 Fac PE RVU:** 2.69

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90957 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 2,583

2007 Work RVU: 12.52 **2014 Work RVU:** 12.52
2007 NF PE RVU: **2014 NF PE RVU:** 4.96
2007 Fac PE RVU **2014 Fac PE RVU:** 4.96

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90958 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 793

2007 Work RVU: 8.34 **2014 Work RVU:** 8.34
2007 NF PE RVU: **2014 NF PE RVU:** 3.49
2007 Fac PE RVU **2014 Fac PE RVU:** 3.49

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90959 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 596

2007 Work RVU: 5.50 **2014 Work RVU:** 5.50
2007 NF PE RVU: **2014 NF PE RVU:** 2.52
2007 Fac PE RVU **2014 Fac PE RVU:** 2.52

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90960 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 2,231,047

2007 Work RVU: 5.18 **2014 Work RVU:** 5.18
2007 NF PE RVU: **2014 NF PE RVU:** 2.53
2007 Fac PE RVU **2014 Fac PE RVU:** 2.53

RUC Recommendation: RUC Recommended revised physician and clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90961 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 659,857

2007 Work RVU: 4.26 **2014 Work RVU:** 4.26
2007 NF PE RVU: **2014 NF PE RVU:** 2.23
2007 Fac PE RVU **2014 Fac PE RVU:** 2.23

RUC Recommendation: RUC Recommended revised physician and clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90962 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 185,438

2007 Work RVU: 3.15 **2014 Work RVU:** 3.15
2007 NF PE RVU: **2014 NF PE RVU:** 1.86
2007 Fac PE RVU **2014 Fac PE RVU:** 1.86

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90963 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 237

2007 Work RVU: 10.56 **2014 Work RVU:** 10.56
2007 NF PE RVU: **2014 NF PE RVU:** 4.27
2007 Fac PE RVU **2014 Fac PE RVU:** 4.27

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90964 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 1,066

2007 Work RVU: 9.14 **2014 Work RVU:** 9.14
2007 NF PE RVU: **2014 NF PE RVU:** 3.78
2007 Fac PE RVU **2014 Fac PE RVU:** 3.78

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90965 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 1,786

2007 Work RVU: 8.69 **2014 Work RVU:** 8.69
2007 NF PE RVU: **2014 NF PE RVU:** 3.57
2007 Fac PE RVU **2014 Fac PE RVU:** 3.57

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90966 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 280,249

2007 Work RVU: 4.26 **2014 Work RVU:** 4.26
2007 NF PE RVU: **2014 NF PE RVU:** 2.22
2007 Fac PE RVU **2014 Fac PE RVU:** 2.22

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

91038 **Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)**

Global: 000 **Issue:** Gastroenterological Tests **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 23 **Specialty Developing Recommendation:** AGA, ASGE **First Identified:** February 2010 **2013 Est Medicare Utilization:** 3,177

2007 Work RVU: 1.10 **2014 Work RVU:** 1.10
2007 NF PE RVU: 2.36 **2014 NF PE RVU:** 11.57
2007 Fac PE RVU 2.36 **2014 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

91110 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

91111 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

91132 **Electrogastrography, diagnostic, transcutaneous;**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE

First Identified: **2013 Est Medicare Utilization:** 43

2007 Work RVU: 0.52 **2014 Work RVU:** 0.52
2007 NF PE RVU: 0 **2014 NF PE RVU:** 3.75
2007 Fac PE RVU 0 **2014 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

91133 **Electrogastrography, diagnostic, transcutaneous; with provocative testing**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE

First Identified: **2013 Est Medicare Utilization:** 100

2007 Work RVU: 0.66 **2014 Work RVU:** 0.66
2007 NF PE RVU: 0 **2014 NF PE RVU:** 4.33
2007 Fac PE RVU 0 **2014 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

92081 **Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2013 Est Medicare Utilization:** 109,733

2007 Work RVU: 0.30 **2014 Work RVU:** 0.30
2007 NF PE RVU: 0.95 **2014 NF PE RVU:** 0.63
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.30 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92082 **Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2013 Est Medicare Utilization:** 172,664

2007 Work RVU: 0.40 **2014 Work RVU:** 0.40
2007 NF PE RVU: 1.26 **2014 NF PE RVU:** 0.94
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.40 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92083 **Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30°, 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 Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 46 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2010 **2013 Est Medicare Utilization:** 2,759,321

2007 Work RVU: 0.50 **2014 Work RVU:** 0.50
2007 NF PE RVU: 1.46 **2014 NF PE RVU:** 1.28
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92100 **Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)**

Global: XXX **Issue:** Serial Tonometry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 36 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: April 2011

2013 Est Medicare Utilization: 40,567

2007 Work RVU: 0.61 **2014 Work RVU:** 0.61
2007 NF PE RVU: 1.33 **2014 NF PE RVU:** 1.62
2007 Fac PE RVU 0.35 **2014 Fac PE RVU:** 0.34

RUC Recommendation: 0.61

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92133 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (eye)

First Identified:

2013 Est Medicare Utilization: 2,304,204

2007 Work RVU: 0.50 **2014 Work RVU:** 0.50
2007 NF PE RVU: **2014 NF PE RVU:** 0.72
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.50

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92134 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (eye)

First Identified: October 2008

2013 Est Medicare Utilization: 4,997,010

2007 Work RVU: 0.50 **2014 Work RVU:** 0.50
2007 NF PE RVU: **2014 NF PE RVU:** 0.75
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.50

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92135 **Deleted from CPT**

Global: XXX **Issue:** Ophthalmic Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 31 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.35 **2014 Work RVU:**
2007 NF PE RVU: 0.79 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92136 **Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation**

Global: XXX **Issue:** Ophthalmologic Procedures **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** AAO, AOA, ASCRS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 1,442,386

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 1.6 **2014 NF PE RVU:** 1.97
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey October 2015 **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

92235 **Fluorescein angiography (includes multiframe imaging) with interpretation and report**

Global: XXX **Issue:** Fluorescein Angiography **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 26 **Specialty Developing Recommendation:** AAO **First Identified:** April 2011 **2013 Est Medicare Utilization:** 1,363,636

2007 Work RVU: 0.81 **2014 Work RVU:** 0.81
2007 NF PE RVU: 2.54 **2014 NF PE RVU:** 2.24
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.81 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92250 **Fundus photography with interpretation and report**

Global: XXX **Issue:** **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010

2013 Est Medicare Utilization: 2,768,176

2007 Work RVU: 0.44 **2014 Work RVU:** 0.44
2007 NF PE RVU: 1.48 **2014 NF PE RVU:** 1.75
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey January 2015

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92270 **Electro-oculography with interpretation and report**

Global: XXX **Issue:** Electro-oculography **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: February 2008

2013 Est Medicare Utilization: 28,174

2007 Work RVU: 0.81 **2014 Work RVU:** 0.81
2007 NF PE RVU: 1.5 **2014 NF PE RVU:** 1.69
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Review utilization (September 2017). Refer to CPT. CPT Assistant article published.

CPT Action (if applicable): February 2014

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2008 and Q&A

92285 **External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)**

Global: XXX **Issue:** Ocular Photography **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 32 **Specialty Developing Recommendation:** AAO, AOA

First Identified: October 2008

2013 Est Medicare Utilization: 326,795

2007 Work RVU: 0.05 **2014 Work RVU:** 0.05
2007 NF PE RVU: 0.95 **2014 NF PE RVU:** 0.51
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.05 and new PE inputs

CPT Action (if applicable): February 2010

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92286 **Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 28 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: April 2011 **2013 Est Medicare Utilization:** 146,135

2007 Work RVU: 0.40 **2014 Work RVU:** 0.40
2007 NF PE RVU: 2.83 **2014 NF PE RVU:** 0.66
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.40

CPT Action (if applicable): October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92287 **Anterior segment imaging with interpretation and report; with fluorescein angiography**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 28 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: **2013 Est Medicare Utilization:** 3,725

2007 Work RVU: 0.81 **2014 Work RVU:** 0.81
2007 NF PE RVU: 2.28 **2014 NF PE RVU:** 3.02
2007 Fac PE RVU 0.31 **2014 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published

CPT Action (if applicable): October 2011 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2013

92504 **Binocular microscopy (separate diagnostic procedure)**

Global: XXX **Issue:** Binocular Microscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 43 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2009 **2013 Est Medicare Utilization:** 212,357

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: 0.51 **2014 NF PE RVU:** 0.66
2007 Fac PE RVU 0.08 **2014 Fac PE RVU:** 0.08

RUC Recommendation: 0.18

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92506 **Evaluation of speech, language, voice, communication, and/or auditory processing**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:** 20,473

2007 Work RVU: 0.86 **2014 Work RVU:**
2007 NF PE RVU: 2.76 **2014 NF PE RVU:**
2007 Fac PE RVU 0.36 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT. **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92507 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:** 110,401

2007 Work RVU: 1.30 **2014 Work RVU:** 1.30
2007 NF PE RVU: 1.13 **2014 NF PE RVU:** 0.88
2007 Fac PE RVU 0.21 **2014 Fac PE RVU:** NA

RUC Recommendation: 1.30 work RVU and clinical staff time removed **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92508 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:** 1,666

2007 Work RVU: 0.33 **2014 Work RVU:** 0.33
2007 NF PE RVU: 0.51 **2014 NF PE RVU:** 0.32
2007 Fac PE RVU 0.11 **2014 Fac PE RVU:** NA

RUC Recommendation: 0.43 work RVU and clinical staff time removed **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92521 **Evaluation of speech fluency (eg, stuttering, cluttering)**

Global: **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.75 **CPT Action (if applicable):** October 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92522 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);**

Global: **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.50 **CPT Action (if applicable):** October 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92523 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)**

Global: **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.36 **CPT Action (if applicable):** October 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92524 **Behavioral and qualitative analysis of voice and resonance**

Global: **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.75 **CPT Action (if applicable):** October 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92526 **Treatment of swallowing dysfunction and/or oral function for feeding**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Est Medicare Utilization:** 32,272

2007 Work RVU: 1.34 **2014 Work RVU:** 1.34
2007 NF PE RVU: 1.65 **2014 NF PE RVU:** 1.04
2007 Fac PE RVU 0.19 **2014 Fac PE RVU:** NA

RUC Recommendation: Review utilization September 2016. **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92540 **Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** **2013 Est Medicare Utilization:** 95,219

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: **2014 NF PE RVU:** 1.31
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.50 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 28,465

2007 Work RVU: 0.40 **2014 Work RVU:** 0.40
2007 NF PE RVU: 1.05 **2014 NF PE RVU:** 0.44
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.40 **CPT Action (if applicable):** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92542 **Positional nystagmus test, minimum of 4 positions, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2013 Est Medicare Utilization:** 46,943

2007 Work RVU: 0.33 **2014 Work RVU:** 0.33
2007 NF PE RVU: 1.16 **2014 NF PE RVU:** 0.39
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.48 **CPT Action (if applicable):** February 2009 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92543 **Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2013 Est Medicare Utilization:** 360,062

2007 Work RVU: 0.10 **2014 Work RVU:** 0.10
2007 NF PE RVU: 0.59 **2014 NF PE RVU:** 0.33
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT. 0.35 (Interim) **CPT Action (if applicable):** **Result:** Increase

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 **2013 Est Medicare Utilization:** 7,664

2007 Work RVU: 0.26 **2014 Work RVU:** 0.26
2007 NF PE RVU: 0.93 **2014 NF PE RVU:** 0.39
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.27 **CPT Action (if applicable):** February 2009 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92545 **Oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2013 Est Medicare Utilization:** 17,755

2007 Work RVU: 0.23 **2014 Work RVU:** 0.23
2007 NF PE RVU: 0.85 **2014 NF PE RVU:** 0.33
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.25 **CPT Action (if applicable):** February 2009 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92546 **Sinusoidal vertical axis rotational testing**

Global: XXX **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** **First Identified:** February 2014 **2013 Est Medicare Utilization:** 105,282

2007 Work RVU: 0.29 **2014 Work RVU:** 0.29
2007 NF PE RVU: 1.94 **2014 NF PE RVU:** 2.58
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Editorial change only **CPT Action (if applicable):** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92547 **Use of vertical electrodes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2013 Est Medicare Utilization:** 219,806

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.09 **2014 NF PE RVU:** 0.16
2007 Fac PE RVU 0.09 **2014 Fac PE RVU:** NA

RUC Recommendation: Editorial change only

CPT Action (if applicable): February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92548 **Computerized dynamic posturography**

Global: XXX **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2013 Est Medicare Utilization:** 26,956

2007 Work RVU: 0.50 **2014 Work RVU:** 0.50
2007 NF PE RVU: 2.1 **2014 NF PE RVU:** 2.4
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Editorial change only

CPT Action (if applicable): February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92550 **Tympanometry and reflex threshold measurements**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA

First Identified: **2013 Est Medicare Utilization:** 284,813

2007 Work RVU: 0.35 **2014 Work RVU:** 0.35
2007 NF PE RVU: **2014 NF PE RVU:** 0.23
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.35

CPT Action (if applicable): **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92551 **Screening test, pure tone, air only**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015

CPT Action (if applicable): **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92552 **Pure tone audiometry (threshold); air only**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

92553 **Pure tone audiometry (threshold); air and bone**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

92555 **Speech audiometry threshold;**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

92556 **Speech audiometry threshold; with speech recognition**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2013 Est Medicare Utilization:** 1,147,493

2007 Work RVU: 0.60 **2014 Work RVU:** 0.60
2007 NF PE RVU: 1.21 **2014 NF PE RVU:** 0.43
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0.29

RUC Recommendation: Survey January 2015. 0.60 work RVU and clinical staff time removed

CPT Action (if applicable): February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92558 **Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:** 294

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: 0.17

CPT Action (if applicable): February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92567 **Tympanometry (impedance testing)**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2013 Est Medicare Utilization:** 748,690

2007 Work RVU: 0.20 **2014 Work RVU:** 0.20
2007 NF PE RVU: 0.51 **2014 NF PE RVU:** 0.2
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0.1

RUC Recommendation: 0.20 work RVU and clinical staff time removed

CPT Action (if applicable): February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92568 **Acoustic reflex testing, threshold**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2013 Est Medicare Utilization:** 18,825

2007 Work RVU: 0.29 **2014 Work RVU:** 0.29
2007 NF PE RVU: 0.32 **2014 NF PE RVU:** 0.14
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0.14

RUC Recommendation: 0.29 work RVU and clinical staff time removed **CPT Action (if applicable):** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92569 **Deleted from CPT**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0.35 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92570 **Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2013 Est Medicare Utilization:** 56,999

2007 Work RVU: 0.55 **2014 Work RVU:** 0.55
2007 NF PE RVU: **2014 NF PE RVU:** 0.33
2007 Fac PE RVU **2014 Fac PE RVU:** 0.27

RUC Recommendation: 0.55 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92587 **Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** October 2008 **2013 Est Medicare Utilization:** 91,123

2007 Work RVU: 0.35 **2014 Work RVU:** 0.35
2007 NF PE RVU: 1.19 **2014 NF PE RVU:** 0.23
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.45 **CPT Action (if applicable):** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92588 **Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:** 105,828

2007 Work RVU: 0.55 **2014 Work RVU:** 0.55
2007 NF PE RVU: 1.48 **2014 NF PE RVU:** 0.36
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.60 **CPT Action (if applicable):** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92597 **Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 30 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2013 Est Medicare Utilization:** 2,375

2007 Work RVU: 1.26 **2014 Work RVU:** 1.26
2007 NF PE RVU: 1.69 **2014 NF PE RVU:** 0.72
2007 Fac PE RVU 0.4 **2014 Fac PE RVU:** NA

RUC Recommendation: 1.48 work RVU and clinical staff time removed **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92605 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 1.75 **2014 Work RVU:** 1.75
2007 NF PE RVU: 0 **2014 NF PE RVU:** 0.79
2007 Fac PE RVU 0 **2014 Fac PE RVU:** 0.67

RUC Recommendation: 1.75 **CPT Action (if applicable):** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92606 **Therapeutic service(s) for the use of non-speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 1.40 **2014 Work RVU:** 1.40
2007 NF PE RVU: 0 **2014 NF PE RVU:** 0.86
2007 Fac PE RVU 0 **2014 Fac PE RVU:** 0.54

RUC Recommendation: 1.40 work RVU and clinical staff time removed **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92607 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:** 446

2007 Work RVU: 1.85 **2014 Work RVU:** 1.85
2007 NF PE RVU: 3.38 **2014 NF PE RVU:** 1.68
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.85 work RVU and clinical staff time removed **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92608 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:** 134

2007 Work RVU: 0.70 **2014 Work RVU:** 0.70
2007 NF PE RVU: 0.63 **2014 NF PE RVU:** 0.76
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.70 work RVU and clinical staff time removed **CPT Action (if applicable):**

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92609 **Therapeutic services for the use of speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:** 6,469

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: 1.77 **2014 NF PE RVU:** 1.57
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.50 work RVU and clinical staff time removed **CPT Action (if applicable):**

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92610 **Evaluation of oral and pharyngeal swallowing function**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Est Medicare Utilization:** 9,108

2007 Work RVU: 1.30 **2014 Work RVU:** 1.30
2007 NF PE RVU: 2.98 **2014 NF PE RVU:** 1.03
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0.69

RUC Recommendation: Review utilization September 2016. **CPT Action (if applicable):**

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92611 **Motion fluoroscopic evaluation of swallowing function by cine or video recording**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 39 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2013 Est Medicare Utilization:** 7,943

2007 Work RVU: 1.34 **2014 Work RVU:** 1.34
2007 NF PE RVU: 3.04 **2014 NF PE RVU:** 1.15
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.34 work RVU and clinical staff time removed **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92618 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.65 **2014 Work RVU:** 0.65
2007 NF PE RVU: **2014 NF PE RVU:** 0.27
2007 Fac PE RVU **2014 Fac PE RVU:** 0.25

RUC Recommendation: 0.65 **CPT Action (if applicable):** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92620 **Evaluation of central auditory function, with report; initial 60 minutes**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Est Medicare Utilization:** 2,749

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: 1.32 **2014 NF PE RVU:** 1.08
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0.8

RUC Recommendation: 1.50 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92621 **Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Est Medicare Utilization:** 33

2007 Work RVU: 0.35 **2014 Work RVU:** 0.35
2007 NF PE RVU: 0.29 **2014 NF PE RVU:** 0.27
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0.18

RUC Recommendation: 0.35 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92625 **Assessment of tinnitus (includes pitch, loudness matching, and masking)**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Est Medicare Utilization:** 7,619

2007 Work RVU: 1.15 **2014 Work RVU:** 1.15
2007 NF PE RVU: 1.3 **2014 NF PE RVU:** 0.77
2007 Fac PE RVU 1.30 **2014 Fac PE RVU:** 0.57

RUC Recommendation: 1.15 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92626 **Evaluation of auditory rehabilitation status; first hour**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Est Medicare Utilization:** 19,536

2007 Work RVU: 1.40 **2014 Work RVU:** 1.40
2007 NF PE RVU: 2.11 **2014 NF PE RVU:** 1.07
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0.7

RUC Recommendation: Develop CPT Assistant article. Review September 2016. **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Status Report: CMS Requests and Relativity Assessment Issues

92627 **Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Est Medicare Utilization:** 2,673

2007 Work RVU: 0.33 **2014 Work RVU:** 0.33
2007 NF PE RVU: 0.52 **2014 NF PE RVU:** 0.27
2007 Fac PE RVU 0.52 **2014 Fac PE RVU:** 0.16

RUC Recommendation: 0.33 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92640 **Diagnostic analysis with programming of auditory brainstem implant, per hour**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Est Medicare Utilization:** 30

2007 Work RVU: 1.76 **2014 Work RVU:** 1.76
2007 NF PE RVU: 1.4 **2014 NF PE RVU:** 1.38
2007 Fac PE RVU 1.40 **2014 Fac PE RVU:** 0.89

RUC Recommendation: 1.76 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92920 **Percutaneous transluminal coronary angioplasty; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:** 25,179

2007 Work RVU: 10.10 **2014 Work RVU:** 10.10
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.48

RUC Recommendation: 9.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92921 **Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: 4.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92924 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,256

2007 Work RVU: 11.99 **2014 Work RVU:** 11.99
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 4.15

RUC Recommendation: 11.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92925 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: 5.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92928 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:** 227,471

2007 Work RVU: 11.21 **2014 Work RVU:** 11.21
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.85

RUC Recommendation: 10.49 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92929 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:** 2

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: 4.44 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92933 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:** 6,529

2007 Work RVU: 12.54 **2014 Work RVU:** 12.54
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 4.31

RUC Recommendation: 12.32 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92934 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: 5.50 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92937 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:** 19,277

2007 Work RVU: 11.20 **2014 Work RVU:** 11.20
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.85

RUC Recommendation: 10.49 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92938 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: 6.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92941 **Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:** 51,041

2007 Work RVU: 12.56 **2014 Work RVU:** 12.56
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 4.32

RUC Recommendation: 12.32 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92943 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010

2013 Est Medicare Utilization: 6,516

2007 Work RVU: 12.56 **2014 Work RVU:** 12.56

2007 NF PE RVU: **2014 NF PE RVU:** NA

2007 Fac PE RVU **2014 Fac PE RVU:** 4.32

RUC Recommendation: 12.32

CPT Action (if applicable): October 2011

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92944 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010

2013 Est Medicare Utilization:

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00

2007 NF PE RVU: **2014 NF PE RVU:** 0

2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: 6.00

CPT Action (if applicable): October 2011

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92960 **Cardioversion, elective, electrical conversion of arrhythmia; external**

Global: 000 **Issue:** Cardioversion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 19 **Specialty Developing Recommendation:** ACC

First Identified: October 2009

2013 Est Medicare Utilization: 148,119

2007 Work RVU: 2.25 **2014 Work RVU:** 2.25

2007 NF PE RVU: 5.83 **2014 NF PE RVU:** 3.37

2007 Fac PE RVU 1.25 **2014 Fac PE RVU:** 1.07

RUC Recommendation: 2.25

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92973 **Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 4,394

2007 Work RVU: 3.28 **2014 Work RVU:** 3.28
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.42 **2014 Fac PE RVU:** 1.13

RUC Recommendation: Review utilization September 2016. **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

92980 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel** **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 14.82 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 6.65 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92981 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 4.16 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.80 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92982 **Percutaneous transluminal coronary balloon angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 10.96 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 4.97 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92984 **Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 2.97 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.28 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92986 **Percutaneous balloon valvuloplasty; aortic valve**

Global: 090 **Issue:** Valvuloplasty **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2013 Est Medicare Utilization:** 3,728

2007 Work RVU: 22.85 **2014 Work RVU:** 22.85
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.84 **2014 Fac PE RVU:** 10.65

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92995 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 12.07 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 5.45 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92996 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 3.26 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.41 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93000 **Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report**

Global: XXX **Issue:** Electrocardiogram **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2011 **2013 Est Medicare Utilization:** 11,935,000

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.47 **2014 NF PE RVU:** 0.28
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93005 **Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report**

Global: XXX **Issue:** Electrocardiogram **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** February 2008 **2013 Est Medicare Utilization:** 526,887

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.41 **2014 NF PE RVU:** 0.22
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.00 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93010 **Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only**

Global: XXX **Issue:** Electrocardiogram **Screen:** MPC List / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** October 2010 **2013 Est Medicare Utilization:** 18,569,939

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.06 **2014 NF PE RVU:** 0.06
2007 Fac PE RVU 0.06 **2014 Fac PE RVU:** 0.06

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93012 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 5.55 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93014 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.52 **2014 Work RVU:**
2007 NF PE RVU: 0.2 **2014 NF PE RVU:**
2007 Fac PE RVU 0.20 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93015 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,223,448

2007 Work RVU: 0.75 **2014 Work RVU:** 0.75
2007 NF PE RVU: 1.95 **2014 NF PE RVU:** 1.34
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.75. CPT Assistant published. **CPT Action (if applicable):** October 2010 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

93016 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,135,265

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 0.19 **2014 NF PE RVU:** 0.16
2007 Fac PE RVU 0.19 **2014 Fac PE RVU:** 0.16

RUC Recommendation: 0.45 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93017 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** High Volume Growth1 / CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:** 110,417

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 1.64 **2014 NF PE RVU:** 1.08
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93018 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only**

Global: XXX **Issue:** Cardiovascular Stress Tests and Echocardiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,310,205

2007 Work RVU: 0.30 **2014 Work RVU:** 0.30
2007 NF PE RVU: 0.12 **2014 NF PE RVU:** 0.1
2007 Fac PE RVU 0.12 **2014 Fac PE RVU:** 0.1

RUC Recommendation: 0.30 **CPT Action (if applicable):** October 2010 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

93025 **Microvolt T-wave alternans for assessment of ventricular arrhythmias**

Global: XXX **Issue:** Microvolt T-Wave Assessment **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 18 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2013 Est Medicare Utilization:** 1,949

2007 Work RVU: 0.75 **2014 Work RVU:** 0.75
2007 NF PE RVU: 6.67 **2014 NF PE RVU:** 3.8
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93040 **Rhythm ECG, 1-3 leads; with interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2013 Est Medicare Utilization:** 154,705

2007 Work RVU: 0.15 **2014 Work RVU:** 0.15
2007 NF PE RVU: 0.2 **2014 NF PE RVU:** 0.19
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.15

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93041 **Rhythm ECG, 1-3 leads; tracing only without interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2013 Est Medicare Utilization:** 15,604

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.15 **2014 NF PE RVU:** 0.15
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.00 (PE only)

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93042 **Rhythm ECG, 1-3 leads; interpretation and report only**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC, ACEP

First Identified: October 2008 **2013 Est Medicare Utilization:** 614,795

2007 Work RVU: 0.15 **2014 Work RVU:** 0.15
2007 NF PE RVU: 0.05 **2014 NF PE RVU:** 0.04
2007 Fac PE RVU 0.05 **2014 Fac PE RVU:** 0.04

RUC Recommendation: 0.15

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93224 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2013 Est Medicare Utilization:** 451,921

2007 Work RVU: 0.52 **2014 Work RVU:** 0.52
2007 NF PE RVU: 3.29 **2014 NF PE RVU:** 2.01
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.52 **CPT Action (if applicable):** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93225 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 131,211

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 1.2 **2014 NF PE RVU:** 0.74
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: N/A no physician work **CPT Action (if applicable):** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93226 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 156,386

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 1.88 **2014 NF PE RVU:** 1.05
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: N/A no physician work **CPT Action (if applicable):** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93227 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2013 Est Medicare Utilization:** 392,069

2007 Work RVU: 0.52 **2014 Work RVU:** 0.52
2007 NF PE RVU: 0.21 **2014 NF PE RVU:** 0.22
2007 Fac PE RVU 0.21 **2014 Fac PE RVU:** 0.22

RUC Recommendation: 0.52 **CPT Action (if applicable):** Feburary 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93228 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 68,645

2007 Work RVU: 0.52 **2014 Work RVU:** 0.52
2007 NF PE RVU: **2014 NF PE RVU:** 0.19
2007 Fac PE RVU **2014 Fac PE RVU:** 0.19

RUC Recommendation: 0.52 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93229 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 119,128

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 18.67
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Contractor Priced **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93230 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2013 Est Medicare Utilization:**

2007 Work RVU: 0.52 **2014 Work RVU:**
2007 NF PE RVU: 3.49 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93231 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 1.37 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93232 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 1.92 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93233 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2013 Est Medicare Utilization:**

2007 Work RVU: 0.52 **2014 Work RVU:**
2007 NF PE RVU: 0.2 **2014 NF PE RVU:**
2007 Fac PE RVU 0.20 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93235 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93236 **Deleted from CPT**

Global: XXX **Issue:** Cardiovascular Stress Test **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 38 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93237 **Deleted from CPT**

Global: XXX **Issue:** Wearable Cardiac Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.45 **2014 Work RVU:**
2007 NF PE RVU: 0.18 **2014 NF PE RVU:**
2007 Fac PE RVU 0.18 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93268 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 20,306

2007 Work RVU: 0.52 **2014 Work RVU:** 0.52
2007 NF PE RVU: 7.02 **2014 NF PE RVU:** 5.18
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.52 **CPT Action (if applicable):** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93270 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 56,715

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 1 **2014 NF PE RVU:** 0.25
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** February 2010 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93271 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 83,930

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 5.82 **2014 NF PE RVU:** 4.75
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** February 2010 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93272 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 99,702

2007 Work RVU: 0.52 **2014 Work RVU:** 0.52
2007 NF PE RVU: 0.2 **2014 NF PE RVU:** 0.18
2007 Fac PE RVU 0.20 **2014 Fac PE RVU:** 0.18

RUC Recommendation: 0.52 **CPT Action (if applicable):** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93303 **Transthoracic echocardiography for congenital cardiac anomalies; complete**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

93304 **Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:**

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: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:**

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:** Cardiology Services **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2013 Est Medicare Utilization:** 51,882

2007 Work RVU: 0.92 **2014 Work RVU:** 0.92
2007 NF PE RVU: 4.1 **2014 NF PE RVU:** 2.74
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey January 2015. New PE inputs **CPT Action (if applicable):** **Result:** PE Only

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 **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 39 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2013 Est Medicare Utilization:** 191,261

2007 Work RVU: 0.53 **2014 Work RVU:** 0.53
2007 NF PE RVU: 2.26 **2014 NF PE RVU:** 2.9
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey January 2015. 0.53 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93320 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2013 Est Medicare Utilization:** 351,505

2007 Work RVU: 0.38 **2014 Work RVU:** 0.38
2007 NF PE RVU: 1.82 **2014 NF PE RVU:** 1.13
2007 Fac PE RVU 1.82 **2014 Fac PE RVU:** NA

RUC Recommendation: 0.38 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 124,924

2007 Work RVU: 0.15 **2014 Work RVU:** 0.15
2007 NF PE RVU: 1.04 **2014 NF PE RVU:** 0.7
2007 Fac PE RVU 1.04 **2014 Fac PE RVU:** NA

RUC Recommendation: 0.15 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 477,611

2007 Work RVU: 0.07 **2014 Work RVU:** 0.07
2007 NF PE RVU: 2.36 **2014 NF PE RVU:** 0.64
2007 Fac PE RVU 2.36 **2014 Fac PE RVU:** NA

RUC Recommendation: 0.07 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93350 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;**

Global: XXX **Issue:** Stress Echo with ECG Monitoring **Screen:** Other - Identified by RUC / Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC

First Identified: April 2008 **2013 Est Medicare Utilization:** 128,312

2007 Work RVU: 1.46 **2014 Work RVU:** 1.46
2007 NF PE RVU: 3.03 **2014 NF PE RVU:** 5.24
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey January 2015. 1.46; CPT Assistant article published **CPT Action (if applicable):** 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: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:**
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:** **2013 Est Medicare Utilization:** 30,886

2007 Work RVU: 2.72 **2014 Work RVU:** 2.72
2007 NF PE RVU: **2014 NF PE RVU:** 18.73
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 3.02 **CPT Action (if applicable):** 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:** **2013 Est Medicare Utilization:** 8,290

2007 Work RVU: 4.75 **2014 Work RVU:** 4.75
2007 NF PE RVU: **2014 NF PE RVU:** 18.96
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 4.32 **CPT Action (if applicable):** 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:** **2013 Est Medicare Utilization:** 4,297

2007 Work RVU: 6.24 **2014 Work RVU:** 6.24
2007 NF PE RVU: **2014 NF PE RVU:** 24.48
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 5.98 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93454 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 83,473

2007 Work RVU: 4.79 **2014 Work RVU:** 4.79
2007 NF PE RVU: **2014 NF PE RVU:** 19.39
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 4.95 **CPT Action (if applicable):** 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:** **2013 Est Medicare Utilization:** 24,033

2007 Work RVU: 5.54 **2014 Work RVU:** 5.54
2007 NF PE RVU: **2014 NF PE RVU:** 22.62
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 6.15 **CPT Action (if applicable):** 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:** **2013 Est Medicare Utilization:** 12,135

2007 Work RVU: 6.15 **2014 Work RVU:** 6.15
2007 NF PE RVU: **2014 NF PE RVU:** 24.14
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 6.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93457 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 2,874

2007 Work RVU: 6.89 **2014 Work RVU:** 6.89
2007 NF PE RVU: **2014 NF PE RVU:** 27.36
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 7.66 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93458 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 533,256

2007 Work RVU: 5.85 **2014 Work RVU:** 5.85
2007 NF PE RVU: **2014 NF PE RVU:** 23.13
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 6.51 **CPT Action (if applicable):** 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:** **2013 Est Medicare Utilization:** 120,263

2007 Work RVU: 6.60 **2014 Work RVU:** 6.60
2007 NF PE RVU: **2014 NF PE RVU:** 25.4
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 7.34 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93460 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 94,905

2007 Work RVU: 7.35 **2014 Work RVU:** 7.35
2007 NF PE RVU: **2014 NF PE RVU:** 26.92
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 7.88 **CPT Action (if applicable):** 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:** **2013 Est Medicare Utilization:** 18,925

2007 Work RVU: 8.10 **2014 Work RVU:** 8.10
2007 NF PE RVU: **2014 NF PE RVU:** 31.15
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 9.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93462 **Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 3,591

2007 Work RVU: 3.73 **2014 Work RVU:** 3.73
2007 NF PE RVU: **2014 NF PE RVU:** 1.49
2007 Fac PE RVU **2014 Fac PE RVU:** 1.49

RUC Recommendation: 3.73 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93463 **Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 7,338

2007 Work RVU: 2.00 **2014 Work RVU:** 2.00
2007 NF PE RVU: **2014 NF PE RVU:** 0.68
2007 Fac PE RVU **2014 Fac PE RVU:** 0.68

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93464 **Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 691

2007 Work RVU: 1.80 **2014 Work RVU:** 1.80
2007 NF PE RVU: **2014 NF PE RVU:** 5.8
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.80 **CPT Action (if applicable):** 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 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93508 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93510 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More/ CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93511 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93514 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93524 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93526 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93527 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93528 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93529 **Deleted from CPT** **Global:** 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93539 **Deleted from CPT** **Global:** 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93540 **Deleted from CPT** **Global:** 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93541 **Deleted from CPT** **Global:** 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93542 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93543 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93544 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93545 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93555 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93556 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93563 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 180

2007 Work RVU: 1.11 **2014 Work RVU:** 1.11
2007 NF PE RVU: **2014 NF PE RVU:** 0.38
2007 Fac PE RVU **2014 Fac PE RVU:** 0.38

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93564 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 7

2007 Work RVU: 1.13 **2014 Work RVU:** 1.13
2007 NF PE RVU: **2014 NF PE RVU:** 0.39
2007 Fac PE RVU **2014 Fac PE RVU:** 0.39

RUC Recommendation: 2.10 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93565 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 182

2007 Work RVU: 0.86 **2014 Work RVU:** 0.86
2007 NF PE RVU: **2014 NF PE RVU:** 0.3
2007 Fac PE RVU **2014 Fac PE RVU:** 0.3

RUC Recommendation: 1.90 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93566 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 970

2007 Work RVU: 0.86 **2014 Work RVU:** 0.86
2007 NF PE RVU: **2014 NF PE RVU:** 3.88
2007 Fac PE RVU **2014 Fac PE RVU:** 0.3

RUC Recommendation: 0.96 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93567 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 48,169

2007 Work RVU: 0.97 **2014 Work RVU:** 0.97
2007 NF PE RVU: **2014 NF PE RVU:** 2.92
2007 Fac PE RVU **2014 Fac PE RVU:** 0.34

RUC Recommendation: 0.97 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93568 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 1,148

2007 Work RVU: 0.88 **2014 Work RVU:** 0.88
2007 NF PE RVU: **2014 NF PE RVU:** 3.35
2007 Fac PE RVU **2014 Fac PE RVU:** 0.3

RUC Recommendation: 0.98 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93613 **Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** CMS Fastest Growing / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2013 Est Medicare Utilization:** 32,880

2007 Work RVU: 6.99 **2014 Work RVU:** 6.99
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2014 Fac PE RVU:** 2.81

RUC Recommendation: Review utilization September 2016, collect data under new bundled codes.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

93620 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording**

Global: 000 **Issue:** Intracardiac Catheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2013 Est Medicare Utilization:** 14,461

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0 **2014 NF PE RVU:** 0
2007 Fac PE RVU 0 **2014 Fac PE RVU:** NA

RUC Recommendation: 11.57

CPT Action (if applicable): October 2011

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93641 **Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator**

Global: 000 **Issue:** Insertion/Removal of Pacemaker or Pacing Carioverter-Defibillator **Screen:** Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2013 Est Medicare Utilization:** 53,053

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: NA **2014 NF PE RVU:** 0
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 2B.

CPT Action (if applicable): February 2011

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93651 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 16.23 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 6.96 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93652 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** CMS Fastest Growing/Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 17.65 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 7.58 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93653 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2013 Est Medicare Utilization:** 27,847

2007 Work RVU: 15.00 **2014 Work RVU:** 15.00
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 6.02

RUC Recommendation: 15.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93654 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2013 Est Medicare Utilization:** 4,785

2007 Work RVU: 20.00 **2014 Work RVU:** 20.00
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 7.99

RUC Recommendation: 20.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93655 **Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2013 Est Medicare Utilization:** 9,560

2007 Work RVU: 7.50 **2014 Work RVU:** 7.50
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.01

RUC Recommendation: 9.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93656 **Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2013 Est Medicare Utilization:** 21,470

2007 Work RVU: 20.02 **2014 Work RVU:** 20.02
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 8.01

RUC Recommendation: 20.02 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93657 **Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2013 Est Medicare Utilization:** 12,100

2007 Work RVU: 7.50 **2014 Work RVU:** 7.50
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.01

RUC Recommendation: 10.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93662 **Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Electrocardiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:** 22,206

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0 **2014 NF PE RVU:** 0
2007 Fac PE RVU 0 **2014 Fac PE RVU:** NA

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93701 **Bioimpedance-derived physiologic cardiovascular analysis**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Est Medicare Utilization:** 149,846

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.91 **2014 NF PE RVU:** 0.66
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

93731 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.45 **2014 Work RVU:**
2007 NF PE RVU: 0.7 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93732 **Deleted from CPT** **Global:** XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.92 **2014 Work RVU:**
2007 NF PE RVU: 0.94 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.17 **2014 Work RVU:**
2007 NF PE RVU: 0.83 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.03 **2014 Work RVU:**
2007 NF PE RVU: 1.15 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.18 **2014 Work RVU:**
2007 NF PE RVU: 1.19 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93875 **Deleted from CPT**

Global: XXX **Issue:** Noninvasive Vascular Diagnostic Studies **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.22 **2014 Work RVU:**
2007 NF PE RVU: 2.38 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** SS in process of d

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93880 **Duplex scan of extracranial arteries; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, ACC, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 2,644,208

2007 Work RVU: 0.60 **2014 Work RVU:** 0.60
2007 NF PE RVU: 5.67 **2014 NF PE RVU:** 4.71
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.80 **CPT Action (if applicable):** October 2010 **Result:** Increase
Referred to CPT Asst ☑ **Published in CPT Asst:** Addressed in CPT

93882 **Duplex scan of extracranial arteries; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS High Expenditure Procedural Codes / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** January 2012 **2013 Est Medicare Utilization:** 43,188

2007 Work RVU: 0.40 **2014 Work RVU:** 0.40
2007 NF PE RVU: 3.63 **2014 NF PE RVU:** 3.01
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 70,831

2007 Work RVU: 0.94 **2014 Work RVU:** 0.94
2007 NF PE RVU: 6.77 **2014 NF PE RVU:** 9.1
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93888 **Transcranial Doppler study of the intracranial arteries; limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 17,302

2007 Work RVU: 0.62 **2014 Work RVU:** 0.62
2007 NF PE RVU: 4.36 **2014 NF PE RVU:** 5.23
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.70 **CPT Action (if applicable):** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

938XX **Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral**

Global: **Issue:** Carotid Intima-Media Thickness Ultrasound **Screen:** New Code in CPT 2015 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 26 **Specialty Developing Recommendation:** **First Identified:** April 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey for April 2015 (with primary care surveying) **CPT Action (if applicable):** **Result:**

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 **2013 Est Medicare Utilization:** 637,547

2007 Work RVU: 0.25 **2014 Work RVU:** 0.25
2007 NF PE RVU: 2.78 **2014 NF PE RVU:** 2.22
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.25 **CPT Action (if applicable):** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93923 **Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2013 Est Medicare Utilization:** 532,967

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 4.18 **2014 NF PE RVU:** 3.41
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.45 **CPT Action (if applicable):** 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 **2013 Est Medicare Utilization:** 97,233

2007 Work RVU: 0.50 **2014 Work RVU:** 0.50
2007 NF PE RVU: 5.05 **2014 NF PE RVU:** 4.36
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93925 **Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 587,857

2007 Work RVU: 0.80 **2014 Work RVU:** 0.80
2007 NF PE RVU: 7.05 **2014 NF PE RVU:** 6.03
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.80 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93926 **Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 220,160

2007 Work RVU: 0.50 **2014 Work RVU:** 0.50
2007 NF PE RVU: 4.31 **2014 NF PE RVU:** 3.4
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.60 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93930 **Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** November 2013 **2013 Est Medicare Utilization:** 20,930

2007 Work RVU: 0.46 **2014 Work RVU:** 0.46
2007 NF PE RVU: 5.54 **2014 NF PE RVU:** 5.95
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.80 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93931 **Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 40,072

2007 Work RVU: 0.31 **2014 Work RVU:** 0.31
2007 NF PE RVU: 3.64 **2014 NF PE RVU:** 4.07
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93970 **Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 1,625,633

2007 Work RVU: 0.70 **2014 Work RVU:** 0.70
2007 NF PE RVU: 5.44 **2014 NF PE RVU:** 4.49
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.70 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93971 **Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Low Value-High Volume / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,594,173

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 3.67 **2014 NF PE RVU:** 2.7
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.45 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93975 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** November 2013 **2013 Est Medicare Utilization:** 195,358

2007 Work RVU: 1.80 **2014 Work RVU:** 1.80
2007 NF PE RVU: 7.78 **2014 NF PE RVU:** 8.14
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.30 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93976 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Fastest Growing / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 126,074

2007 Work RVU: 1.21 **2014 Work RVU:** 1.21
2007 NF PE RVU: 4.33 **2014 NF PE RVU:** 4.66
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93978 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:**

First Identified: April 2013 **2013 Est Medicare Utilization:** 293,841

2007 Work RVU: 0.65 **2014 Work RVU:** 0.65
2007 NF PE RVU: 4.85 **2014 NF PE RVU:** 5.6
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.97 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93979 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:**

First Identified: October 2013 **2013 Est Medicare Utilization:** 64,088

2007 Work RVU: 0.44 **2014 Work RVU:** 0.44
2007 NF PE RVU: 3.46 **2014 NF PE RVU:** 3.89
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.70 **CPT Action (if applicable):** **Result:** Increase

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 **2013 Est Medicare Utilization:** 99,600

2007 Work RVU: 0.25 **2014 Work RVU:** 0.25
2007 NF PE RVU: 4.28 **2014 NF PE RVU:** 5.17
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.60 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010

2013 Est Medicare Utilization: 1,297,812

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.69 **2014 NF PE RVU:** 0.82
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey January 2015

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

94014 **Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008

2013 Est Medicare Utilization: 819

2007 Work RVU: 0.52 **2014 Work RVU:** 0.52
2007 NF PE RVU: 0.77 **2014 NF PE RVU:** 0.92
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94015 **Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008

2013 Est Medicare Utilization: 854

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.61 **2014 NF PE RVU:** 0.74
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94016 **Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** April 2008 **2013 Est Medicare Utilization:** 12,443

2007 Work RVU: 0.52 **2014 Work RVU:** 0.52
2007 NF PE RVU: 0.16 **2014 NF PE RVU:** 0.18
2007 Fac PE RVU 0.16 **2014 Fac PE RVU:** 0.18

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94060 **Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 30 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,222,211

2007 Work RVU: 0.27 **2014 Work RVU:** 0.27
2007 NF PE RVU: 1.13 **2014 NF PE RVU:** 1.41
2007 Fac PE RVU 1.13 **2014 Fac PE RVU:** NA

RUC Recommendation: Survey January 2015. CPT Assistant article published. 0.31

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94070 **Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94240 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2014 Work RVU:**
2007 NF PE RVU: 0.7 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94260 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 / **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.13 **2014 Work RVU:**
2007 NF PE RVU: 0.63 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94350 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2014 Work RVU:**
2007 NF PE RVU: 0.73 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94360 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2014 Work RVU:**
2007 NF PE RVU: 0.77 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94370 **Determination of airway closing volume, single breath tests**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2014 Work RVU:**
2007 NF PE RVU: 0.69 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94400 **Breathing response to CO2 (CO2 response curve)**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2013 Est Medicare Utilization:** 1,938

2007 Work RVU: 0.40 **2014 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2014 NF PE RVU:** 1.15
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Status Report: CMS Requests and Relativity Assessment Issues

94450 **Breathing response to hypoxia (hypoxia response curve)** **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 752

2007 Work RVU: 0.40 **2014 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2014 NF PE RVU:** 1.49
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94640 **Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)** **Global:** XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2013 Est Medicare Utilization:** 627,073

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.32 **2014 NF PE RVU:** 0.5
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94668 **Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent** **Global:** XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2013 Est Medicare Utilization:** 12,045

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.46 **2014 NF PE RVU:** 0.81
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Status Report: CMS Requests and Relativity Assessment Issues

94681 **Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AACE, TES, ACCP/ATS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 16,230

2007 Work RVU: 0.20 **2014 Work RVU:** 0.20
2007 NF PE RVU: 2.16 **2014 NF PE RVU:** 1.21
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94720 **Carbon monoxide diffusing capacity (eg, single breath, steady state)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2014 Work RVU:**
2007 NF PE RVU: 1.04 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94725 **Membrane diffusion capacity**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2014 Work RVU:**
2007 NF PE RVU: 2.43 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94726 **Plethysmography for determination of lung volumes and, when performed, airway resistance**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 575,131

2007 Work RVU: 0.26 **2014 Work RVU:** 0.26
2007 NF PE RVU: **2014 NF PE RVU:** 1.2
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94727 **Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 348,866

2007 Work RVU: 0.26 **2014 Work RVU:** 0.26
2007 NF PE RVU: **2014 NF PE RVU:** 0.9
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** 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 **2013 Est Medicare Utilization:** 14,510

2007 Work RVU: 0.26 **2014 Work RVU:** 0.26
2007 NF PE RVU: **2014 NF PE RVU:** 0.85
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94729 **Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 967,809

2007 Work RVU: 0.19 **2014 Work RVU:** 0.19
2007 NF PE RVU: **2014 NF PE RVU:** 1.31
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.19 **CPT Action (if applicable):** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94760 **Noninvasive ear or pulse oximetry for oxygen saturation; single determination**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** NA **2013 Est Medicare Utilization:** 70,033

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.05 **2014 NF PE RVU:** 0.08
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **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 **2013 Est Medicare Utilization:** 11,065

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.08 **2014 NF PE RVU:** 0.13
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94762 **Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Fastest Growing, CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 379,117

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.56 **2014 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

94770 **Carbon dioxide, expired gas determination by infrared analyzer**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 57 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 8,108

2007 Work RVU: 0.15 **2014 Work RVU:** 0.15
2007 NF PE RVU: 0.76 **2014 NF PE RVU:** NA
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0.05

RUC Recommendation: Refer to CPT Assistant. Remove office-based PE inputs **CPT Action (if applicable):** **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?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2013 Est Medicare Utilization:** 9,138,306

2007 Work RVU: 0.01 **2014 Work RVU:** 0.01
2007 NF PE RVU: 0.12 **2014 NF PE RVU:** 0.16
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey January 2015. 0.01 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95010 **Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.15 **2014 Work RVU:**
2007 NF PE RVU: 0.31 **2014 NF PE RVU:**
2007 Fac PE RVU 0.06 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95015 **Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.15 **2014 Work RVU:**
2007 NF PE RVU: 0.16 **2014 NF PE RVU:**
2007 Fac PE RVU 0.06 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95017 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2013 Est Medicare Utilization:** 23,701

2007 Work RVU: 0.07 **2014 Work RVU:** 0.07
2007 NF PE RVU: **2014 NF PE RVU:** 0.15
2007 Fac PE RVU **2014 Fac PE RVU:** 0.03

RUC Recommendation: 0.07 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95018 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2013 Est Medicare Utilization:** 55,285

2007 Work RVU: 0.14 **2014 Work RVU:** 0.14
2007 NF PE RVU: **2014 NF PE RVU:** 0.41
2007 Fac PE RVU **2014 Fac PE RVU:** 0.05

RUC Recommendation: 0.14 **CPT Action (if applicable):** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95024 **Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI, AAOA **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,771,667

2007 Work RVU: 0.01 **2014 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2014 NF PE RVU:** 0.2
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0.01

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95027 **Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2013 Est Medicare Utilization:** 239,185

2007 Work RVU: 0.01 **2014 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2014 NF PE RVU:** 0.11
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.01 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95115 **Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** January 2012 **2013 Est Medicare Utilization:** 1,152,489

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.35 **2014 NF PE RVU:** 0.24
2007 Fac PE RVU 0.29 **2014 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95117 **Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** September 2011 **2013 Est Medicare Utilization:** 2,312,239

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.44 **2014 NF PE RVU:** 0.28
2007 Fac PE RVU 0.38 **2014 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **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?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2013 Est Medicare Utilization:** 185,369

2007 Work RVU: 0.06 **2014 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2014 NF PE RVU:** 0.28
2007 Fac PE RVU 0.02 **2014 Fac PE RVU:** 0.02

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95148 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms**

Global: XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 73 **Specialty Developing Recommendation:**

First Identified: October 2010

2013 Est Medicare Utilization: 15,373

2007 Work RVU: 0.06 **2014 Work RVU:** 0.06
2007 NF PE RVU: 0.67 **2014 NF PE RVU:** 1.4
2007 Fac PE RVU 0.03 **2014 Fac PE RVU:** 0.02

RUC Recommendation: 0.06

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95165 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)**

Global: XXX **Issue:** **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010

2013 Est Medicare Utilization: 6,008,217

2007 Work RVU: 0.06 **2014 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2014 NF PE RVU:** 0.29
2007 Fac PE RVU 0.02 **2014 Fac PE RVU:** 0.02

RUC Recommendation: Survey January 2015

CPT Action (if applicable):

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: September 2014 **Tab** 07 **Specialty Developing Recommendation:** AACE, TES

First Identified: October 2013

2013 Est Medicare Utilization: 28,206

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 3.95 **2014 NF PE RVU:** 4.38
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Referred to CPT

CPT Action (if applicable): May 2014

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95251 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 07 **Specialty Developing Recommendation:** AACE, TES **First Identified:** April 2013 **2013 Est Medicare Utilization:** 31,755

2007 Work RVU: 0.85 **2014 Work RVU:** 0.85
2007 NF PE RVU: 0.21 **2014 NF PE RVU:** 0.34
2007 Fac PE RVU 0.21 **2014 Fac PE RVU:** 0.34

RUC Recommendation: Referred to CPT **CPT Action (if applicable):** May 2014 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

9525X1

Global: **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 07 **Specialty Developing Recommendation:** AACE, TES **First Identified:** May 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Referred to CPT **CPT Action (if applicable):** May 2014 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

9525X2

Global: **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 07 **Specialty Developing Recommendation:** AACE, TES **First Identified:** May 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Referred to CPT **CPT Action (if applicable):** May 2014 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

95800 **Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Est Medicare Utilization:** 7,201

2007 Work RVU: 1.05 **2014 Work RVU:** 1.05
2007 NF PE RVU: **2014 NF PE RVU:** 3.91
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.05 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95801 **Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Est Medicare Utilization:** 163

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: **2014 NF PE RVU:** 1.61
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95803 **Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** NA **2013 Est Medicare Utilization:** 579

2007 Work RVU: 0.90 **2014 Work RVU:** 0.90
2007 NF PE RVU: **2014 NF PE RVU:** 3.27
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.90 and New PE inputs **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95805 **Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Est Medicare Utilization:** 5,203

2007 Work RVU: 1.20 **2014 Work RVU:** 1.20
2007 NF PE RVU: 14.7 **2014 NF PE RVU:** 10.53
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.20 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95806 **Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Est Medicare Utilization:** 17,052

2007 Work RVU: 1.25 **2014 Work RVU:** 1.25
2007 NF PE RVU: 3.46 **2014 NF PE RVU:** 3.5
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.28 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95807 **Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Est Medicare Utilization:** 4,965

2007 Work RVU: 1.28 **2014 Work RVU:** 1.28
2007 NF PE RVU: 11.82 **2014 NF PE RVU:** 11.87
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.25 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95808 **Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Est Medicare Utilization:** 883

2007 Work RVU: 1.74 **2014 Work RVU:** 1.74
2007 NF PE RVU: 13.79 **2014 NF PE RVU:** 15.92
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.74 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95810 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Est Medicare Utilization:** 302,139

2007 Work RVU: 2.50 **2014 Work RVU:** 2.50
2007 NF PE RVU: 17.54 **2014 NF PE RVU:** 14.63
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 2.50 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95811 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Est Medicare Utilization:** 352,803

2007 Work RVU: 2.60 **2014 Work RVU:** 2.60
2007 NF PE RVU: 19.32 **2014 NF PE RVU:** 15.37
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 2.60 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95812 **Electroencephalogram (EEG) extended monitoring; 41-60 minutes**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

95813 **Electroencephalogram (EEG) extended monitoring; greater than 1 hour**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:**

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 Codes / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Est Medicare Utilization:** 283,068

2007 Work RVU: 1.08 **2014 Work RVU:** 1.08
2007 NF PE RVU: 4.1 **2014 NF PE RVU:** 8.74
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey January 2015. 1.08

CPT Action (if applicable):

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 Codes / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: September 2011 **2013 Est Medicare Utilization:** 266,741

2007 Work RVU: 1.08 **2014 Work RVU:** 1.08
2007 NF PE RVU: 3.76 **2014 NF PE RVU:** 10.15
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey January 2015. 1.08

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

95822 **Electroencephalogram (EEG); recording in coma or sleep only**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: January 2012 **2013 Est Medicare Utilization:** 23,454

2007 Work RVU: 1.08 **2014 Work RVU:** 1.08
2007 NF PE RVU: 4.82 **2014 NF PE RVU:** 8.92
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey January 2015. 1.08

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

95857 **Cholinesterase inhibitor challenge test for myasthenia gravis** **Global:** **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

95860 **Needle electromyography; 1 extremity with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2009 **2013 Est Medicare Utilization:** 7,661

2007 Work RVU: 0.96 **2014 Work RVU:** 0.96
2007 NF PE RVU: 1.36 **2014 NF PE RVU:** 2.4
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.96 **CPT Action (if applicable):** February 2011 & October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95861 **Needle electromyography; 2 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 32,591

2007 Work RVU: 1.54 **2014 Work RVU:** 1.54
2007 NF PE RVU: 1.48 **2014 NF PE RVU:** 3.11
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.54 **CPT Action (if applicable):** February 2011 & October 2011 & February 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2013 Est Medicare Utilization:** 577

2007 Work RVU: 1.87 **2014 Work RVU:** 1.87
2007 NF PE RVU: 1.79 **2014 NF PE RVU:** 3.78
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.87 **CPT Action (if applicable):** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95864 **Needle electromyography; 4 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,307

2007 Work RVU: 1.99 **2014 Work RVU:** 1.99
2007 NF PE RVU: 2.53 **2014 NF PE RVU:** 4.53
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.99 **CPT Action (if applicable):** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95867 **Needle electromyography; cranial nerve supplied muscle(s), unilateral** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Est Medicare Utilization:** 1,916

2007 Work RVU: 0.79 **2014 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2014 NF PE RVU:** 1.79
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.79 **CPT Action (if applicable):** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95868 **Needle electromyography; cranial nerve supplied muscles, bilateral**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Est Medicare Utilization:** 1,766

2007 Work RVU: 1.18 **2014 Work RVU:** 1.18
2007 NF PE RVU: 1.26 **2014 NF PE RVU:** 2.42
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.18 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95869 **Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Est Medicare Utilization:** 799

2007 Work RVU: 0.37 **2014 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2014 NF PE RVU:** 1.72
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.37 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95870 **Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Est Medicare Utilization:** 36,084

2007 Work RVU: 0.37 **2014 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2014 NF PE RVU:** 2.07
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.37 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95885 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 143,353

2007 Work RVU: 0.35 **2014 Work RVU:** 0.35
2007 NF PE RVU: **2014 NF PE RVU:** 1.27
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.35 **CPT Action (if applicable):** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95886 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 927,996

2007 Work RVU: 0.86 **2014 Work RVU:** 0.86
2007 NF PE RVU: **2014 NF PE RVU:** 1.67
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.92 **CPT Action (if applicable):** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95887 **Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 9,747

2007 Work RVU: 0.71 **2014 Work RVU:** 0.71
2007 NF PE RVU: **2014 NF PE RVU:** 1.68
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.73 **CPT Action (if applicable):** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95900 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** MPC List / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.42 **2014 Work RVU:**
2007 NF PE RVU: 1.18 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011& February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95903 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** CMS High Expenditure Procedural Codes / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.60 **2014 Work RVU:**
2007 NF PE RVU: 1.15 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 and February 2012 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95904 **Nerve conduction, amplitude and latency/velocity study, each nerve; sensory**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.34 **2014 Work RVU:**
2007 NF PE RVU: 1.03 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 & October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95907 **Nerve conduction studies; 1-2 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Est Medicare Utilization:** 16,002

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: **2014 NF PE RVU:** 1.6
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.00 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95908 **Nerve conduction studies; 3-4 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Est Medicare Utilization:** 84,287

2007 Work RVU: 1.25 **2014 Work RVU:** 1.25
2007 NF PE RVU: **2014 NF PE RVU:** 1.96
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.37 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95909 **Nerve conduction studies; 5-6 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Est Medicare Utilization:** 166,430

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: **2014 NF PE RVU:** 2.36
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.77 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95910 **Nerve conduction studies; 7-8 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Est Medicare Utilization:** 176,498

2007 Work RVU: 2.00 **2014 Work RVU:** 2.00
2007 NF PE RVU: **2014 NF PE RVU:** 3.07
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 2.80 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95911 **Nerve conduction studies; 9-10 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Est Medicare Utilization:** 188,350

2007 Work RVU: 2.50 **2014 Work RVU:** 2.50
2007 NF PE RVU: **2014 NF PE RVU:** 3.66
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 3.34 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95912 **Nerve conduction studies; 11-12 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Est Medicare Utilization:** 101,194

2007 Work RVU: 3.00 **2014 Work RVU:** 3.00
2007 NF PE RVU: **2014 NF PE RVU:** 4.24
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95913 **Nerve conduction studies; 13 or more studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Est Medicare Utilization:** 109,812

2007 Work RVU: 3.56 **2014 Work RVU:** 3.56
2007 NF PE RVU: **2014 NF PE RVU:** 4.82
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 4.20 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95921 **Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** October 2009 **2013 Est Medicare Utilization:** 84,976

2007 Work RVU: 0.90 **2014 Work RVU:** 0.90
2007 NF PE RVU: 0.82 **2014 NF PE RVU:** 1.56
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.90 **CPT Action (if applicable):** February 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95922 **Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** February 2008 **2013 Est Medicare Utilization:** 74,200

2007 Work RVU: 0.96 **2014 Work RVU:** 0.96
2007 NF PE RVU: 1 **2014 NF PE RVU:** 2
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.96 **CPT Action (if applicable):** February 2012 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2008

Status Report: CMS Requests and Relativity Assessment Issues

95923 **Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2013 Est Medicare Utilization:** 53,785

2007 Work RVU: 0.90 **2014 Work RVU:** 0.90
2007 NF PE RVU: 1.99 **2014 NF PE RVU:** 4.84
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.90 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95924 **Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 06 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2013 Est Medicare Utilization:** 9,532

2007 Work RVU: 1.73 **2014 Work RVU:** 1.73
2007 NF PE RVU: **2014 NF PE RVU:** 2.27
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.73 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95925 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2013 Est Medicare Utilization:** 9,778

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 1.63 **2014 NF PE RVU:** 4.31
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.54 and New PE Inputs **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2013 Est Medicare Utilization:** 16,288

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 1.59 **2014 NF PE RVU:** 3.49
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.54 and New PE Inputs

CPT Action (if applicable): 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 **2013 Est Medicare Utilization:** 489

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: 3.25 **2014 NF PE RVU:** 5.49
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.50

CPT Action (if applicable): 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 **2013 Est Medicare Utilization:** 1,005

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: 3.48 **2014 NF PE RVU:** 5.31
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.50 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95934 **H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle**

Global: XXX **Issue:** **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.51 **2014 Work RVU:**
2007 NF PE RVU: 0.55 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 & February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95936 **H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle**

Global: XXX **Issue:** **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.55 **2014 Work RVU:**
2007 NF PE RVU: 0.49 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 & February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95938 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** **2013 Est Medicare Utilization:** 48,286

2007 Work RVU: 0.86 **2014 Work RVU:** 0.86
2007 NF PE RVU: **2014 NF PE RVU:** 8.52
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.86 and new PE inputs **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95939 **Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** **2013 Est Medicare Utilization:** 19,195

2007 Work RVU: 2.25 **2014 Work RVU:** 2.25
2007 NF PE RVU: **2014 NF PE RVU:** 11.41
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 2.25 and new PE inputs **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95940 **Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** **2013 Est Medicare Utilization:** 28,028

2007 Work RVU: 0.60 **2014 Work RVU:** 0.60
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 0.28

RUC Recommendation: 0.60 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95941 **Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: 2.00 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95943 **Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 06 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2013 Est Medicare Utilization:** 10,883

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Carrier Price **CPT Action (if applicable):** February 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95950 **Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours**

Global: XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2009 **2013 Est Medicare Utilization:** 1,155

2007 Work RVU: 1.51 **2014 Work RVU:** 1.51
2007 NF PE RVU: 4.18 **2014 NF PE RVU:** 7.75
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.51 and new PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95953 **Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended**

Global: XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2009 **2013 Est Medicare Utilization:** 23,452

2007 Work RVU: 3.08 **2014 Work RVU:** 3.08
2007 NF PE RVU: 7.52 **2014 NF PE RVU:** 8.87
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 3.08 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95954 **Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)**

Global: XXX **Issue:** EEG Monitoring **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 2,170

2007 Work RVU: 2.45 **2014 Work RVU:** 2.45
2007 NF PE RVU: 4.38 **2014 NF PE RVU:** 9.7
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

95956 **Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse**

Global: XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 5,722

2007 Work RVU: 3.61 **2014 Work RVU:** 3.61
2007 NF PE RVU: 15.47 **2014 NF PE RVU:** 42.69
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 3.61. CPT Assistant article published **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

Status Report: CMS Requests and Relativity Assessment Issues

95970 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming**

Global: XXX **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR **First Identified:** February 2010 **2013 Est Medicare Utilization:** 27,806

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 0.86 **2014 NF PE RVU:** 1.44
2007 Fac PE RVU 0.14 **2014 Fac PE RVU:** 0.2

RUC Recommendation: 0.45 **CPT Action (if applicable):** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95971 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming**

Global: XXX **Issue:** Electronic analysis of implanted neurostimulator pulse generator system **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 32 **Specialty Developing Recommendation:** AAPM, ACOG, ASA, AUA, ISIS, NASS **First Identified:** October 2009 **2013 Est Medicare Utilization:** 11,612

2007 Work RVU: 0.78 **2014 Work RVU:** 0.78
2007 NF PE RVU: 0.66 **2014 NF PE RVU:** 0.85
2007 Fac PE RVU 0.22 **2014 Fac PE RVU:** 0.31

RUC Recommendation: 0.78 and Refer to CPT. **CPT Action (if applicable):** CPT 2016 Cycle **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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, first hour**

Global: XXX **Issue:** Electronic analysis of implanted neurostimulator pulse generator system **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 32 **Specialty Developing Recommendation:** AAPM, ACOG, ASA, AUA, ISIS, NASS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 61,940

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: 1.21 **2014 NF PE RVU:** 1.44
2007 Fac PE RVU 0.48 **2014 Fac PE RVU:** 0.59

RUC Recommendation: 0.90 and Refer to CPT

CPT Action (if applicable): May 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95973 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,721

2007 Work RVU: 0.92 **2014 Work RVU:** 0.92
2007 NF PE RVU: 0.61 **2014 NF PE RVU:** 0.78
2007 Fac PE RVU 0.32 **2014 Fac PE RVU:** 0.39

RUC Recommendation: 0.92 and Refer to CPT

CPT Action (if applicable): CPT 2016 Cycle **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95990 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** April 2010 **2013 Est Medicare Utilization:** 6,641

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 1.53 **2014 NF PE RVU:** 2.56
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.00 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95991 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM **First Identified:** February 2008 **2013 Est Medicare Utilization:** 14,606

2007 Work RVU: 0.77 **2014 Work RVU:** 0.77
2007 NF PE RVU: 1.53 **2014 NF PE RVU:** 2.59
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0.3

RUC Recommendation: 0.77 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96101 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAN APA (Psychology) **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** February 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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: **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAN APA (Psychology) **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** February 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

96103 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAN APA (Psychology) **First Identified:** April 2013 **2013 Est Medicare Utilization:** 91,276

2007 Work RVU: 0.51 **2014 Work RVU:** 0.51
2007 NF PE RVU: 0.49 **2014 NF PE RVU:** 0.24
2007 Fac PE RVU 0.15 **2014 Fac PE RVU:** 0.21

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2013 & February 2014 & February 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96105 **Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour**

Global: XXX **Issue:** Assessment of Aphasia **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 33 **Specialty Developing Recommendation:** ASHA, AAN **First Identified:** **2013 Est Medicare Utilization:** 327

2007 Work RVU: 1.75 **2014 Work RVU:** 1.75
2007 NF PE RVU: 1.83 **2014 NF PE RVU:** 1.05
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.75 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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: **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAN APA (Psychology) **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** February 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

96119 **Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face**

Global: **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAN APA (Psychology) **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** February 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

96120 **Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAN APA (Psychology) **First Identified:** April 2013 **2013 Est Medicare Utilization:** 29,165

2007 Work RVU: 0.51 **2014 Work RVU:** 0.51
2007 NF PE RVU: 1.04 **2014 NF PE RVU:** 0.8
2007 Fac PE RVU 0.15 **2014 Fac PE RVU:** 0.19

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2013 & February 2014 & February 2015 **Result:** Maintain
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: **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAN APA (Psychology) **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** February 2015 **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 Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,272,402

2007 Work RVU: 0.21 **2014 Work RVU:** 0.21
2007 NF PE RVU: **2014 NF PE RVU:** 1.68
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.21 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96366 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** **2013 Est Medicare Utilization:** 626,424

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: **2014 NF PE RVU:** 0.33
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.18 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96367 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,882,444

2007 Work RVU: 0.19 **2014 Work RVU:** 0.19
2007 NF PE RVU: **2014 NF PE RVU:** 0.64
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.19 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96368 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** **2013 Est Medicare Utilization:** 168,730

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: **2014 NF PE RVU:** 0.39
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96372 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular**

Global: XXX **Issue:** **Screen:** Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 9,391,918

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: **2014 NF PE RVU:** 0.52
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:** Remove from screen

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: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **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: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

96401 **Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96402 **Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:**

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 **2013 Est Medicare Utilization:** 2,241

2007 Work RVU: 0.52 **2014 Work RVU:** 0.52
2007 NF PE RVU: 2.71 **2014 NF PE RVU:** 1.72
2007 Fac PE RVU 0.24 **2014 Fac PE RVU:** 0.3

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

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 **2013 Est Medicare Utilization:** 297

2007 Work RVU: 0.80 **2014 Work RVU:** 0.80
2007 NF PE RVU: 3.08 **2014 NF PE RVU:** 2.33
2007 Fac PE RVU 0.29 **2014 Fac PE RVU:** 0.46

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

96409 **Chemotherapy administration; intravenous, push technique, single or initial substance/drug**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **Result:**

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: **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):** **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 Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,998,977

2007 Work RVU: 0.28 **2014 Work RVU:** 0.28
2007 NF PE RVU: 4.05 **2014 NF PE RVU:** 3.39
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.28 and new PE inputs **CPT Action (if applicable):** **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 Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2013 Est Medicare Utilization:** 1,130,904

2007 Work RVU: 0.19 **2014 Work RVU:** 0.19
2007 NF PE RVU: 0.74 **2014 NF PE RVU:** 0.58
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.19 and new PE inputs **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96416 **Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 20 **Specialty Developing Recommendation:** ACRh, ASCO, ASH **First Identified:** February 2010 **2013 Est Medicare Utilization:** 115,089

2007 Work RVU: 0.21 **2014 Work RVU:** 0.21
2007 NF PE RVU: 4.47 **2014 NF PE RVU:** 3.6
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

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 Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2013 Est Medicare Utilization:** 502,497

2007 Work RVU: 0.21 **2014 Work RVU:** 0.21
2007 NF PE RVU: 1.89 **2014 NF PE RVU:** 1.49
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.21 and new PE inputs **CPT Action (if applicable):** **Result:** Maintain

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 **2013 Est Medicare Utilization:** 48

2007 Work RVU: 2.37 **2014 Work RVU:** 2.37
2007 NF PE RVU: 7.48 **2014 NF PE RVU:** 20.97
2007 Fac PE RVU 1.17 **2014 Fac PE RVU:** 1.08

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96567 **Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session**

Global: XXX **Issue:** Photodynamic Therapy **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2013 Est Medicare Utilization:** 118,419

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 2.4 **2014 NF PE RVU:** 3.68
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

96920 **Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2013 Est Medicare Utilization:** 75,339

2007 Work RVU: 1.15 **2014 Work RVU:** 1.15
2007 NF PE RVU: 2.8 **2014 NF PE RVU:** 3.09
2007 Fac PE RVU 0.57 **2014 Fac PE RVU:** 0.68

RUC Recommendation: 1.15 and develop CPT Assistant article. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

96921 **Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2013 Est Medicare Utilization:** 22,538

2007 Work RVU: 1.30 **2014 Work RVU:** 1.30
2007 NF PE RVU: 2.82 **2014 NF PE RVU:** 3.38
2007 Fac PE RVU 0.57 **2014 Fac PE RVU:** 0.77

RUC Recommendation: 1.30 and develop CPT Assistant article. **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

Status Report: CMS Requests and Relativity Assessment Issues

96922 **Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm** **Global:** 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2013 Est Medicare Utilization:** 13,463

2007 Work RVU: 2.10 **2014 Work RVU:** 2.10
2007 NF PE RVU: 3.77 **2014 NF PE RVU:** 4.37
2007 Fac PE RVU 0.73 **2014 Fac PE RVU:** 1.25

RUC Recommendation: 2.10 and develop CPT Assistant article.

CPT Action (if applicable):
Result: Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

97001 **Physical therapy evaluation** **Global:** XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:** 2,205,887

2007 Work RVU: 1.20 **2014 Work RVU:** 1.20
2007 NF PE RVU: 0.73 **2014 NF PE RVU:** 0.87
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable): CPT 2016 cycle
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

97016 **Application of a modality to 1 or more areas; vasopneumatic devices** **Global:** XXX **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R **First Identified:** February 2010 **2013 Est Medicare Utilization:** 383,226

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: 0.2 **2014 NF PE RVU:** 0.35
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable):
Result: Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97018 **Application of a modality to 1 or more areas; paraffin bath**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Therapeutic Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R **First Identified:** February 2010 **2013 Est Medicare Utilization:** 112,092

2007 Work RVU: 0.06 **2014 Work RVU:** 0.06
2007 NF PE RVU: 0.12 **2014 NF PE RVU:** 0.24
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97035 **Application of a modality to 1 or more areas; ultrasound, each 15 minutes**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Est Medicare Utilization:** 3,099,046

2007 Work RVU: 0.21 **2014 Work RVU:** 0.21
2007 NF PE RVU: 0.1 **2014 NF PE RVU:** 0.14
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **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 Therapeutic Procedures **Screen:** Codes Reported Together 75% or More-Part1 / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R **First Identified:** February 2010 **2013 Est Medicare Utilization:** 41,978,145

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 0.28 **2014 NF PE RVU:** 0.44
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97112 **Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Est Medicare Utilization:** 7,304,330

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 0.32 **2014 NF PE RVU:** 0.48
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable): CPT 2016 cycle **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97116 **Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Therapeutic Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R

First Identified: February 2010 **2013 Est Medicare Utilization:** 1,538,101

2007 Work RVU: 0.40 **2014 Work RVU:** 0.40
2007 NF PE RVU: 0.25 **2014 NF PE RVU:** 0.39
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.40

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97140 **Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Est Medicare Utilization:** 18,972,182

2007 Work RVU: 0.43 **2014 Work RVU:** 0.43
2007 NF PE RVU: 0.26 **2014 NF PE RVU:** 0.4
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable): CPT 2016 cycle **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97150 **Therapeutic procedure(s), group (2 or more individuals)**

Global: XXX **Issue:** Group Therapeutic Procedure **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 32 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2011 **2013 Est Medicare Utilization:** 751,047

2007 Work RVU: 0.29 **2014 Work RVU:** 0.29
2007 NF PE RVU: 0.19 **2014 NF PE RVU:** 0.19
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.29 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97530 **Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:** 7,133,218

2007 Work RVU: 0.44 **2014 Work RVU:** 0.44
2007 NF PE RVU: 0.34 **2014 NF PE RVU:** 0.53
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** CPT 2016 cycle **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97532 **Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 202,329

2007 Work RVU: 0.44 **2014 Work RVU:** 0.44
2007 NF PE RVU: 0.21 **2014 NF PE RVU:** 0.3
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97535 **Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACP, APTA, AOTA, ACCP, ATS **First Identified:** October 2012 **2013 Est Medicare Utilization:** 870,044

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 0.34 **2014 NF PE RVU:** 0.52
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from screen

Referred to CPT Asst ☑ **Published in CPT Asst:** Article no longer ne

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97542 **Wheelchair management (eg, assessment, fitting, training), each 15 minutes**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 30,895

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 0.28 **2014 NF PE RVU:** 0.4
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97597 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less**

Global: 000 **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 04 **Specialty Developing Recommendation:** APTA, APMA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,079,903

2007 Work RVU: 0.51 **2014 Work RVU:** 0.51
2007 NF PE RVU: 0.77 **2014 NF PE RVU:** 1.59
2007 Fac PE RVU 0.53 **2014 Fac PE RVU:** 0.13

RUC Recommendation: 0.54 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97598 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 04 **Specialty Developing Recommendation:** APTA, APMA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 94,182

2007 Work RVU: 0.24 **2014 Work RVU:** 0.24
2007 NF PE RVU: 0.91 **2014 NF PE RVU:** 0.44
2007 Fac PE RVU 0.64 **2014 Fac PE RVU:** 0.06

RUC Recommendation: 0.40 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97605 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2013 **2013 Est Medicare Utilization:** 42,384

2007 Work RVU: 0.55 **2014 Work RVU:** 0.55
2007 NF PE RVU: 0.36 **2014 NF PE RVU:** 0.57
2007 Fac PE RVU 0.2 **2014 Fac PE RVU:** 0.14

RUC Recommendation: 0.55 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97606 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** April 2013 **2013 Est Medicare Utilization:** 11,654

2007 Work RVU: 0.60 **2014 Work RVU:** 0.60
2007 NF PE RVU: 0.37 **2014 NF PE RVU:** 0.58
2007 Fac PE RVU 0.21 **2014 Fac PE RVU:** 0.15

RUC Recommendation: 0.60 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

976XX11 **Global:** **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.11 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

976XX12 **Global:** **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.46 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

97755 **Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes** **Global:** XXX **Issue:** Assistive Technology Assessment **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 2,524

2007 Work RVU: 0.62 **2014 Work RVU:** 0.62
2007 NF PE RVU: 0.28 **2014 NF PE RVU:** 0.37
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

97802 **Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes** **Global:** XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2013 Est Medicare Utilization:** 209,760

2007 Work RVU: 0.53 **2014 Work RVU:** 0.53
2007 NF PE RVU: 0.39 **2014 NF PE RVU:** 0.44
2007 Fac PE RVU 0.38 **2014 Fac PE RVU:** 0.37

RUC Recommendation: 0.53 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97803 **Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2013 Est Medicare Utilization:** 171,225

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2014 NF PE RVU:** 0.38
2007 Fac PE RVU 0.38 **2014 Fac PE RVU:** 0.32

RUC Recommendation: 0.45 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98925 **Osteopathic manipulative treatment (OMT); 1-2 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 75,849

2007 Work RVU: 0.46 **2014 Work RVU:** 0.46
2007 NF PE RVU: 0.31 **2014 NF PE RVU:** 0.39
2007 Fac PE RVU 0.14 **2014 Fac PE RVU:** 0.18

RUC Recommendation: 0.50 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98926 **Osteopathic manipulative treatment (OMT); 3-4 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** October 2009 **2013 Est Medicare Utilization:** 111,476

2007 Work RVU: 0.71 **2014 Work RVU:** 0.71
2007 NF PE RVU: 0.4 **2014 NF PE RVU:** 0.53
2007 Fac PE RVU 0.23 **2014 Fac PE RVU:** 0.27

RUC Recommendation: 0.75 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98927 **Osteopathic manipulative treatment (OMT); 5-6 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** October 2009 **2013 Est Medicare Utilization:** 95,553

2007 Work RVU: 0.96 **2014 Work RVU:** 0.96
2007 NF PE RVU: 0.49 **2014 NF PE RVU:** 0.66
2007 Fac PE RVU 0.28 **2014 Fac PE RVU:** 0.33

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98928 **Osteopathic manipulative treatment (OMT); 7-8 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010 **2013 Est Medicare Utilization:** 89,736

2007 Work RVU: 1.21 **2014 Work RVU:** 1.21
2007 NF PE RVU: 0.57 **2014 NF PE RVU:** 0.78
2007 Fac PE RVU 0.32 **2014 Fac PE RVU:** 0.43

RUC Recommendation: 1.25 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98929 **Osteopathic manipulative treatment (OMT); 9-10 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010 **2013 Est Medicare Utilization:** 62,883

2007 Work RVU: 1.46 **2014 Work RVU:** 1.46
2007 NF PE RVU: 0.65 **2014 NF PE RVU:** 0.91
2007 Fac PE RVU 0.35 **2014 Fac PE RVU:** 0.49

RUC Recommendation: 1.50 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98940 **Chiropractic manipulative treatment (CMT); spinal, 1-2 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2013 Est Medicare Utilization:** 6,596,473

2007 Work RVU: 0.46 **2014 Work RVU:** 0.46
2007 NF PE RVU: 0.23 **2014 NF PE RVU:** 0.32
2007 Fac PE RVU 0.12 **2014 Fac PE RVU:** 0.16

RUC Recommendation: 0.46 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98941 **Chiropractic manipulative treatment (CMT); spinal, 3-4 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2013 Est Medicare Utilization:** 13,082,465

2007 Work RVU: 0.71 **2014 Work RVU:** 0.71
2007 NF PE RVU: 0.29 **2014 NF PE RVU:** 0.42
2007 Fac PE RVU 0.17 **2014 Fac PE RVU:** 0.25

RUC Recommendation: 0.71 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98942 **Chiropractic manipulative treatment (CMT); spinal, 5 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,503,545

2007 Work RVU: 0.96 **2014 Work RVU:** 0.96
2007 NF PE RVU: 0.36 **2014 NF PE RVU:** 0.51
2007 Fac PE RVU 0.23 **2014 Fac PE RVU:** 0.34

RUC Recommendation: 0.96 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98943 **Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions**

Global: XXX **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.46 **2014 Work RVU:** 0.46
2007 NF PE RVU: 0.22 **2014 NF PE RVU:** 0.28
2007 Fac PE RVU 0.14 **2014 Fac PE RVU:** 0.18

RUC Recommendation: 0.46 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

99174 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral**

Global: XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 09 **Specialty Developing Recommendation:** AAP, AAO **First Identified:** NA **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0.2
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: PE Only **CPT Action (if applicable):** May 2014 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

99176X

Global: **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** May 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: PE Only **CPT Action (if applicable):** May 2014 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99183 **Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session**

Global: XXX **Issue:** Hyperbaric Oxygen Therapy **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 33 **Specialty Developing Recommendation:** ACEP, ACP, ACS, APMA **First Identified:** April 2013 **2013 Est Medicare Utilization:** 582,727

2007 Work RVU: 2.34 **2014 Work RVU:** 2.34
2007 NF PE RVU: 3.08 **2014 NF PE RVU:** 3.41
2007 Fac PE RVU 0.69 **2014 Fac PE RVU:** 0.86

RUC Recommendation: 2.11 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

9949X7 **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 healthcare professional; first 30 minutes, face-to-face with the patient, family member(s) and/or surrogate**

Global: **Issue:** Advance Care Planning **Screen:** RUC Referral to CPT Assistant **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 19 **Specialty Developing Recommendation:** AAFP, AAN, ACP, ACCP, AGS, ATS **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Review in 3 years and refer to CPT Assistant **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:**

9949X8 **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 healthcare professional; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: **Issue:** Advance Care Planning **Screen:** RUC Referral to CPT Assistant **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 19 **Specialty Developing Recommendation:** AAFP, AAN, ACP, ACCP, AGS, ATS **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Review in 3 years and refer to CPT Assistant **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0101 **Cervical or vaginal cancer screening; pelvic and clinical breast examination** **Global:** XXX **Issue:** **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,086,627

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 0.51 **2014 NF PE RVU:** 0.58
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0.29

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0104 **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 2,042

2007 Work RVU: 0.96 **2014 Work RVU:** 0.96
2007 NF PE RVU: 2.33 **2014 NF PE RVU:** 2.77
2007 Fac PE RVU 0.53 **2014 Fac PE RVU:** 0.72

RUC Recommendation: 0.84 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0105 **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 244,755

2007 Work RVU: 3.69 **2014 Work RVU:** 3.69
2007 NF PE RVU: 6.2 **2014 NF PE RVU:** 6.78
2007 Fac PE RVU 1.57 **2014 Fac PE RVU:** 1.94

RUC Recommendation: 3.36 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0121 **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 248,190

2007 Work RVU: 3.69 **2014 Work RVU:** 3.69
2007 NF PE RVU: 6.2 **2014 NF PE RVU:** 6.78
2007 Fac PE RVU 1.57 **2014 Fac PE RVU:** 1.94

RUC Recommendation: 3.36 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0127 **Trimming of dystrophic nails, any number** **Global:** 000 **Issue:** **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** APMA **First Identified:** April 2011 **2013 Est Medicare Utilization:** 779,197

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2014 NF PE RVU:** 0.47
2007 Fac PE RVU 0.07 **2014 Fac PE RVU:** 0.04

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0179 **Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period** **Global:** XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** AAFP, ACP, AAHCP **First Identified:** October 2008 **2013 Est Medicare Utilization:** 1,185,270

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 0.89 **2014 NF PE RVU:** 0.67
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0180 **Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** AAFP, ACP, AAHCP **First Identified:** October 2008 **2013 Est Medicare Utilization:** 1,349,635

2007 Work RVU: 0.67 **2014 Work RVU:** 0.67
2007 NF PE RVU: 1.09 **2014 NF PE RVU:** 0.78
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):**
Result: Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0181 **Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (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 Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** AAFP, ACP **First Identified:** October 2008 **2013 Est Medicare Utilization:** 384,535

2007 Work RVU: 1.73 **2014 Work RVU:** 1.73
2007 NF PE RVU: 1.32 **2014 NF PE RVU:** 1.18
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):**
Result: Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0202 **Screening mammography, producing direct digital image, bilateral, all views**

Global: XXX **Issue:** Digital Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 5,575,943

2007 Work RVU: 0.70 **2014 Work RVU:** 0.70
2007 NF PE RVU: 2.74 **2014 NF PE RVU:** 3.02
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: CMS deleted for 2015 **CPT Action (if applicable):**
Result: Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0204 **Diagnostic mammography, producing direct digital image, bilateral, all views** **Global:** XXX **Issue:** Digital Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 637,611

2007 Work RVU: 0.87 **2014 Work RVU:** 0.87
2007 NF PE RVU: 2.87 **2014 NF PE RVU:** 3.67
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: CMS deleted for 2015 **CPT Action (if applicable):**

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0206 **Diagnostic mammography, producing direct digital image, unilateral, all views** **Global:** XXX **Issue:** Digital Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 785,072

2007 Work RVU: 0.70 **2014 Work RVU:** 0.70
2007 NF PE RVU: 2.31 **2014 NF PE RVU:** 2.87
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: CMS deleted for 2015 **CPT Action (if applicable):**

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 **2013 Est Medicare Utilization:** 127,741

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.41 **2014 NF PE RVU:** 0.27
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **CPT Action (if applicable):**

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0238 **Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring)**

Global: XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 185,416

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.43 **2014 NF PE RVU:** 0.29
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0249 **Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:** 1,103,330

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 3.57 **2014 NF PE RVU:** 3.09
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0250 **Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:** 235,861

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: 0.07 **2014 NF PE RVU:** 0.07
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0268 **Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing**

Global: 000 **Issue:** Removal of Wax **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 140,462

2007 Work RVU: 0.61 **2014 Work RVU:** 0.61
2007 NF PE RVU: 0.63 **2014 NF PE RVU:** 0.83
2007 Fac PE RVU 0.23 **2014 Fac PE RVU:** 0.28

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0270 **Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ADA **First Identified:** February 2008 **2013 Est Medicare Utilization:** 28,991

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2014 NF PE RVU:** 0.38
2007 Fac PE RVU 0.38 **2014 Fac PE RVU:** 0.32

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0283 **Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care**

Global: XXX **Issue:** **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Est Medicare Utilization:** 6,525,980

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: 0.12 **2014 NF PE RVU:** 0.2
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0389 **Global:** **Issue:** **Screen:** NPRM for 2015 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACC, ACP, ACR, SCAI, SVS **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** 2016 CPT cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0416 **Global:** **Issue:** **Screen:** NPRM for 2015 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** July 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey for January 2015 **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0438 **Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit** **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 1,217,475

2007 Work RVU: 2.43 **2014 Work RVU:** 2.43
2007 NF PE RVU: **2014 NF PE RVU:** 2.21
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0439 **Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit** **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 2,631,863

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: **2014 NF PE RVU:** 1.64
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0447

Global: **Issue:** **Screen:** NPRM for 2015 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: July 2014

2013 Est Medicare Utilization:

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey for January 2015

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0456 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters**

Global: YYY **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: November 2012

2013 Est Medicare Utilization: 443

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: No specialty society interest

CPT Action (if applicable): May 2013

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0457 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters**

Global: YYY **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: November 2012

2013 Est Medicare Utilization: 37

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: No specialty society interest

CPT Action (if applicable): May 2013

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

GXXX2

Global: **Issue:** **Screen:** NPRM for 2015 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: July 2014

2013 Est Medicare Utilization:

2007 Work RVU: **2014 Work RVU:**

2007 NF PE RVU: **2014 NF PE RVU:**

2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey for January 2015

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

GXXX3

Global: **Issue:** **Screen:** NPRM for 2015 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: July 2014

2013 Est Medicare Utilization:

2007 Work RVU: **2014 Work RVU:**

2007 NF PE RVU: **2014 NF PE RVU:**

2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey for January 2015

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

RUC Referrals to CPT Editoral Panel - Incomplete Issues

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
21805	**Open treatment of rib fracture without fixation, each**	CMS Request Final Rule for 2014	April 2014	STS, ACS	October 2014	

Background: Referred to CPT for deletion.Submitted CCP for Oct 2014 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
22305	**Closed treatment of vertebral process fracture(s)**	CMS Request Final Rule for 2014	October 2013	AAOS, NASS	CPT 2016 cycle	

Background: Refer to CPT for deletion. There are multiple ways to report this service or report as an Evaluation and Management service.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
27193	**Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation**	CMS Request Final Rule for 2014	October 2013	AAOS	CPT 2016 cycle	

Background: Refer to CPT for deletion. There are multiple ways to report this service or report as an Evaluation and Management service.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
31582	**Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy**	090-Day Global Post-Operative Visits	September 2014	AAO-HNS		

Background: In September 2014, the specialty society noted that while reviewing this family of services, prior to survey, they noted that there were two reasons that this family of services should be referred to the CPT Editorial Panel. First, for some of the codes, the technology has changed, requiring modification to create new endoscopic codes that will more accurately represent the work being done. Second, due to low utilization for most of these codes, it may be appropriate to revise/delete any outmoded codes prior to conducting a RUC survey. Given this information, the RUC agreed that this family of services should be referred to the CPT Editorial Panel for revisions.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
31584	**Laryngoplasty; with open reduction of fracture**	090-Day Global Post-Operative Visits	September 2014	AAO-HNS		

Background: In September 2014, the specialty society noted that while reviewing this family of services, prior to survey, they noted that there were two reasons that this family of services should be referred to the CPT Editorial Panel. First, for some of the codes, the technology has changed, requiring modification to create new endoscopic codes that will more accurately represent the work being done. Second, due to low utilization for most of these codes, it may be appropriate to revise/delete any outmoded codes prior to conducting a RUC survey. Given this information, the RUC agreed that this family of services should be referred to the CPT Editorial Panel for revisions.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
31587	**Laryngoplasty, cricoid split**	090-Day Global Post-Operative Visits	September 2014	AAO-HNS		

Background: In September 2014, the specialty society noted that while reviewing this family of services, prior to survey, they noted that there were two reasons that this family of services should be referred to the CPT Editorial Panel. First, for some of the codes, the technology has changed, requiring modification to create new endoscopic codes that will more accurately represent the work being done. Second, due to low utilization for most of these codes, it may be appropriate to revise/delete any outmoded codes prior to conducting a RUC survey. Given this information, the RUC agreed that this family of services should be referred to the CPT Editorial Panel for revisions.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
31588	**Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)**	090-Day Global Post-Operative Visits	September 2014	AAO-HNS		

Background: In September 2014, the specialty society noted that while reviewing this family of services, prior to survey, they noted that there were two reasons that this family of services should be referred to the CPT Editorial Panel. First, for some of the codes, the technology has changed, requiring modification to create new endoscopic codes that will more accurately represent the work being done. Second, due to low utilization for most of these codes, it may be appropriate to revise/delete any outmoded codes prior to conducting a RUC survey. Given this information, the RUC agreed that this family of services should be referred to the CPT Editorial Panel for revisions.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
31620	**Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])**	High Volume Growth2	January 2014	ACCP, ATS	October 2014	

Background: In January 2014, the RUC recommends referring CPT code 31620 to the CPT Editorial Panel to clarify that there is no overlap regarding the work of performing the biopsy(ies) associated with base code 31629 and other base codes in which add-on CPT code 31620 would be typically be reported. CCP submitted for October 2014 CPT meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
34802	**Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)**	Pre-Time Analysis	April 2014	ACR, SCAI, SIR, SVS	CPT 2017 cycle	

Background: Referred to CPT for revision

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
34812	**Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral**	Pre-Time Analysis	April 2014	ACR, SCAI, SIR, SVS	CPT 2017 cycle	

Background: Referred to CPT for revision

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
34825	**Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel**	Pre-Time Analysis	April 2014	ACR, SCAI, SIR, SVS	CPT 2017 cycle	

Background: Referred to CPT for revision

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
36870	**Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)**	Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes / CMS High Expenditure Procedural Codes2	January 2013	ACR, SIR, SVS	2016 CPT cycle	

Background: The RUC reviewed the 2010 Medicare Claims 5% Billed Together sample file and noted there are three services commonly billed on the same date of service with 36870: 36147, 35476 and 36148. The specialties noted that in order to perform thrombectomy the access code, 36147, has to be billed on the same date. With this understanding, the RUC referred CPT code 36870 to the CPT Editorial Panel to bundle the appropriate services into 36870. In September code 36870 was identifed by CMS in the High Expenditure Procedural Codes2 list. The RUC recommended to refer to CPT to bundle with frequently reported together services with 36147 (97%), 36148 (63%), and 35476 (73%) because these additional procedures are commonly required in a successful thrombectomy.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
37250	**Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)**	NPRM for 2015	September 2014	ACC, SCAI, SIR, SVS	October 2014	

Background: A CCP was submitted for the 2014 October CPT meeting to revise these Intravascular Ultrasound codes.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
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)**	NPRM for 2015	September 2014	ACC,SCAI, SIR, SVS	October 2014	

Background: A CCP was submitted for the 2014 October CPT meeting to revise these Intravascular Ultrasound codes.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
39400	**Mediastinoscopy, includes biopsy(ies), when performed**	Pre-Time Analysis	April 2014	STS	2016 CPT cycle	

Background: Referred to CPT for revision

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
47136	**Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age**	090-Day Global Post-Operative Visits	April 2014	ACS, ASTS	October 2014	

Background: Identified as part of 47135 family. Specialty society indicated and RUC agreed to refer to CPT for deletion.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
47500	**Injection procedure for percutaneous transhepatic cholangiography**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
47505	**Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
47510	**Introduction of percutaneous transhepatic catheter for biliary drainage**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
47511	**Introduction of percutaneous transhepatic stent for internal and external biliary drainage**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
50392	**Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 by the CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
50393	**Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 by the CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
50394	**Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 by the CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
50398	**Change of nephrostomy or pyelostomy tube**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 by the CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
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**	CMS High Expenditure Procedural Codes / NPRM for 2015	October 2012	AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP	CPT 2017 cycle	

Background: In the NPRM for 2015, CMS developed interim final values for 2014 for these services which resulted in CY 2014 payment reductions. CMS established final interim values below those recommended by the RUC because they did not believe the RUC recommended work RVUS accounted for the substantial decrease in time it takes to furnish these services. CMS removed the radiographic fluoroscopy room for 62310, 62311 and 62318 and portable C-arm for 62319. Thousands of commenters objected to the CY 2014 interim final values. Additionally, CMS states that it appears that these services are typically furnished with imaging guidance. Thus, the Agency believes it would be appropriate for the injection and imaging guidance codes to be bundled in the inputs for image guidance to be included in the valuation of the epidural injection codes as it is for transformaminal and paravertebral codes. CMS proposes to include CPT codes 62310, 62311, 62318 and 62319 on the potentially misvalued codes list so that they can obtain information to support their valuation with image guidance included. September 2014 the RUC referred to CPT 2017 cycle to ensure that the codes accurately describe the services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
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)**	CMS High Expenditure Procedural Codes / NPRM for 2015	October 2012	AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP	CPT 2017 cycle	

Background: In the NPRM for 2015, CMS developed interim final values for 2014 for these services which resulted in CY 2014 payment reductions. CMS established final interim values below those recommended by the RUC because they did not believe the RUC recommended work RVUS accounted for the substantial decrease in time it takes to furnish these services. CMS removed the radiographic fluoroscopy room for 62310, 62311 and 62318 and portable C-arm for 62319. Thousands of commenters objected to the CY 2014 interim final values. Additionally, CMS states that it appears that these services are typically furnished with imaging guidance. Thus, the Agency believes it would be appropriate for the injection and imaging guidance codes to be bundled in the inputs for image guidance to be included in the valuation of the epidural injection codes as it is for transformaminal and paravertebral codes. CMS proposes to include CPT codes 62310, 62311, 62318 and 62319 on the potentially misvalued codes list so that they can obtain information to support their valuation with image guidance included. September 2014 the RUC referred to CPT 2017 cycle to ensure that the codes accurately describe the services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
62318	**Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**	CMS High Expenditure Procedural Codes / NPRM for 2015	October 2012	AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP	CPT 2017 cycle	

Background: In the NPRM for 2015, CMS developed interim final values for 2014 for these services which resulted in CY 2014 payment reductions. CMS established final interim values below those recommended by the RUC because they did not believe the RUC recommended work RVUS accounted for the substantial decrease in time it takes to furnish these services. CMS removed the radiographic fluoroscopy room for 62310, 62311 and 62318 and portable C-arm for 62319. Thousands of commenters objected to the CY 2014 interim final values. Additionally, CMS states that it appears that these services are typically furnished with imaging guidance. Thus, the Agency believes it would be appropriate for the injection and imaging guidance codes to be bundled in the inputs for image guidance to be included in the valuation of the epidural injection codes as it is for transformaminal and paravertebral codes. CMS proposes to include CPT codes 62310, 62311, 62318 and 62319 on the potentially misvalued codes list so that they can obtain information to support their valuation with image guidance included. September 2014 the RUC referred to CPT 2017 cycle to ensure that the codes accurately describe the services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
62319	**Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**	CMS High Expenditure Procedural Codes / NPRM for 2015	October 2012	AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP	CPT 2017 cycle	

Background: In the NPRM for 2015, CMS developed interim final values for 2014 for these services which resulted in CY 2014 payment reductions. CMS established final interim values below those recommended by the RUC because they did not believe the RUC recommended work RVUS accounted for the substantial decrease in time it takes to furnish these services. CMS removed the radiographic fluoroscopy room for 62310, 62311 and 62318 and portable C-arm for 62319. Thousands of commenters objected to the CY 2014 interim final values. Additionally, CMS states that it appears that these services are typically furnished with imaging guidance. Thus, the Agency believes it would be appropriate for the injection and imaging guidance codes to be bundled in the inputs for image guidance to be included in the valuation of the epidural injection codes as it is for transformaminal and paravertebral codes. CMS proposes to include CPT codes 62310, 62311, 62318 and 62319 on the potentially misvalued codes list so that they can obtain information to support their valuation with image guidance included. September 2014 the RUC referred to CPT 2017 cycle to ensure that the codes accurately describe the services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
64412	**Injection, anesthetic agent; spinal accessory nerve**	High Volume Growth2	April 2014	AAN, ASA, AAPMR, ISIS		

Background: In April 2013, CPT code 64412 Injection, anesthetic agent; spinal accessory (work RVU = 1.18) was identified via the High Growth screen. It is primarily performed (58%) by internal medicine, family and general practice physicians. In October 2013, the Relativity Assessment Workgroup reviewed the action plan submitted by the American College of Physicians (ACP), which indicated ACP would survey for presentation at the April 2014 RUC meeting. In February 2014, the level of interest process was conducted and ACP and AAFP indicated no interest in surveying or commenting on CPT code 64412 and ASA, AAPM&R, ISIS all indicated a level 2 interest, comment only.

Since ACP had indicated they would survey this service, the RAW did not have any further discussion regarding why the large growth in Medicare utilization occurred, nor did it discuss any possible misreporting of this service. The Medicare frequency went from 2,763 in 2006 to 10,917 in 2011.

Upon further analysis, it appears that half of the current utilization is now coming from the state of Michigan (see attached spreadsheet). The growth is being performed primarily by internal medicine physicians and a re-survey will not address the misreporting of this service. It appears that physicians are reporting 64412 Injection, anesthetic agent; spinal accessory (work RVU = 1.18) instead of 20552 Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s) (work RVU = 0.66) or 20553 Injection(s); single or multiple trigger point(s), 3 or more muscle(s) (work RVU = 0.75).

AMA staff reached out to ACP, AAFP, ASA, AAPM&R and ISIS and requested action to address the inappropriate reporting of this service, such as the addition of a CPT parenthetical or deletion of the code. ASA, AAPM&R, AAN and ISIS submitted a letter for this April 2014 agenda indicating they will develop a CPT Assistant article to clarify the proper use of 64412 and requested that the RAW review utilization in 3 years. AMA staff questioned why a parenthetical would not be developed to stop this inappropriate reporting immediately for the CPT 2015 cycle. At the April 2014 RUC meeting, the specialty societies requested for CPT code 64412 to be referred to the CPT Editorial Panel to address the inappropriate billing. The RUC recommends that CPT code 64412 be referred to the CPT Editorial Panel for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
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**	090-Day Global Post-Operative Visits	April 2014	AAO	October 2014	

Background: Added as part of the family with 67113, specialty societies indicated and the RUC agreed to refer to the CPT Editorial Panel for deletion at the October 2014 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
72170	**Radiologic examination, pelvis; 1 or 2 views**	Low Value-High Volume / Codes Reported Together 75% or More-Part2	April 2011	ACR, AAOS	February 2015	

Background: The Joint Workgroup recommended that 73500 and 72170 be bundled by the CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
73500	**Radiologic examination, hip, unilateral; 1 view**	CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2	January 2012	AAOS, ACR	February 2015	

Background: In Jan 2012, the specialty society requested that this service be referred to CPT to clarify the descriptors or add editorial language/parentheicals as needed. This service was also identified by the Joint CPT/RUC workgroup to bundle this service. The Specialties will address at the February 2015 CPT meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
73520	**Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis**	CMS-Other - Utilization over 250,000	October 2013	AAOS, ACR	February 2015	

Background: CPT code 73520 was identified through the CMS/Other screen and the RUC recommended to survey this service. The specialties indicated they would include it in the CCP to bundle 73500 and 72170 and survey it with these services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
73550	**Radiologic examination, femur, 2 views**	CMS-Other - Utilization over 500,000	January 2012	AAOS, ACR	February 2015	

Background: In Jan 2012, the specialty society requested that this service be referred to CPT to clarify the descriptors or add editorial language/parentheicals as needed. This service was also identified by the Joint CPT/RUC workgroup to bundle this service. The Specialties will addres at the February 2015 CPT meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
74305	**Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
74320	**Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
74425	**Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 by the CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
74475	**Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 by the CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
74480	**Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 by the CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
75894	**Transcatheter therapy, embolization, any method, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part1	January 2013	ACC, ACR, SIR, SVS	CPT 2016 cycle	

Background: The Workgroup accepts the specialties' recommendation to submit a code change proposal that would address any duplication when this service is reported with 37201 on the same date by the same physician. Previous notes indicated that ACC submitted a CCP for October 2012 CPT related to 75894, creating a new code for a particular cardiac procedure that is currently reported using that code. At the January 2013 RUC meeting the RUC recommended that 75894 be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
75978	**Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation**	CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes2	April 2014	ACR, RPA, SCAI, SIR, SVS	February 2015	

Background: CPT code 75978 was identified through the CMS High Expenditure Procedural Codes screen. The RUC recommended a survey of physician work and practice expense to be presented at the April 2014 RUC meeting. The specialty societies including radiologists and vascular surgeons requested that this code be referred to the CPT Editorial Panel by the RUC to bundle this code with related services. The RUC agreed to this request by the specialties suggesting that the issue be considered at the October 2014 CPT Editorial Panel meeting. The RUC recommends that CPT code 75978 be referred to CPT Editorial Panel. In the July 2014 Proposed Rule for 2015, CMS requests that the RUC review a list of high PFS expenditure procedural codes representing services furnished by an array of specialties. In September 2014 the RUC recommended referral to CPT to bundle 35476 and 75978 for CPT 2017 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
75980	**Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
75982	**Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
75984	**Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 by the CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
77001	**Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)**	MPC List / CMS Request Final Rule for 2013 / NPRM for 2015	April 2013	AANEM, AAPM, AAPM&R, ACR, ASA, ISIS, NASS	CPT 2017 cycle	

Background: In the NPRM for 2015, CMS developed interim final values for 2014 for these services which resulted in CY 2014 payment reductions. CMS established final interim values below those recommended by the RUC because they did not believe the RUC recommended work RVUS accounted for the substantial decrease in time it takes to furnish these services. CMS removed the radiographic fluoroscopy room for 62310, 62311 and 62318 and portable C-arm for 62319. Thousands of commenters objected to the CY 2014 interim final values. Additionally, CMS states that it appears that these services are typically furnished with imaging guidance. Thus, the Agency believes it would be appropriate for the injection and imaging guidance codes to be bundled in the inputs for image guidance to be included in the valuation of the epidural injection codes as it is for transformaminal and paravertebral codes. CMS proposes to include CPT codes 62310, 62311, 62318 and 62319 on the potentially misvalued codes list so that they can obtain information to support their valuation with image guidance included. September 2014 the RUC referred to CPT 2017 cycle to ensure that the codes accurately describe the services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
77002	**Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)**	MPC List / CMS Request Final Rule for 2013 / NPRM for 2015	April 2013	AANEM, AAPM, AAPM&R, ACR, ASA, ISIS, NASS	CPT 2017 cycle	

Background: In the NPRM for 2015, CMS developed interim final values for 2014 for these services which resulted in CY 2014 payment reductions. CMS established final interim values below those recommended by the RUC because they did not believe the RUC recommended work RVUS accounted for the substantial decrease in time it takes to furnish these services. CMS removed the radiographic fluoroscopy room for 62310, 62311 and 62318 and portable C-arm for 62319. Thousands of commenters objected to the CY 2014 interim final values. Additionally, CMS states that it appears that these services are typically furnished with imaging guidance. Thus, the Agency believes it would be appropriate for the injection and imaging guidance codes to be bundled in the inputs for image guidance to be included in the valuation of the epidural injection codes as it is for transformaminal and paravertebral codes. CMS proposes to include CPT codes 62310, 62311, 62318 and 62319 on the potentially misvalued codes list so that they can obtain information to support their valuation with image guidance included. September 2014 the RUC referred to CPT 2017 cycle to ensure that the codes accurately describe the services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
77003	**Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)**	MPC List / CMS Request Final Rule for 2013 / NPRM for 2015	April 2013	AAPM, AAPMR, ASA, ASIPP, NASS, SIR	CPT 2017 cycle	

Background: In the NPRM for 2015, CMS developed interim final values for 2014 for these services which resulted in CY 2014 payment reductions. CMS established final interim values below those recommended by the RUC because they did not believe the RUC recommended work RVUS accounted for the substantial decrease in time it takes to furnish these services. CMS removed the radiographic fluoroscopy room for 62310, 62311 and 62318 and portable C-arm for 62319. Thousands of commenters objected to the CY 2014 interim final values. Additionally, CMS states that it appears that these services are typically furnished with imaging guidance. Thus, the Agency believes it would be appropriate for the injection and imaging guidance codes to be bundled in the inputs for image guidance to be included in the valuation of the epidural injection codes as it is for transformaminal and paravertebral codes. CMS proposes to include CPT codes 62310, 62311, 62318 and 62319 on the potentially misvalued codes list so that they can obtain information to support their valuation with image guidance included. September 2014 the RUC referred to CPT 2017 cycle to ensure that the codes accurately describe the services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
77778	**Interstitial radiation source application; complex**	Codes Reported Together 75% or More-Part2	October 2012	ASTRO	October 2014	

Background: The Joint Workgroup recommends the specialty society creates a CCP to better describe the physician work performed for 77790 and to develop exclusionary parentheticals stating that 77778 and 77790 no be reported together. Timeline: No later than CPT 2015. In January 2014 the RUC reviewed and reaffirmed the Joint Workgroup's recommendation and requests that the specialty societies submit parenthetical language to the CPT Editorial Panel as soon as possible.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
77787	**Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels**	High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part2	April 2013	ASTRO	October 2014	

Background: In October 2012, the Joint Workgroup recommended that the specialty societies bundle 77787 and 77300, no later than the CPT 2015 cycle. In January 2014 the RUC reviewed and reaffirmed the Joint Workgroup's recommendation and requests that the specialty societies submit parenthetical language to the CPT Editorial Panel as soon as possible.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
77790	**Supervision, handling, loading of radiation source**	Codes Reported Together 75% or More-Part2	October 2012	ASTRO	October 2014	

Background: The Joint Workgroup recommends the specialty society creates a CCP to better describe the physician work performed for 77790 and to develop exclusionary parentheticals stating that 77778 and 77790 no be reported together. Timeline: No later than CPT 2015. In January 2014 the RUC reviewed and reaffirmed the Joint Workgroup's recommendation and requests that the specialty societies submit parenthetical language to the CPT Editorial Panel as soon as possible.

88346 **Immunofluorescent study, each antibody; direct method**

Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
CMS-Other - Utilization over 250,000	September 2014	CAP, ASC	October 2014	

Background: In April 2013, the RUC identified code 88346 through the CMS/Other source screen for codes with Medicare utilization of 250,000 or more. The RUC noted that this service was never surveyed but is frequently reported. The specialty society added CPT code 88347 as part of this family. The RUC requested these services be surveyed for work and review the practice expense for the September 2014 RUC meeting.

In September 2014, the specialty societies indicated and the RUC agreed that CPT codes 88346 and 88347 be referred to the October 2014 CPT Editorial Panel as the specialty society has already submitted a code change proposal. The specialty society intends on revising the vignettes and descriptors to clarify current practice.

88347 **Immunofluorescent study, each antibody; indirect method**

Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
CMS-Other - Utilization over 250,000	September 2014	CAP, ASC	October 2014	

Background: In April 2013, the RUC identified code 88346 through the CMS/Other source screen for codes with Medicare utilization of 250,000 or more. The RUC noted that this service was never surveyed but is frequently reported. The specialty society added CPT code 88347 as part of this family. The RUC requested these services be surveyed for work and review the practice expense for the September 2014 RUC meeting.

In September 2014, the specialty societies indicated and the RUC agreed that CPT codes 88346 and 88347 be referred to the October 2014 CPT Editorial Panel as the specialty society has already submitted a code change proposal. The specialty society intends on revising the vignettes and descriptors to clarify current practice.

92543 **Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording**

Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000	April 2014	AAN, ASHA, AAO-HNS, AAA		

Background: The RUC discussed the confusion that survey respondents experienced valuing this service. Although the description states per irrigation, most respondents completed the survey taking into account the entire service of four irrigations. The RUC recommends referring CPT code 92543 to the CPT Editorial Panel to better define this service, such as having one code to describe the initial irrigation and an add-on code to describe each additional irrigation.

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**

Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
High Volume Growth2	September 2014	AACE, TES	May 2014	23

Background: In May 2014, the CPT Editorial Panel created two Category I codes to report continuous glucose monitoring via patient managed “real time” monitoring device and revised two Category I codes to report continuous glucose monitoring via provider managed “retrospective” monitoring device. At the September 2014 RUC meeting, the specialty requested withdrawal of CPT codes 9525X1 and 9525X2 in order to take these codes back to CPT to restructure and better define the timeframe described. The specialty society has communicated with the CPT Editorial Panel requesting to rescind codes 9525X1 and 952X2 at the October 2014 CPT meeting to allow the specialties to submit a new coding change proposal. The RUC recommends referral to the CPT Editorial Panel.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
95251	**Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report**	High Volume Growth2	September 2014	AACE, TES	May 2014	23

Background: In May 2014, the CPT Editorial Panel created two Category I codes to report continuous glucose monitoring via patient managed "real time" monitoring device and revised two Category I codes to report continuous glucose monitoring via provider managed "retrospective" monitoring device. At the September 2014 RUC meeting, the specialty requested withdrawal of CPT codes 9525X1 and 9525X2 in order to take these codes back to CPT to restructure and better define the timeframe described. The specialty society has communicated with the CPT Editorial Panel requesting to rescind codes 9525X1 and 952X2 at the October 2014 CPT meeting to allow the specialties to submit a new coding change proposal. The RUC recommends referral to the CPT Editorial Panel.

	Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
9525X1	High Volume Growth2	September 2014	AACE, TES	May 2014	23

Background: In May 2014, the CPT Editorial Panel created two Category I codes to report continuous glucose monitoring via patient managed "real time" monitoring device and revised two Category I codes to report continuous glucose monitoring via provider managed "retrospective" monitoring device. At the September 2014 RUC meeting, the specialty requested withdrawal of CPT codes 9525X1 and 9525X2 in order to take these codes back to CPT to restructure and better define the timeframe described. The specialty society has communicated with the CPT Editorial Panel requesting to rescind codes 9525X1 and 952X2 at the October 2014 CPT meeting to allow the specialties to submit a new coding change proposal. The RUC recommends referral to the CPT Editorial Panel.

	Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
9525X2	High Volume Growth2	September 2014	AACE, TES	May 2014	23

Background: In May 2014, the CPT Editorial Panel created two Category I codes to report continuous glucose monitoring via patient managed "real time" monitoring device and revised two Category I codes to report continuous glucose monitoring via provider managed "retrospective" monitoring device. At the September 2014 RUC meeting, the specialty requested withdrawal of CPT codes 9525X1 and 9525X2 in order to take these codes back to CPT to restructure and better define the timeframe described. The specialty society has communicated with the CPT Editorial Panel requesting to rescind codes 9525X1 and 952X2 at the October 2014 CPT meeting to allow the specialties to submit a new coding change proposal. The RUC recommends referral to the CPT Editorial Panel.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
95971	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming**	Harvard Valued - Utilization over 100,000 / High Volume Growth2	January 2014	AAPM, ACOG, ASA, AUA, ISIS, NASS	CPT 2016 Cycle	

Background: In January 2014, the RUC recommends that CPT codes 95971, 95972 and 95973 be referred to CPT to address the entire family regarding the time referenced in the CPT code descriptors. Specifically, the descriptor for code 95972 specifies "first hour" but survey results indicate that the majority of physicians reporting this code take less than 30 minutes. Per CPT rules, since the midpoint of the specified time is not exceeded, the code is not reportable in the majority of circumstances under which the service is performed. Secondly for CY 2016, the relevant specialties should submit a code change proposal to more definitely address the concern and make the codes more consistent with current practice. The specialties anticipate two separate families; one for peripheral nerve root stimulators and another for spinal cord stimulators.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
95973	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**	Harvard Valued - Utilization over 100,000	April 2010	AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR	CPT 2016 Cycle	

Background: In January 2014, the RUC recommends that CPT codes 95971, 95972 and 95973 be referred to CPT to address the entire family regarding the time referenced in the CPT code descriptors. Specifically, the descriptor for code 95972 specifies “first hour” but survey results indicate that the majority of physicians reporting this code take less than 30 minutes. Per CPT rules, since the midpoint of the specified time is not exceeded, the code is not reportable in the majority of circumstances under which the service is performed. Secondly for CY 2016, the relevant specialties should submit a code change proposal to more definitely address the concern and make the codes more consistent with current practice. The specialties anticipate two separate families; one for peripheral nerve root stimulators and another for spinal cord stimulators.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
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**	CMS High Expenditure Procedural Codes2	September 2014	AAN APA (Psychology)	February 2015	

Background: In the July 2014 Proposed Rule for 2015, CMS requests that the RUC review a list of high PFS expenditure procedural codes representing services furnished by an array of specialties. Refer to CPT Feb 2015 for revision of descriptors to be more granular and RUC survey for April 2015.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
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**	CMS High Expenditure Procedural Codes2	September 2014	AAN APA (Psychology)	February 2015	

Background: In the July 2014 Proposed Rule for 2015, CMS requests that the RUC review a list of high PFS expenditure procedural codes representing services furnished by an array of specialties. Refer to CPT Feb 2015 for revision of descriptors to be more granular and RUC survey for April 2015.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
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**	High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2	October 2013	AAN APA (Psychology)	October 2013 & February 2014 & February 2015	48 & EC

Background: October 2013 the RUC recommended to refer to CPT to develop a new code to describe brief behavioral screening processes. In the July 2014 Proposed Rule for 2015, CMS requests that the RUC review a list of high PFS expenditure procedural codes representing services furnished by an array of specialties. Refer to CPT Feb 2015 for revision of descriptors to be more granular and RUC survey for April 2015.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
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**	CMS High Expenditure Procedural Codes2	September 2014	AAN APA (Psychology)	February 2015	

Background: In the July 2014 Proposed Rule for 2015, CMS requests that the RUC review a list of high PFS expenditure procedural codes representing services furnished by an array of specialties. Refer to CPT Feb 2015 for revision of descriptors to be more granular and RUC survey for April 2015.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
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**	CMS High Expenditure Procedural Codes2	September 2014	AAN APA (Psychology)	February 2015	

Background: In the July 2014 Proposed Rule for 2015, CMS requests that the RUC review a list of high PFS expenditure procedural codes representing services furnished by an array of specialties. Refer to CPT Feb 2015 for revision of descriptors to be more granular and RUC survey for April 2015.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
96120	**Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report**	High Volume Growth2 / CMS High Expenditure Procedural Codes2	October 2013	AAN APA (Psychology)	October 2013 & February 2014 & February 2015	48 & EC

Background: October 2013 the RUC recommended to refer to CPT to develop a new code to describe brief behavioral screening processes. In the July 2014 Proposed Rule for 2015, CMS requests that the RUC review a list of high PFS expenditure procedural codes representing services furnished by an array of specialties. Refer to CPT Feb 2015 for revision of descriptors to be more granular and RUC survey for April 2015.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
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**	CMS High Expenditure Procedural Codes2	September 2014	AAN APA (Psychology)	February 2015	

Background: In the July 2014 Proposed Rule for 2015, CMS requests that the RUC review a list of high PFS expenditure procedural codes representing services furnished by an array of specialties. Refer to CPT Feb 2015 for revision of descriptors to be more granular and RUC survey for April 2015.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
97001	**Physical therapy evaluation**	CMS High Expenditure Procedural Codes	January 2012		CPT 2016 cycle	

Background: In Jan 2012, the specialty intends on significantly revising the Physical Medicine and Rehabilitation Section of CPT and intend to submit a CCP after the Workgroup review process.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
97112	**Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities**	CMS High Expenditure Procedural Codes	January 2012		CPT 2016 cycle	

Background: In Jan 2012, the specialty intends on significantly revising the Physical Medicine and Rehabilitation Section of CPT and intend to submit a CCP after the Workgroup review process.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
97140	**Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes**	CMS High Expenditure Procedural Codes	January 2012		CPT 2016 cycle	

Background: In Jan 2012, the specialty intends on significantly revising the Physical Medicine and Rehabilitation Section of CPT and intend to submit a CCP after the Workgroup review process.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
97530	**Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes**	CMS High Expenditure Procedural Codes	January 2012		CPT 2016 cycle	

Background: In Jan 2012, the specialty intends on significantly revising the Physical Medicine and Rehabilitation Section of CPT and intend to submit a CCP after the Workgroup review process.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0101	**Cervical or vaginal cancer screening; pelvic and clinical breast examination**	Low Value-High Volume / CMS-Other - Utilization over 250,000	January 2014			

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0181	**Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (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**	CMS Fastest Growing / CMS-Other - Utilization over 250,000	January 2014	AAFP, ACP		

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0283	**Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care**	Low Value-High Volume / CMS-Other - Utilization over 250,000	January 2014			

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0389		NPRM for 2015	September 2014	ACC, ACP, ACR, SCAI, SVS	2016 CPT cycle	

Background: When Medicare began paying for abdominal aortic aneurysm (AAA) ultrasound screening in CY 2007, CMS created HCPCS code G0389 and set the RVUs at the same level as CPT code 76775. CMS noted in the CY 2007 final rule with comment period that CPT code 76775 was used to report the service when furnished as a diagnostic test and that we believed the service reflected by G0389 used equivalent resources and work intensity to those contained in CPT code 76775. In the CY 2014 proposed rule, based on a RUC recommendation, CMS proposed to replace the ultrasound room included as a direct PE input for CPT code 76775 with a portable ultrasound unit. Since all the RVUs (including the PE RVUs) for G0389 were crosswalked from CPT code76775, the proposed PE RVUs for G0389 in the CY 2014 proposed rule were reduced significantly as a result of this change to the direct PE inputs for 76775. However, CMS did not discuss the applicability of this change to G0389 in the proposed rule's preamble and did not receive any comments on G0389 in response to the proposed rule. CMS finalized the change to CPT code 76775 in the CY 2014 final rule with comment period and the corresponding PE RVUs for G0389 were also reduced. Subsequent to the publication of the CY 2014 final rule, a stakeholder suggested that the reduction in the RVUs for G0389 did not accurately reflect the resources involved in furnishing the service and asked that CMS consider using an alternative crosswalk. Specifically, the stakeholder stated that the type of equipment typically used in furnishing G0389 is different than that used for CPT code 76775, the time involved in furnishing G0389 is greater than that of CPT code 76775, and the specialty that typically furnishes G0389 is different than the one that typically furnishes CPT code 76775. The stakeholder suggested an alternative crosswalk of CPT code 76705. after considering the issue, CMS are proposing G0389 as a potentially misvalued code and seeking recommendations regarding the appropriate inputs that should be used to develop RVUs for this code. CMS has not reviewed the inputs used to develop RVUs for this code since it was established in CY 2007 and the RVUs were directly crosswalked from 76705. Based on the issues raised by stakeholders, CMS believes that it should value this code through the standard methodologies, including the full PE RVU methodology. In order to do so, CMS are proposing to include this code on our list of proposed potentially misvalued codes and seek input from the public and other stakeholders, including the RUC, regarding the appropriate work RVU, time, and direct PE inputs that reflect the typical resources involved in furnishing the service. In September 2014 the RUC refered G0389 to CPT to transition this code to a Category I code for the 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0438	**Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit**	CMS-Other - Utilization over 250,000	January 2014			

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0439	**Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit**	CMS-Other - Utilization over 250,000	January 2014			

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
64412	**Injection, anesthetic agent; spinal accessory nerve**	High Volume Growth2	April 2014	Refer to CPT, CPT Assistant and Review in 3 years (Sept 2017)	AAN, ASA, AAPMR, ISIS	

Background: In April 2013, CPT code 64412 Injection, anesthetic agent; spinal accessory (work RVU = 1.18) was identified via the High Growth screen. It is primarily performed (58%) by internal medicine, family and general practice physicians. In October 2013, the Relativity Assessment Workgroup reviewed the action plan submitted by the American College of Physicians (ACP), which indicated ACP would survey for presentation at the April 2014 RUC meeting. In February 2014, the level of interest process was conducted and ACP and AAFP indicated no interest in surveying or commenting on CPT code 64412 and ASA, AAPM&R, ISIS all indicated a level 2 interest, comment only.

Since ACP had indicated they would survey this service, the RAW did not have any further discussion regarding why the large growth in Medicare utilization occurred, nor did it discuss any possible misreporting of this service. The Medicare frequency went from 2,763 in 2006 to 10,917 in 2011.

Upon further analysis, it appears that half of the current utilization is now coming from the state of Michigan (see attached spreadsheet). The growth is being performed primarily by internal medicine physicians and a re-survey will not address the misreporting of this service. It appears that physicians are reporting 64412 Injection, anesthetic agent; spinal accessory (work RVU = 1.18) instead of 20552 Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s) (work RVU = 0.66) or 20553 Injection(s); single or multiple trigger point(s), 3 or more muscle(s) (work RVU = 0.75).

AMA staff reached out to ACP, AAFP, ASA, AAPM&R and ISIS and requested action to address the inappropriate reporting of this service, such as the addition of a CPT parenthetical or deletion of the code. ASA, AAPM&R, AAN and ISIS submitted a letter for this April 2014 agenda indicating they will develop a CPT Assistant article to clarify the proper use of 64412 and requested that the RAW review utilization in 3 years. AMA staff questioned why a parenthetical would not be developed to stop this inappropriate reporting immediately for the CPT 2015 cycle. At the April 2014 RUC meeting, the specialty societies requested for CPT code 64412 to be referred to the CPT Editorial Panel to address the inappropriate billing. The RUC recommends that CPT code 64412 be referred to the CPT Editorial Panel for revision.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
64555	**Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)**	High Volume Growth1 / CMS Fastest Growing / NPRM for 2015	September 2014	Review PE Only January 2015. Develop CPT Assistant article.Review September 2017.	ASA, AAPM, ASIPP	

Background: Referral to CPT for deletion, clarification, or revision. This may also include the development of a CPT Assistant article or review of the impact of previous CPT Assistant articles on volume. Article published in August 2009. Sept 2011 - RAW recommends another CPT Assistant article to advise the correct reporting of PTNS and re-review in 3 years (Sept 2014). Additional article was not published. Sept 2014 - Develop CPT Assistant article to clarify the appropriate use of the code and stabilize its utilization. Review in 3 years (Sept 2017).A stakeholder raised questions regarding whether codes 64553 and 64555 included the appropriate direct PE inputs when furnished in the non-facility setting. It appears that these inputs have not been evaluated recently and therefore CMS are nominating these codes as potentially misvalued for the purpose of ascertaining whether or not there are non-facility direct PE inputs that are not included in the direct PE inputs that are typical supply costs for these services. Sept 2014-Review PE only January 2015.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
64633	**Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint**	Work Neutrality Review	September 2014	Review action plan	ASA, AAPM, AAPMR, ISIS, NASS	

Background: The review of the work neutrality issue for CPT codes 64633-64636 did not occur due to time limitations at the Relativity Assessment Workgroup in September 2014. The Workgroup will review this issue at the January 2015 meeting. However, due to the nature of the possible incorrect coding of per nerve instead of per joint, the specialties were encouraged to immediately begin addressing this coding education and clarification. The RUC recommends that the specialty societies develop a CPT Assistant article to address this issue.

RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
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)**	Work Neutrality Review	September 2014	Review action plan	ASA, AAPM, AAPMR, ISIS, NASS	

Background: The review of the work neutrality issue for CPT codes 64633-64636 did not occur due to time limitations at the Relativity Assessment Workgroup in September 2014. The Workgroup will review this issue at the January 2015 meeting. However, due to the nature of the possible incorrect coding of per nerve instead of per joint, the specialties were encouraged to immediately begin addressing this coding education and clarification. The RUC recommends that the specialty societies develop a CPT Assistant article to address this issue.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
64635	**Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint**	Work Neutrality Review	September 2014	Review action plan	ASA, AAPM, AAPMR, ISIS, NASS	

Background: The review of the work neutrality issue for CPT codes 64633-64636 did not occur due to time limitations at the Relativity Assessment Workgroup in September 2014. The Workgroup will review this issue at the January 2015 meeting. However, due to the nature of the possible incorrect coding of per nerve instead of per joint, the specialties were encouraged to immediately begin addressing this coding education and clarification. The RUC recommends that the specialty societies develop a CPT Assistant article to address this issue.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
64636	**Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)**	Work Neutrality Review	September 2014	Review action plan	ASA, AAPM, AAPMR, ISIS, NASS	

Background: The review of the work neutrality issue for CPT codes 64633-64636 did not occur due to time limitations at the Relativity Assessment Workgroup in September 2014. The Workgroup will review this issue at the January 2015 meeting. However, due to the nature of the possible incorrect coding of per nerve instead of per joint, the specialties were encouraged to immediately begin addressing this coding education and clarification. The RUC recommends that the specialty societies develop a CPT Assistant article to address this issue.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
9949X7	**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 healthcare professional; first 30 minutes, face-to-face with the patient, family member(s) and/or surrogate**	RUC Referral to CPT Assistant	January 2014	Review in 3 years and refer to CPT Assistant	AAFP, AAN, ACP, ACCP, AGS, ATS	

Background: The RUC recommends that codes 9949X7 and 9949X8 be referred to CPT Assistant to educate physicians on how to code this service correctly.

RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
9949X8	**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 healthcare professional; each additional 30 minutes (List separately in addition to code for primary procedure)**	RUC Referral to CPT Assistant	January 2014	Review in 3 years and refer to CPT Assistant	AAFP, AAN, ACP, ACCP, AGS, ATS	

Background: The RUC recommends that codes 9949X7 and 9949X8 be referred to CPT Assistant to educate physicians on how to code this service correctly.

New Technology/New Services List

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0318T	Implantation of catheter-delivered prosthetic aortic heart valve, open thoracic approach, (eg, transapical, other than transaortic)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Apr 2009	Adjacent Tissue Transfer	4	CPT 2010	September 2013	Review in 2 years (Setp 2015) with additional data per unit from CMS	☐
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2014 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		Apr 2014	Cryoablation Treatment of the Bone Tumors	04	CPT 2015	September 2018		☐
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Resurvey for January 2012	☑
20986	Code Deleted	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
20987	Code Deleted	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21811		Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	September 2018		☐
21812		Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	September 2018		☐
21813		Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	September 2018		☐
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22858		Apr 2014	Total Disc Arthroplasty Additional Cervical Level Add-On Code	07	CPT 2015	September 2018		☐
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23200	Radical resection of tumor; clavicle	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23210	Radical resection of tumor; scapula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23220	Radical resection of tumor, proximal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
24150	Radical resection of tumor, shaft or distal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
24152	Radical resection of tumor, radial head or neck	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25170	Radical resection of tumor, radius or ulna	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26250	Radical resection of tumor, metacarpal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26260	Radical resection of tumor, proximal or middle phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26262	Radical resection of tumor, distal phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27077	Radical resection of tumor; innominate bone, total	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27279		Apr 2014	Sacroiliac Joint Fusion	08	CPT 2015	September 2018		☐
27280	Arthrodesis, sacroiliac joint (including obtaining graft)	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	September 2018		☐
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27365	Radical resection of tumor, femur or knee	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27645	Radical resection of tumor; tibia	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27646	Radical resection of tumor; fibula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27647	Radical resection of tumor; talus or calcaneus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28173	Radical resection of tumor; metatarsal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28175	Radical resection of tumor; phalanx of toe	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
29582	Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	September 2015		☐
29583	Application of multi-layer compression system; upper arm and forearm	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	September 2015		☐
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	September 2015		☐
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Apr 2007	Arthroscopic Biceps Tenodesis	17	CPT 2008	September 2011	Resurvey for January 2012	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014		☐
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014		☐
29916	Arthroscopy, hip, surgical; with labral repair	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014		☐
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	September 2014		☐
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	September 2014		☐
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	September 2014		☐
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	Feb 2009	Navigational Bronchoscopy	9	CPT 2010	September 2016	Review practice expense January 2014. Review data again in 3 years (Sept 2016).	☑
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	Feb 2010	Bronchoscopy with Balloon Occlusion	7	CPT 2011	September 2014		☐
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	September 2016		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	September 2016		☐
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	September 2016		☐
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	September 2016		☐
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral	Apr 2006	Percutaneous RF Pulmonary Tumor Ablation	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
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	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33270		Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
33271		Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
33272		Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
33273		Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐

CPT Code	2014 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	September 2016		☐
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33418		Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	September 2018		☐
33419		Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	September 2018		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014		☐
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		☐
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		☐
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	Apr 2007	Valve Sparing Aortic Annulus Reconstruction	24	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33946		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33947		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33948		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33949		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33951		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33952		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33953		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33954		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33955		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33956		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33957		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33958		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33959		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33962		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33963		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33964		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33965		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33966		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33969		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33984		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33985		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33986		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33987		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33988		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33989		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	September 2018		☐
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	September 2018		☐
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	September 2018		☐
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	September 2018		☐
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	September 2015		☐
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	September 2015		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed	Jan 2012	Stereotactic Body Radiation	07	CPT 2013	September 2016		☐
37218		Apr 2014	Transcatheter Placement of Carotid Stents	12	CPT 2015	September 2018		☐
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	Apr 2010	Sentinel Lymph Node Mapping	8	CPT 2011	September 2014		☐
43180		Jan 2014	Endoscopic Hypopharyngeal Diverticulotomy	7	CPT 2015	September 2018		☐
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	Apr 2008	Cholangioscopy-Pancreatoscopy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	☑
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	Apr 2008	Laparoscopic Heller Myotomy	12	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Apr 2009	Laparoscopic Longitudinal Gastrectomy	14	CPT 2010	September 2013	Remove from list, carrier priced.	☑
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Apr 2012	Fecal Bacteriotherapy	18	CPT 2013	September 2016		☐
46601		Apr 2014	High Resolution Anoscopy	14	CPT 2015	September 2018		☐
46607		Apr 2014	High Resolution Anoscopy	14	CPT 2015	September 2018		☐
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	Apr 2009	Fistula Plug	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
47383		Apr 2014	Cryoablation of Liver Tumor	15	CPT 2015	September 2018		☐
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014		☐
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	September 2015		☐
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	September 2015		☐
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	September 2015		☐
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	September 2015		☐
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	☑
52441		Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	September 2018		☐
52442		Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	September 2018		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
52443		Apr 2014	Breast Tomosynthesis	19	CPT 2015	September 2018		☐
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Feb 2009	Temporary Prostatic Urethral Stent Insertion	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Apr 2010	Transurethral Radiofrequency Bladder Neck and Urethra	12	CPT 2011	September 2014		☐
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Apr 2008	Saturation Biopsies	15	CPT 2009	September 2014	Review in 2 years (Sept 2014), as volume is higher than predicted.	☐
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	Oct 2009	Laparoscopic Radical Prostatectomy	14	CPT 2011	September 2014		☐
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	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Apr 2010	Posterior Tibial Nerve Stimulation	13	CPT 2011	September 2014		☐
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		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014		☐
65756	Keratoplasty (corneal transplant); endothelial	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated. Though volume grew faster than expected, there was a decrease in other services of similar magnitude, that were previously reported and had similar work RVUs. All remained work neutral.	☑
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
65778	Placement of amniotic membrane on the ocular surface; without sutures	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014		☐
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014		☐
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014		☐
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	September 2014		☐
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	September 2014		☐
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Apr 2013	Insertion of Anterior Segment	14	CPT 2014	September 2017		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	Apr 2007	Nasolacrimal Duct Balloon Catheter Dilation	E	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75558	Code Deleted	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75560	Code Deleted	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75560.	☑
75562	Code Deleted	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75564	Code Deleted	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
76881	Ultrasound, extremity, nonvascular, real-time with image documentation; complete	Apr 2010	Ultrasound of Extremity	17	CPT 2011	September 2014		☐
76882	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific	Apr 2010	Ultrasound of Extremity	17	CPT 2011	September 2014		☐
77061		Apr 2014	Breast Tomosynthesis	19	CPT 2015	September 2018		☐
77062		Apr 2014	Breast Tomosynthesis	19	CPT 2015	September 2018		☐
77063		Apr 2014	Breast Tomosynthesis	19	CPT 2015	September 2018		☐
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	Jan 2013	Respiratory Motion Management Simulation	14	CPT 2014	September 2017		☐
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Practice expense review (Feb 2011).	☑
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Survey (work) and PE review (Feb 2011).	☑
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Feb 2011	Stereotactic Body Radiation Delivery	32	CPT 2012	September 2015		☐
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	Apr 2012	Parathyroid Imaging	23	CPT 2013	September 2016		☐
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78813	Positron emission tomography (PET) imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Oct 2012	Molecular Pathology -Tier 1	11	CPT 2014	September 2017	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81210	BRAF (v-raf murine sarcoma viral oncogene homolog B1) (eg, colon cancer), gene analysis, V600E variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis, internal tandem duplication (ITD) variants (ie, exons 14, 15)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81275	KRAS (v-Ki-ras2 Kirsten rat sarcoma viral oncogene) (eg, carcinoma) gene analysis, variants in codons 12 and 13	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants (eg, -1639/3673)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis) ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant ACE (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), Y438N variant CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794 825del32 deletion CLRN1 (clarin 1) (eg, Usher syndrome, type 3), N48K variant DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), IVS14+1G>A variant F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant F7 (coagulation factor VII [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), R353Q variant F13B (coagulation factor XIII, B polypeptide) (eg, hereditary hypercoagulability), V34L variant FGB (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455G>A variant FGFR1 (fibroblast growth factor receptor 1) (eg, Pfeiffer syndrome type 1, craniosynostosis), P252R variant FGFR3 (fibroblast growth factor receptor 3) (eg, Muenke syndrome), P250R variant FKTN (fukutin) (eg, Fukuyama congenital muscular dystrophy), retrotransposon insertion variant GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), M712T variant Human Platelet Antigen 1 genotyping	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 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	2014 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	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABL (c-abl oncogene 1, receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) CBFB/MYH11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed CCND1/IGH (BCL1/IgH, t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative, and quantitative, if performed CFH/ARMS2 (complement factor H/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, Y402H [CFH], A69S [ARMS2]) CYP3A4 (cytochrome P450, family 3, subfamily A, polypeptide 4) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6) CYP3A5 (cytochrome P450, family 3, subfamily A, polypeptide 5) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6) DMPK (dystrophia myotonica-protein kinase) (eg, myotonic dystrophy, type 1), evaluation to detect abnormal (eg, expanded) alleles F11 (coagulation factor XI) (eg, coagulation disorder), common variants (eg, E117X [Type II], F283L [Type III], IVS14del14, and IVS14+1G>A [Type I]) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia), common variants (eg, 1138G>A, 1138G>C) FIP1L1/PDGFRA (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed GALT (galactose-1-phosphate uridylyltransferase) (eg,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	galactosemia), common variants (eg, Q188R, S135L, K285N, T138M, L195P, Y209C, IVS2-2A>G, P171S, del5kb, N314D, L218L/N314D) HBB (hemoglobin, beta) (eg, sickle cell anemia, hemoglobin C, hemoglobin E), common variants (eg, HbS, HbC, HbE) HTT (huntingtin) (eg, Huntington disease), evaluation to detect abnormal (eg, expanded) alleles RUNX1/RUNX1T1 (t(8;21)) (eg, acute myeloid leukemia) translocation analysis, qualitative, and quantitative, if performed SEPT9 (Septin 9) (eg, colon cancer), methylation analysis TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), common variants (eg, *2, *3) VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), common variants (eg, T791M, R816W, R854Q)							

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]) Chromosome 18q- (eg, D18S55, D18S58, D18S61, D18S64, and D18S69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) COL1A1/PDGFB (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant) ESR1/PGR (receptor 1/progesterone receptor) ratio (eg, breast cancer) IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), common variants (eg, D816V, D816Y, D816F) MEFV (Mediterranean fever) (eg, familial Mediterranean fever), common variants (eg, E148Q, P369S, F479L, M680I, I692del, M694V, M694I, K695R, V726A, A744S, R761H) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), common variants (eg, W515A, W515K, W515L, W515R) TRD@ (T cell antigen receptor, delta) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population Uniparental disomy (UPD) (eg, Russell-Silver syndrome, Prader-Willi/Angelman syndrome), short tandem repeat (STR) analysis	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ABL1 (c-abl oncogene 1, receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), variants in the kinase domain ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence ARX (aristaless-related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), duplication/deletion analysis CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), full gene sequence CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) CTNNB1 (catenin [cadherin-associated protein], beta 1, 88kDa) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) EPCAM (epithelial cell adhesion molecule) (eg, Lynch syndrome), duplication/deletion analysis F8 (coagulation factor VIII) (eg, hemophilia A), inversion analysis, intron 1 and intron 22A F12 (coagulation factor XII [Hageman factor]) (eg, angioedema, hereditary, type III; factor XII deficiency), targeted sequence analysis of exon 9 FGFR3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (For targeted sequence analysis of multiple FGFR3 exons, use 81404) GJB1 (gap junction protein, beta 1) (eg, Charcot-Marie-Tooth X-linked), full	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	gene sequence GNAQ (guanine nucleotide-binding protein G[q] subunit alpha) (eg, uveal melanoma), common variants (eg, R183, Q209) HBB (hemoglobin, beta, beta-globin) (eg, beta thalassemia), duplication/deletion analysis HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), exon 2 sequence IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common exon 4 variants (eg, R132H, R132C) IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common exon 4 variants (eg, R140W, R172M) JAK2 (Janus kinase 2) (eg, myeloproliferative disorder), exon 12 sequence and exon 13 sequence, if performed Killer cell immunoglobulin-like receptor (KIR) gene family (eg, hematopoietic stem cell transplantation), genotyping of KIR family genes Known familial variant not otherwise specified, for gene listed in Tier 1 or Tier 2, DNA sequence analysis, each variant exon (For a known familial variant that is considered a common variant, use specific common variant Tier 1 or Tier 2 code) KCNC3 (potassium voltage-gated channel, Shaw-related subfamily, member 3) (eg, spinocerebellar ataxia), targeted sequence analysis (eg, exon 2) KCNJ2 (potassium inwardly-rectifying channel, subfamily J, member 2) (eg, Andersen-Tawil syndrome), full gene sequence KCNJ11 (potassium inwardly-rectifying channel, subfamily J, member 11) (eg, familial hyperinsulinism), full gene sequence KRAS (v-Ki-ras2 Kirsten rat sarcoma viral oncogene) (eg, carcinoma), gene analysis, variant(s) in exon 3 (eg, codon 61) MC4R (melanocortin 4 receptor) (eg, obesity), full gene sequence MICA (MHC class I polypeptide-related sequence A) (eg, solid organ transplantation), common variants (eg, *001, *002) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), exon 10 sequence MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), full gene							

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	sequence MT-TS1 (mitochondrially encoded tRNA serine 1) (eg, nonsyndromic hearing loss), full gene sequence NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), duplication/deletion analysis NHLRC1 (NHL repeat containing 1) (eg, progressive myoclonus epilepsy), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), duplication/deletion analysis PLN (phospholamban) (eg, dilated cardiomyopathy, hypertrophic cardiomyopathy), full gene sequence SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), duplication/deletion analysis SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), known familial sequence variant(s) TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), duplication/deletion analysis UBA1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, X-linked), targeted sequence analysis (eg, exon 15) VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), deletion/duplication analysis VWF (von Willebrand factor) (eg, von Willebrand disease types 2A, 2B, 2M), targeted sequence analysis (eg, exon 28)							

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) AQP2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), full gene sequence BTD (biotinidase) (eg, biotinidase deficiency), full gene sequence CAV3 (caveolin 3) (eg, CAV3-related distal myopathy, limb-girdle muscular dystrophy type 1C), full gene sequence CDKN2A (cyclin-dependent kinase inhibitor 2A) (eg, CDKN2A-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequence CLRN1 (clarin 1) (eg, Usher syndrome, type 3), full gene sequence CPT2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase II deficiency), full gene sequence CYP1B1 (cytochrome P450, family 1, subfamily B, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence DMPK (dystrophia myotonica-protein kinase) (eg, myotonic dystrophy type 1), characterization of abnormal (eg, expanded) alleles EGR2 (early growth response 2) (eg, Charcot-Marie-Tooth), full gene sequence FGFR2 (fibroblast growth factor receptor 2) (eg, craniosynostosis, Apert syndrome, Crouzon syndrome), targeted sequence analysis (eg, exons 8, 10) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), targeted sequence analysis (eg, exons 8, 11, 12, 13) FKRP (Fukutin related protein) (eg, congenital muscular dystrophy type 1C [MDC1C], limb-girdle muscular dystrophy [LGMD] type 2I), full gene	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	sequence FOXG1 (forkhead box G1) (eg, Rett syndrome), full gene sequence FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eg, deleted) alleles FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4A and 4B haplotypes) FXN (frataxin) (eg, Friedreich ataxia), full gene sequence HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia), duplication/deletion analysis (For common deletion variants of alpha globin 1 and alpha globin 2 genes, use 81257) HBB (hemoglobin, beta, Beta-Globin) (eg, thalassemia), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), duplication/deletion analysis HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), full gene sequence KCNJ10 (potassium inwardly-rectifying channel, subfamily J, member 10) (eg, SeSAME syndrome, EAST syndrome, sensorineural hearing loss), full gene sequence KIT (C-kit) (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, GIST, acute myeloid leukemia, melanoma), targeted gene analysis (eg, exons 8, 11, 13, 17, 18) LITAF (lipopolysaccharide-induced TNF factor) (eg, Charcot-Marie-Tooth), full gene sequence MEFV (Mediterranean fever) (eg, familial Mediterranean fever), full gene sequence MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), duplication/deletion analysis NRAS (neuroblastoma RAS viral oncogene homolog) (eg, colorectal carcinoma), exon 1 and exon 2 sequences PDGFRA (platelet-derived growth factor receptor alpha polypeptide) (eg, gastrointestinal stromal tumor), targeted sequence analysis (eg, exons 12, 18) PDX1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the young [MODY]),							

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	full gene sequence PRNP (prion protein) (eg, genetic prion disease), full gene sequence PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), targeted sequence analysis (eg, exons 7, 12, 14, 17) RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2B and familial medullary thyroid carcinoma), common variants (eg, M918T, 2647_2648delinsTT, A883F) SDHD (succinate dehydrogenase complex, subunit D, integral membrane protein) (eg, hereditary paraganglioma), full gene sequence SLC25A4 (solute carrier family 25 [mitochondrial carrier; adenine nucleotide translocator], member 4) (eg, progressive external ophthalmoplegia), full gene sequence TP53 (tumor protein 53) (eg, tumor samples), targeted sequence analysis of 2-5 exons TTR (transthyretin) (eg, familial transthyretin amyloidosis), full gene sequence TYR (tyrosinase [oculocutaneous albinism IA]) (eg, oculocutaneous albinism IA), full gene sequence USH1G (Usher syndrome 1G [autosomal recessive]) (eg, Usher syndrome, type 1), full gene sequence VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 1C), targeted sequence analysis (eg, exons 26, 27, 37)							

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81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons) ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1) (eg, adrenoleukodystrophy), full gene sequence ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequence ACTC1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence APTX (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence AR (androgen receptor) (eg, androgen insensitivity syndrome), full gene sequence CHRNA4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence CHRNB2 (cholinergic receptor, nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence DFNB59 (deafness, autosomal recessive 59) (eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence DHCR7 (7-dehydrocholesterol reductase) (eg, Smith-Lemli-Opitz syndrome), full gene sequence EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), duplication/deletion analysis F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence FH (fumarate hydratase) (eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence FKTN (fukutin) (eg, limb-girdle muscular dystrophy [LGMD] type 2M or 2L), full gene sequence GFAP (glial fibrillary acidic protein) (eg, Alexander disease), full gene sequence GLA (galactosidase, alpha) (eg, Fabry disease), full gene sequence HBA1/HBA2 (alpha globin 1 and alpha globin 2)	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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	(eg, thalassemia), full gene sequence HNF1A (HNF1 homeobox A) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence KRAS (v-Ki-ras2 Kirsten rat sarcoma viral oncogene homolog) (eg, Noonan syndrome), full gene sequence LAMP2 (lysosomal-associated membrane protein 2) (eg, Danon disease), full gene sequence MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), full gene sequence MPZ (myelin protein zero) (eg, Charcot-Marie-Tooth), full gene sequence MYL2 (myosin, light chain 2, regulatory, cardiac, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYL3 (myosin, light chain 3, alkali, ventricular, skeletal, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYOT (myotilin) (eg, limb-girdle muscular dystrophy), full gene sequence NEFL (neurofilament, light polypeptide) (eg, Charcot-Marie-Tooth), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), duplication/deletion analysis NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), duplication/deletion analysis OTC (ornithine carbamoyltransferase) (eg, ornithine transcarbamylase deficiency), full gene sequence PDHB (pyruvate dehydrogenase [lipoamide] beta) (eg, lactic acidosis), full gene sequence PSEN1 (presenilin 1) (eg, Alzheimer disease), full gene sequence RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2A and familial medullary thyroid carcinoma), targeted sequence analysis (eg, exons 10, 11, 13-16) SDHB (succinate dehydrogenase complex, subunit B, iron sulfur) (eg, hereditary paraganglioma), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), full gene sequence SGCA (sarcoglycan, alpha [50kDa							

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	dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, beta [43kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCD (sarcoglycan, delta [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), full gene sequence SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), full gene sequence SPRED1 (sprouty-related, EVH1 domain containing 1) (eg, Legius syndrome), full gene sequence TGFBR1 (transforming growth factor, beta receptor 1) (eg, Marfan syndrome), full gene sequence TGFBR2 (transforming growth factor, beta receptor 2) (eg, Marfan syndrome), full gene sequence THRB (thyroid hormone receptor, beta) (eg, thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons TNNI3 (troponin I, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome, tumor samples), full gene sequence or targeted sequence analysis of >5 exons TPM1 (tropomyosin 1 [alpha]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), duplication/deletion analysis VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), targeted sequence analysis (eg, exons 18-20, 23-25)							

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81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia) CAPN3 (Calpain 3) (eg, limb-girdle muscular dystrophy [LGMD] type 2A, calpainopathy), full gene sequence Cytogenomic microarray analysis, neoplasia (eg, interrogation of copy number, and loss-of-heterozygosity via single nucleotide polymorphism [SNP]-based comparative genomic hybridization [CGH] microarray analysis) GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), full gene sequence HEXA (hexosaminidase A, alpha polypeptide) (eg, Tay-Sachs disease), full gene sequence LMNA (lamin A/C) (eg, Emery-Dreifuss muscular dystrophy [EDMD1, 2 and 3] limb-girdle muscular dystrophy [LGMD] type 1B, dilated cardiomyopathy [CMD1A], familial partial lipodystrophy [FPLD2]), full gene sequence PAH (phenylalanine hydroxylase) (eg, phenylketonuria), full gene sequence POLG (polymerase [DNA directed], gamma) (eg, Alpers-Huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia), full gene sequence POMGNT1 (protein O-linked mannose beta1,2-N acetylglucosaminyltransferase) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence POMT1 (protein-O-mannosyltransferase 1) (eg, limb-girdle muscular dystrophy [LGMD] type 2K, Walker-Warburg syndrome), full gene sequence POMT2 (protein-O-mannosyltransferase 2) (eg, limb-girdle muscular dystrophy [LGMD] type 2N, Walker-Warburg syndrome), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed mutations VWF (von Willebrand factor) (von Willebrand disease type 2A), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52)	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence CACNA1A (calcium channel, voltage-dependent, P/Q type, alpha 1A subunit) (eg, familial hemiplegic migraine), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), duplication/deletion analysis COL6A1 (collagen, type VI, alpha 1) (eg, collagen type VI-related disorders), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), full gene sequence COL6A3 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), full gene sequence KDM5C (lysine [K]-specific demethylase 5C) (eg, X-linked mental retardation), full gene sequence KIAA0196 (KIAA0196) (eg, spastic paraplegia), full gene sequence L1CAM (L1 cell adhesion molecule) (eg, MASA syndrome, X-linked hydrocephaly), full gene sequence LAMB2 (laminin, beta 2 [laminin	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 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	2014 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	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, Stargardt disease, age-related macular degeneration), full gene sequence ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence CDH23 (cadherin-related 23) (eg, Usher syndrome, type 1), full gene sequence CEP290 (centrosomal protein 290kDa) (eg, Joubert syndrome), full gene sequence COL1A1 (collagen, type I, alpha 1) (eg, osteogenesis imperfecta, type I), full gene sequence COL1A2 (collagen, type I, alpha 2) (eg, osteogenesis imperfecta, type I), full gene sequence COL4A1 (collagen, type IV, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence COL4A3 (collagen, type IV, alpha 3 [Goodpasture antigen]) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequence DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy), full gene sequence DYSF (dysferlin, limb girdle muscular dystrophy 2B [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence ITPR1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence LAMA2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), full gene sequence MYH11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence NEB (nebulin) (eg, nemaline myopathy 2), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence PKHD1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence RYR1 (ryanodine receptor 1, skeletal)	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(eg, malignant hyperthermia), full gene sequence RYR2 (ryanodine receptor 2 [cardiac]) (eg, catecholaminergic polymorphic ventricular tachycardia, arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons USH2A (Usher syndrome 2A [autosomal recessive, mild]) (eg, Usher syndrome, type 2), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease types 1 and 3), full gene sequence							
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	September 2016		☐
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	September 2016		☐
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	Feb 2010	Archival Retrieval for Mutational Analysis	17	CPT 2011	September 2014		☐
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Jan 2013	Optical Endomicroscopy	15	CPT 2014	September 2017		☐
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdisection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	☑
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdisection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	☑
88384	Array-based evaluation of multiple molecular probes; 11 through 50 probes	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
88385	Array-based evaluation of multiple molecular probes; 51 through 250 probes	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88386	Array-based evaluation of multiple molecular probes; 251 through 500 probes	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
90769	Code Deleted	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90770	Code Deleted	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90771	Code Deleted	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	September 2015		☐
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	September 2015		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	September 2015		☐
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Apr 2012	Wireless Motility Capsule	27	CPT 2013	September 2016		☐
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Apr 2010	Colon Motility	21	CPT 2011	September 2014		☐
91200		Sep 2014	Transient Elastography of Liver	05	CPT 2016	September 2018		☐
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	Apr 2010	Anterior Segment Imaging	22	CPT 2011	September 2014		☐
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		☐
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		☐
92145		Apr 2014	Corneal Hysteresis Determination	23	CPT 2015	September 2018		☐
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	Apr 2010	Diabetic Retinopathy Imaging	24	CPT 2011	September 2014		☐
93260		Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
93261		Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐

CPT Code	2014 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 implantable cardioverter-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	2014 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 implantable cardioverter-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 implantable cardioverter-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	2014 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 cardioverter-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 implantable cardioverter-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	2014 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	2014 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 cardioverter-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 cardioverter-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	2014 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		☐
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		☐
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		☐
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Jan 2013	Percutaneous Alcohol Ablation of Septum	17	CPT 2014	September 2017		☐
93644		Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
93982	Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	September 2014		☐
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	September 2014		☐
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	September 2014		☐
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.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	September 2016	The RUC recommends that these services be reviewed in 3 years to review the number of times this service is reported together by the same physician on the same day once this utilization data is available.	☐
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	September 2016	The RUC recommends that these services be reviewed in 3 years to review the number of times this service is reported together by the same physician on the same day once this utilization data is available.	☐
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
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	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Feb 2006	Whole Body Integumentary Photography	19	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	September 2018		☐
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	September 2018		☐
97607		Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	September 2018		☐
97608		Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	September 2018		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Oct 2013	HCPAC - Ultrasonic Wound Assessment	17	CPT 2015	September 2018		☐
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
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	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99363	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
99364	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
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	☑

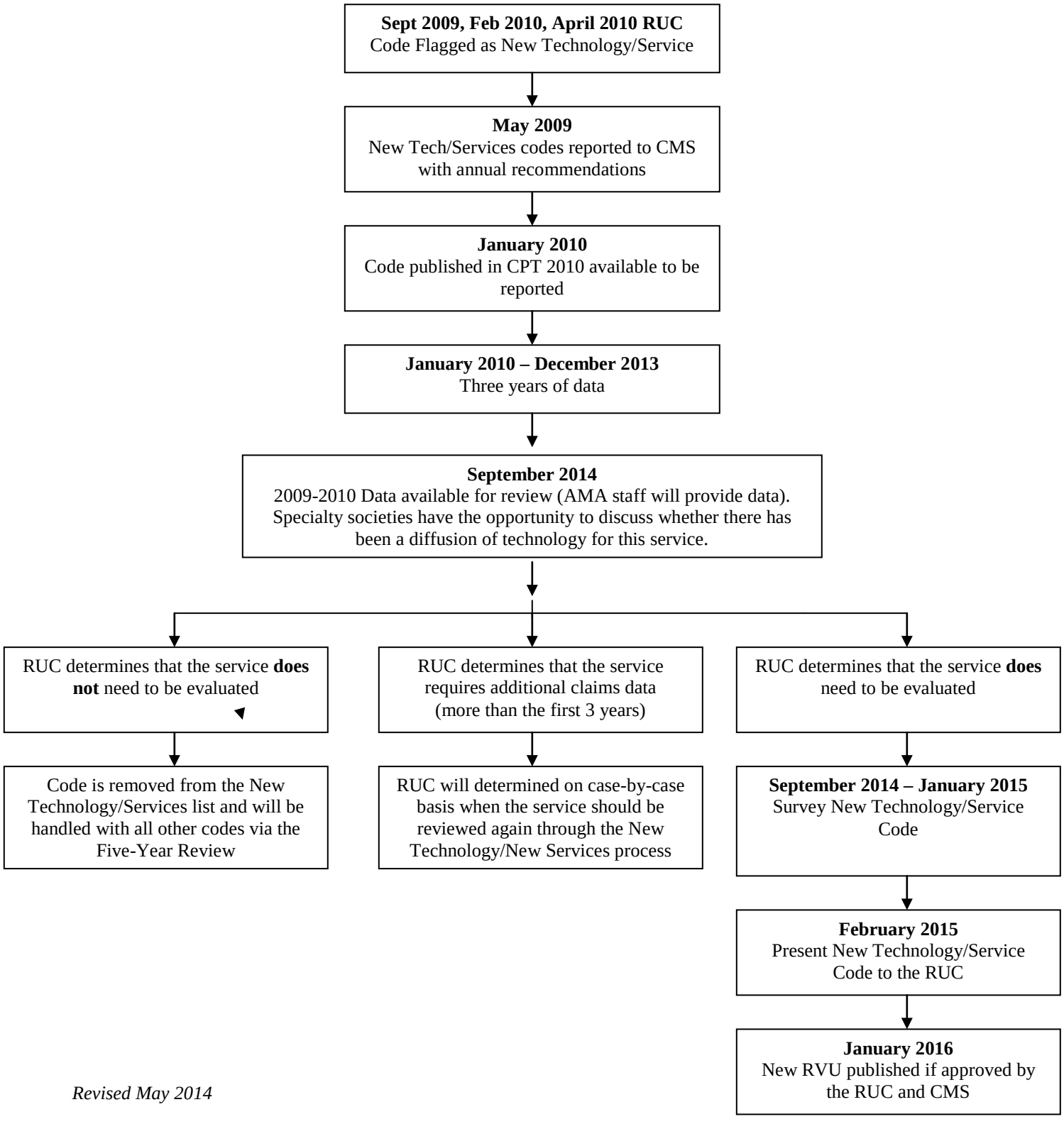
CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99446	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	September 2017		☐
99447	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	September 2017		☐
99448	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	September 2017		☐
99449	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	September 2017		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99487	Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	September 2016		☐
99488	Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	September 2016		☐
99489	Complex chronic care coordination services; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	September 2016		☐
99490		Apr 2014	Chronic Care Management	28	CPT 2015	September 2018		☐
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	Oct 2012	Transitional Care Management Services	8	CPT 2013	September 2016		☐
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	September 2016		☐
99497		Jan 2014	Advance Care Planning	19	CPT 2015	September 2017		☐
99498		Jan 2014	Advance Care Planning	19	CPT 2015	September 2017		☐

New Technology/Services Timeline

1. Code is identified as a new technology/service at the RUC meeting in which it is initially reviewed.
2. Code is flagged in the next version of the RUC database with date to be reviewed
3. Code will be reviewed in 5 years (depending on what meeting in the CPT/RUC cycle it is initially reviewed) after at least three years of data are available.

Example



Revised May 2014

Specialty and Acronym

Society	Acronym
AMA CPT Editorial Panel	AMA
AMA Staff	AMA
Academy of Nutrition and Dietetics	ANDi
Academy of Physicians in Clinical Research	APCR
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 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 Pharmaceutical Physicians & Investigators	AAPPI
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 Burn Association	ABA
American Chiropractic Association	ACA
American Clinical Neurophysiology Society	ACNS

Society	Acronym
American College of Cardiology	ACC
American College of Chest Physicians	ACCP
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 Medical Directors Association	AMDA
American Nurses Association	ANA
American Occupational Therapy Association	AOTA
American Optometric Association	AOA
American Orthopaedic Association	AOA-Ortho
American Orthopaedic Foot and Ankle Society	AOFAS
American Osteopathic Association	AOA
American Pediatric Surgical Association	APSA
American Physical Therapy Association	APTA
American Podiatric Medical Association	APMA
American Psychiatric Association	APA
American Psychological Association	APA-HCPAC
American Roentgen Ray Society	ARRS

Society	Acronym
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	ASDS
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 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 Ophthalmic Plastic and Reconstructive	ASOPRS
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 Military Surgeons of the U.S.	AMSUS
Association of University Radiologists	AUR
Centers for Medicare and Medicaid Services	CMS
Contractor Medical Directors	CMD
College of American Pathologists	CAP

Society	Acronym
Congress of Neurological Surgeons	CNS
Contact Lens Society of Ophthalmologists	CLSO
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
Practice Expense Review Committee (PERC)	PERC
Radiological Society of North America	RSNA
Renal Physicians Association	RPA
Society for Investigative Dermatology	SID
Society for Vascular Surgery	SVS
Society of American Gastrointestinal and Endoscopic Surgeons	SAGES
Society of Critical Care Medicine	SCCM
Society of Interventional Radiology	SIR
Society of Nuclear Medicine and Molecular Imaging	SNMMI
Society of Thoracic Surgeons	STS
The Endocrine Society	TES
The Society for Cardiovascular Angiography and Interventions	SCAI
The Triological Society	TTS

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2014

Transcatheter Placement of Carotid Stents

In February 2013, the CPT Editorial Panel approved the creation of four new bundled codes to describe transcatheter placement of intravascular stent. Following this, the specialty societies noted that the code changes did not address antegrade stent placement in the innominate and intrathoracic carotid artery. In February 2014, the Panel created CPT Code 37218 to describe the antegrade treatment of the innominate artery and the intrathoracic common carotid artery. Additionally, the Panel added the words "open or" to the 37215 and 37216 CPT code descriptions to make them consistent with all other endovascular bundled coding.

In April 2014, the RUC did not recommend surveying: 37216 because it is a non-covered Medicare service, 37217 because it was reviewed by the RUC in April 2013 and codes 37235-37257 because they are not considered part of the family of services. The RUC noted that code 37215 has been performed consistently since its creation in 2006 and most recently was performed 8,455 times in 2013. Therefore, the RUC recommended that the specialty societies survey CPT code 37215 and present recommendations for physician work and practice expense at the September 2014 RUC meeting. Furthermore, the specialty societies were asked to provide a recommendation for the non-covered Medicare service 37216 to maintain the current magnitude estimation between the two services.

Prior to reviewing the survey data for CPT code 37215, the RUC discussed whether the vignette used in the survey accurately described the typical patient for this service. Specifically, the RUC discussed if it is necessary to describe the patient as having a history of external beam radiation therapy. The specialty societies explained that this history is important in describing the patient because it denotes that he or she cannot undergo an open procedure (endarterectomy). The specialties explained that this procedure is heavily regulated and, in fact, has its patient population mandated by the Centers for Medicare & Medicaid Services (CMS) through a National Coverage Determination (NCD). Therefore, the information presented in the vignette does not change the nature of the procedure; it simply specifies that the patient would qualify for this procedure under the rigorous CMS guidelines.

37215 ***Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection***
The RUC reviewed the survey results from 65 cardiologists, vascular surgeons, neurosurgeons, radiologists and neuroradiologists and approved pre-service time package 4 (Facility procedure, difficult patient, procedure) due to the complex nature of the unique patient population that is required for this procedure. The RUC noted that patients undergoing 37215 are inherently more difficult than patients receiving the other percutaneous procedures in this family (notably code 37218) because while both patients are still a risk of stroke, the procedure in the distal common carotid arteries adds the risk of cardiac arrhythmia and blood pressure derangement. Furthermore, the RUC also approved several modifications to the pre-service time package to account for the unique aspects of this procedure. An additional 35 minutes of pre-service evaluation was added to the standard as there are multiple pre-operative tests and images that must be reviewed for pre-operative planning. There was also 5 additional minutes added to pre-service positioning standard to account for placing the patient in fluoroscopic positioning. The RUC approved the following physician time components: pre-service time of 63 minutes, intra-service time of 90 minutes and immediate post-service time of 30 minutes.

Finally, the RUC noted that the survey respondents indicated a full-day discharge (99238), 2 level three office visits (99213) and 1 level three hospital visit (99233). The specialties noted that while the hospital visit is a higher level than the recently reviewed intrathoracic percutaneous code (37218), the disparity is appropriate because a patient undergoing 37215 has significant atherosclerotic vascular disease with multiple comorbidities and a high stroke risk.

The RUC reviewed the survey respondents estimated physician work and agreed that given the 7 percent drop in total time from the current time to the survey time (347 minutes and 322 minutes, respectively), the 25th percentile work RVU of 19.00 overestimates the physician work involved in the service. To determine the appropriate physician work value required to perform this service, the RUC reviewed CPT code 43770 *Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)* (work RVU= 18.00) and noted that both services have identical intra-service time, 90 minutes, and comparable post-operative work. Therefore, the RUC recommends directly crosswalking the work RVU of 37215 to CPT code 43770. To justify a work RVU of 18.00, the RUC also compared the surveyed code to CPT code 27446 *Arthroplasty, knee, condyle and plateau; medial OR lateral compartment* (work RVU= 17.48) and agreed that while both services have identical intra-service time, 90 minutes, 37215 is a more intense procedure and is appropriately valued higher than the reference code. **The RUC recommends a work RVU of 18.00 for CPT code 37215.**

37216 ***Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection***
To maintain consistency within the family, the RUC also addressed CPT code 37216. This service is non-covered by Medicare and thus cannot be surveyed because of extremely low utilization. To value this procedure, the RUC noted that CPT code 37216 is identical to the work of 37215 but without the distal embolic protection device. All the pre- and post-service work (including the post-operative care) is identical. Therefore, given the inability to collect survey data, the RUC recommends a direct crosswalk of both physician work and time from 37215 to CPT code 37216. **The RUC recommends a work RVU of 18.00 for CPT code 37216.**

Practice Expense
The Practice Expense Subcommittee reviewed the direct PE inputs and approved the existing inputs, with the addition of 6 minutes (12 minutes total) to account for the clinical staff work involved in a full day discharge (99238). The RUC accepted the direct PE inputs as approved 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.

Database Flag
Due to the lack of a survey to derive the work value recommendation for CPT code 37216, the record will be flagged in the RUC database as not to be used to validate for physician work.

Appendix G
The RUC noted that the survey data indicated that only 52% of the services include moderate sedation in the hospital setting. Since moderate sedation is no longer inherent to CPT code 37215 it will be removed from the CPT Appendix G list.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲⊙37215	CC1	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	090	18.00
▲⊙37216	CC2	without distal embolic protection (37215 and 37216 include all ipsilateral selective carotid catheterization, all diagnostic imaging for ipsilateral, cervical and cerebral carotid arteriography, and all related radiological supervision and interpretation. When ipsilateral carotid arteriogram (including imaging and selective catheterization) confirms the need for carotid stenting, 37215 and 37216 are inclusive of these services. If carotid stenting is not indicated, then the appropriate codes for carotid catheterization and imaging should be reported in lieu of 37215 and 37216) (Do not report 37215, 37216 in conjunction with 36222-36224 for the treated carotid artery) (For open or percutaneous transcatheter placement of extracranial vertebral ~~or intrathoracic carotid~~ artery stent[s], see Category III codes 0075T, 0076T) (For open or percutaneous antegrade transcatheter placement of intrathoracic carotid artery stent[s], see 37218)	090	18.00

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37215 Tracking Number CC1 Original Specialty Recommended RVU: **19.00**
Presented Recommended RVU: **19.00**
Global Period: 090 RUC Recommended RVU: **18.00**

CPT Descriptor: Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old male with history of external beam radiation therapy to the neck has recurrent episodes of transient right hemiparesis while on aspirin. Neurologic evaluation reveals no fixed neurological deficit. Imaging confirms a critical right internal carotid artery stenosis. The patient is 10 years post coronary bypass surgery. He had a subendocardial MI two months ago with subsequent cath showing diffuse distal disease, and an ejection fraction of 30%. He has angina at low levels of exercise. Cutaneous radiation damage complicates an open surgical approach. Discussion with a surgeon who performs carotid endarterectomy leads to agreement that the patient is at high risk for open carotid surgery. Carotid stent placement with embolic protection is therefore recommended.

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 2% , Overnight stay-less than 24 hours 34% , Overnight stay-more than 24 hours 65%

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%

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? 52%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 3%

Description of Pre-Service Work:
•The patient's history and pertinent non-invasive diagnostic studies are reviewed, with special attention to cerebrovascular symptoms, cardiac and other co-morbidities that would place the patient at high risk for surgery.
•Physical exam is reviewed to ensure that the patient has palpable femoral pulses, suitable for percutaneous access.
•Special attention is given to medications, including antiplatelet agents and anticoagulants that the patient may be taking or needs to be taking.
•All pre-procedural blood tests are reviewed, focusing on coagulation and renal function studies. If renal insufficiency is present, attention is given to whether patient has received appropriate renal protective agents and hydration.
•Based on review of all previous diagnostic studies, the physician estimates the range of guiding catheters/sheaths, guide wires, selective catheters, balloons, stents and embolic protection devices that may be required, and ensures that all are available for use. (This procedure requires a substantial inventory of equipment, and absence of any single piece can disable the effort. Thus, this task cannot be taken lightly.)
•Procedure details, including alternatives and risks, are discussed with patient and family. Finally, informed consent is reviewed with patient and family.
•Careful baseline neurological examination is performed.
•Physician supervises patient hemodynamic and neurologic monitoring set up

PRE-SERVICE RADIOLOGICAL SUPERVISION AND INTERPRETATION WORK
•The interventional suite is checked to ensure proper function and configuration of the imaging equipment including compliance with all radiation safety issues.
•The physician ensures that all technical personnel have been familiarized with the carotid stent technique and are fully familiar with all required devices, especially the embolic protection system. Physician supervises selection of all equipment, including catheters, wires, balloons, stents, sheaths, protection device, contrast material, etc., and assures that all needed equipment is available.
•Prior films/studies are located and reviewed.
•Don radiation protection
•Position (or supervise proper positioning of) patient

Description of Intra-Service Work:
INITIAL ARTERIAL ACCESS AND MONITORING
•Ensure ECG and hemodynamic monitors are in place and functioning
•All following steps are performed under fluoroscopic guidance
•Puncture common femoral artery for insertion of 6F sheath

INTRAPROCEDRUAL MONITORING OF HEMODYNAMICS, CARDIAC RHYTHM, AND NEUROLOGIC STATUS
•Ensure that electrocardiographic and hemodynamic monitoring is in place and functioning
•Assess, review, and if necessary treat any disturbance of the patient's rhythm or blood pressure while in the procedure room
•Carefully monitor the patient's neurologic status throughout the procedure
•Immediately attend to any disruption in neurologic function

ALL RADIOLOGICAL SUPERVISION AND IMAGING WORK IS INCLUDED
•Direct technical personnel throughout procedure
•Interpretation of imaging of the vessel being treated, including complete intracranial and extracranial views of the target vessel in all views necessary
•Ensure accurate radiological views, exposures, shielding, image size, injection sequences, radiation protection and management for patient and staff
•Real-time analysis of all imaging during procedure, including pre-treatment imaging, fluoroscopic and angiographic imaging throughout the procedure as required to perform the procedure, and post-procedure fluoroscopic and angiographic imaging. This includes all imaging to manipulate the wires, catheters, devices, into position as well as correct positioning and deployment EPS, stable positioning of EPS throughout procedure, correct positioning and deployment of stent, opening balloon, assessing post-op success and complications, complete intra and extracranial study post-stent, recapture of protection device, and removal of catheters.
•Quantitative measurement of the lesion, target vessel and distal EPS landing zone to determine appropriate balloon, stent and EPS sizes
•Continuous fluoroscopic imaging during all catheter/stent manipulations to assess proper EPS position and adequate EPS performance throughout procedure

BASELINE CERVICAL & CEREBRAL ANGIOGRAPHY AND QUANTITATIVE MEASUREMENTS
•Advance standard .035 guidewire into aortic arch at base of great vessels
•Carotid configuration catheter advanced to aortic arch
•Roadmap common carotid artery origin and proximal segment
•Remove standard .035 wire and replace with .035 hydrophilic wire
•Insert carotid-selective reverse curve catheter into sheath over hydrophilic wire
•Administer IV heparin
•Reform shape of carotid-selective catheter in aortic arch
•Use this carotid catheter to selectively catheterize origin of common carotid artery
•Inject contrast to perform initial roadmap arteriogram of common carotid and bifurcation
•Perform cervical carotid angiography in AP and lateral views
•Perform quantitative measurements of vessels including area of stenosis & area of EPS landing zone

•Perform cerebral angiography including at minimum lateral and AP Towne views
•Place catheter to continuous heparin flush

SELECTION OF APPROPRIATE STENT AND EMBOLIC PROTECTION SYSTEM
•Choose equipment based on results of quantitative measurements
•Connect side-arm of long guiding sheath to arterial pressure transducer
•Perform focused arteriogram of bifurcation and distal internal carotid thru guiding sheath

PREP DISTAL EMBOLIC PROTECTION SYSTEM (EPS)
•Prep 0.014 wire on back table and ensure filter is completely air-free
•Assemble delivery system and assure it is air-free
•Assemble retrieval system and assure it is air-free

EXCHANGE FOR GUIDING CATHETER/SHEATH
•Advance .035 hydrophilic wire under roadmap into external carotid
•Advance catheter into external carotid
•Remove hydrophilic wire, insert stiff .035 exchange-length wire
•Exchange long guiding sheath/catheter into common carotid
•Remove wire and carotid-selective catheter
•Check ACT to ensure adequate anticoagulation

PLACEMENT OF DISTAL EMBOLIC PROTECTION SYSTEM (EPS)
•Load .014 wire/EPS/delivery system, advance into common carotid
•Perform high magnification pre-deployment arteriogram of carotid bifurcation
•Check patient neurological status now and throughout case at intervals
•Advance and maneuver .014 wire/EPS across lesion into distal extracranial internal carotid with careful positioning using confirmatory angiography and road-mapping
•Activate EPS by opening the filter umbrella in distal internal carotid
•Remove EPS deployment catheter
•Confirm deployed EPS position with angiogram to confirm good flow and filter/wall apposition. Reposition and repeat as necessary until proper position attained.

PRE-STENT CAROTID ANGIOPLASTY
•Prepare angioplasty balloon to be air-free
•Advance 3-4 mm low-profile balloon across lesion and check position
•Insufflate balloon to pre-dilate lesion
•Remove balloon

CAROTID STENT PLACEMENT
•Prepare stent delivery system to be air-free
•Load appropriately sized self-expanding stent into guiding catheter
•Advance stent delivery catheter very carefully across lesion
•Perform final angiographic check to ensure exact positioning
•Deploy stent
•Remove stent delivery device
•Load and advance 5-6 mm balloon
•Position balloon within stent and inflate for post dilatation
•Check ECG for bradycardia or other arrhythmia, treat as needed with IV meds

EPS REMOVAL
•Advance EPS retrieval system through stent to distal EPS position
•Deactivate EPS & Remove .014 wire / EPS

FINAL CAROTID AND CEREBRAL ANGIOGRAPHY
•Perform completion bifurcation arteriogram
•Check carefully for residual stenosis, dissection, vasospasm
•Treat any of above if present (e.g. nitroglycerin for vasospasm)

•Perform completion intra-cerebral arteriogram in AP, lateral, Towne views
•Review cerebral images in detail for emboli, vasospasm, cross-filling etc
•Insert soft-tip 035 guidewire into long guiding sheath/catheter
•Withdraw guiding sheath/catheter from common carotid
•Remove guiding sheath and guidewire from puncture site and attain hemostasis

Description of Post-Service Work:
•Final neurological check prior to transfer to recovery area
•Ensure BP, HR are stable and normal upon arrival to recovery area
•Thorough neurological exams at frequent intervals
•Write post-op orders & Communicate with family & referring physicians
•Review results of procedure with patient when sedation wears off
•Review and interpret all images
•Post-process all radiologic images and convert to archived form for permanent record
•Review and record patient fluoroscopic exposure time & contrast volume
•Dictate procedure note, including interpretation of diagnostic and therapeutic imaging
•Review, revise, sign final report
•Send formal report to PCP and referring providers
•Daily in-hospital E&M visits, orders, notes, communication, etc.
•Discharge day management including communication with PCP, family etc
•All post-procedure outpatient office visits within the global period

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014		
Presenter(s):	Richard Wright, MD, Matthew Sideman, MD, John Ratliff, MD, Alexander Mason, MD, Henry Woo, MD, Jerry Niedwiecki, MD, Kurt Schoppe, MD, Gregory Nicola, MD and Clifford Kavinsky, MD		
Specialty(s):	Cardiology Vascular Surgery NeuroSurgery Radiology		
CPT Code:	37215		
Sample Size:	6093	**Resp N:** 65	**Response:** 1.0 %
Description of Sample:	ACC/SCAI - 500 random + 87 targeted SVS - All US/MD Members 1600 AANS/CNS - 200 random members SIR - 330 US/MD random members ACR - 750 random members ASNR - 2626 random members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	15.00	60.00
Survey RVW:	12.20	19.00	**20.00**	21.16	25.00
Pre-Service Evaluation Time:			**75.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	45.00	60.00	**90.00**	120.00	150.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**55.00**	99231x **0.00** 99232x **0.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	37215	**Recommended Physician Work RVU: 18.00**		
		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:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

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)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**28.00**	**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):	**55.00**	99231x **0.00** 99232x **0.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37217	090	20.38	**RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and 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
58150	090	17.31	**RUC Time**	9,022

CPT Descriptor 1 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50546	090	21.87	**RUC Time**	1,879

CPT Descriptor 2 Laparoscopy, surgical; nephrectomy, including partial ureterectomy

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 31 **% of respondents:** 47.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 37215**	**Key Reference CPT Code:** 37217	**Source of Time RUC Time**
Median Pre-Service Time	63.00	74.00	
Median Intra-Service Time	90.00	120.00	
Median Immediate Post-service Time	30.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	55.0	133.00	
Median Discharge Day Management Time	38.0	0.00	
Median Office Visit Time	46.0	46.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**322.00**	**403.00**	
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	4.10	4.06
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.94	3.87
Urgency of medical decision making	4.13	4.16
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.29	4.45
Physical effort required	4.03	4.10
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.06	4.03
Outcome depends on the skill and judgment of physician	4.39	4.42
Estimated risk of malpractice suit with poor outcome	3.77	3.61

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.81	3.84

Intra-Service intensity/complexity	4.00	3.97
Post-Service intensity/complexity	3.52	3.53

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

Code 37215 is an existing code that describes transcatheter placement of an intravascular stent(s), cervical carotid artery via percutaneous approach, including distal embolic protection.

Methodology

A multi-disciplinary workgroup including ACC/SCAI, SVS, AANS/CNS, SIR, ACR and ASNR was convened. A survey was distributed randomly to the members of the representative societies. Surveys were also distributed to a targeted group of 87 cardiologists identified as providers of the service from the Medicare physician data release. There were 65 surveys completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved.

Pre-Service Time

CPT code 37215 does not fit neatly into any of the Pre-time packages. Carotid stenting is on the inpatient only list. The survey respondents indicated that conscious sedation was typical (52%) but not inherent. The patients who undergo carotid stenting have severe atherosclerotic vascular disease and significant co-morbidities making them "high risk" for open carotid endarterectomy. The procedure of placing a carotid stent is both technically demanding and high risk with neurologic and cardiac complications as high as 6% in some studies. The multi-disciplinary workgroup therefore recommends Pre-time package 4 (facility- difficult patient/difficult procedure) with the following modifications to the package time:

Evaluation: An additional 35 minutes of pre-service evaluation time was identified by the survey recipients. The rational for this additional time is the multiple pre-operative tests and images must be reviewed for pre-operative planning. The societies recommend accepting the package time of 40 minutes.

Positioning: An additional 5 minutes (total=8) of pre-service positioning time for fluoroscopic positioning. The fluoroscopic equipment must be turned on, calibrated, and confirmed to be operational. Multiple projections including antero-posterior, oblique, and lateral are necessary for performance of carotid stenting. As such, the patient's position on the fluoroscopic table must be confirmed to be free of any object that could impair the imaging in each possible projection. The societies feel that these additional steps in positioning more than justify the additional minutes to the standard package.

Scrub, dress & wait: A reduction of 5 minutes (total = 15) to account for this being a moderate sedation procedure and not general anesthesia. This value was confirmed by the survey respondents.

Post-Service Time

The survey respondents reported a post service time of 30 minutes. Based on RUC conventions the workgroup feels that this service is best represented by post-service package 8B IV Sedation/Complex procedure which allows for a total post service time of 28 minutes. We propose to add 2 minutes of post-service time to account for two specific actions not accounted for by the standard package. First, a neurologic exam at the completion of the procedure and before transfer to the recovery area is mandatory. Second, the patient must remain at strict bed rest for several hours after the procedure and must be transferred off the fluoroscopic bed with the accessed extremity kept straight to prevent bleeding. The societies feel that these additional steps not accounted for by the standard package more than justify the additional 2 minutes identified by the survey respondents.

Post-Operative Visits

As the clinical vignette suggests these patients have significant atherosclerotic vascular disease with multiple co-morbidities and a high stroke risk. After the intervention is performed these patients are inpatients that are closely monitored for neurologic changes similar to the existing codes within the carotid stent family. As such, the work of 99233 and 99238 is typical to provide the appropriate inpatient care. As a 090 global code two 99213 office visits are typical to adequately assess for post procedural complications and medication compliance.

Comparison with Key Reference Service

The key reference code chosen by the majority of the survey respondents (48%) was 37217 (*Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation*). This key reference is similar to 37215 in the sense that they are both vascular stenting operations performed in the cerebrovascular circulation, however, 37217 is a retrograde treatment of the intrathoracic common carotid or innominate artery whereas 37215 is antegrade treatment of the internal carotid artery. CPT 37217 includes open exposure and repair of the cervical carotid artery and does not include the use of an embolic protection device. This explains the difference in time and intensity as the exposure and repair takes longer and is relatively less intense. In addition, the open surgical approach has one additional hospital day compared to the antegrade internal carotid artery stent.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post	Hosp	Office
37215	18.00	0.132	322	40	8	15	90	30	33,38	13,13
37217	20.38	0.098	403	40	14	20	120	30	33,32,38	13,13

This comparison thus favorably supports our recommendation for the 25th percentile survey value of 19.00.

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) 37215

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 Vascular Surgery How often? Commonly

Specialty 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 available

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? 7,450
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Current RUC database

Specialty Cardiology Frequency 3651 Percentage 49.00 %

Specialty Vascular Surgery Frequency 1714 Percentage 23.00 %

Specialty Radiology Frequency 820 Percentage 11.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 37215

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: Transcatheter Placement of Carotid Stents

TAB: 4

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
REF	37217	Transcatheter	31	0.098			20.38			403	40	14	20			120			30			1	1		1			2			
CURRENT	37215	Transcatheter placer		0.122			19.68			347	60	15	15			103			30				1		1			2			
SVY	37215	Transcatheter	65	0.133	12.20	19.00	20.00	21.16	25.00	364	75	15	15	45	60	90	120	150	30			1			1			2			
Targeted	*37215*		*4*	*0.183*	*13.20*	*15.45*	*18.10*	*21.25*	*25.00*	*319*	*83*	*13*	*15*	*45*	*56*	*60*	*60*	*60*	*30*				*1*		*1*			*1*			
REC				0.121	18.00					322	40	8	15			90			30			1			1			2			

#4
Tab Number

Transcatheter Placement of Carotid Stent
Issue

37215
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Gerald Niedzwiecki, MD
Printed Signature

The Society of Interventional Radiology (SIR)
Specialty Society

August 24, 2014
Date

#4
Tab Number

Transcatheter Placement of Carotid Stent
Issue

37215
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Matthew Sideman, MD
Printed Signature

The Society for Vascular Surgery (SVS)
Specialty Society

August 24, 2014
Date

4
Tab Number

Transcatheter Placement of Carotid Stent
Issue

37215
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

8/26/14
Date

Tab 4, Tab 17
Tab Number

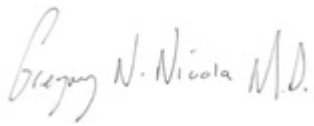
Transcatheter Placement of Carotid Stent, X-Ray
Issue

37215, 72070
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

Greg N. Nicola, MD
Printed Signature

American Society of Neuroradiology (ASNR)
Specialty Society

8/14/2014
Date

4
Tab Number

Transcatheter Placement of Carotid Stents
Issue

37215
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

Alexander Mason, MD John Ratliff, MD

Printed Signature

American Association of Neurological Surgeons / Congress of Neurological Surgeons
Specialty Society

August 21, 2014 Date

4
17
Tab Number

Transcatheter Placement of Carotid Stents
X-Ray Exams
Issue

37215
71100, 72070, 73060, 73565, 73590, 73600, 73560, 73562, 73564
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)

Signature

Kurt A. Schoppe, MD
Printed Signature

American College of Radiology
Specialty Society

August 26, 2014
Date

4
17
Tab Number

Transcatheter Placement of Carotid Stents
X-Ray Exams
Issue

37215
71100, 72070, 73060, 73565, 73590, 73600, 73560, 73562, 73564
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)

Signature

Ezequiel Silva, MD
Printed Signature

American College of Radiology
Specialty Society

August 26, 2014
Date

CPT Code: 37215
Specialty Society('s): ACC, SVS, AANS/CNS, ACR, ASNR, SCAI and SIR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: *Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection*

Global Period: 090 **Meeting Date:** September 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A standard RUC survey was conducted for physician work. An expert panel reviewed the recommendations for physician work and makes the following practice expense recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT Code 37215 *Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection* is an existing code. As such, we have included the current direct practice expense inputs on the spreadsheet.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are recommending 12 minutes of intra time, instead of the 6 minutes currently in the CMS direct PE file. CPT Code 37215 is an inpatient procedure and as such a full discharge day management code is warranted.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
The standard inputs for 090-day codes have been recommended for this procedure.

Intra-Service Clinical Labor Activities:
The standard time for discharge day management has been recommended for this procedure.

Post-Service Clinical Labor Activities:
Standard times to ready patient/records and assist physician at each post-op office visit have been applied.

	A	B	C	D	E	F	G
1	**Meeting Date:** September 2014			**EXISTING INPUTS**		**RECOMMENDATIONS**	
2	**Tab:** 4 Transcatheter Placement of Carotid Stents **Specialty:** ACC, SVS, AANS/CNS, ACR, ASNR, SIR,			**37215**		**37215**	
3	**Please note: If a supply has a purchase price of $100 or more please **bold** the item name and CMS code.* ***Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the PE Spreadsheet Instructions*	**CMS Code**	**Staff Type**	*Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection*		*Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**	**138**	**0**	**144**
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**	**6**	**0**	**12**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0**	**72**	**0**	**72**
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	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure						
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff						
36	Clean Scope						
37	Clean Surgical Instrument Package						
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	n/a	6	n/a	12
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a	
45	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1	**Meeting Date:** September 2014			**EXISTING INPUTS**		**RECOMMENDATIONS**	
2	**Tab:** 4 Transcatheter Placement of Carotid Stents **Specialty:** ACC, SVS, AANS/CNS, ACR, ASNR, SIR,			**37215**		**37215**	
3	**Please note: If a supply has a purchase price of $100 or more please **bold** the item name and CMS code.* ***Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the PE Spreadsheet Instructions*	**CMS Code**	**Staff Type**	*Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection*		*Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27				
52	99213 36 minutes		36		2		2
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0**	**72**	**0**	**72**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack		2		2
60							
61							
62							
63							
64							
65	**EQUIPMENT**	**CODE**					
66	table, exam	EF023			72		72
67							
68							
69							
70							

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Transcatheter Placement of Carotid Stents

In February 2013, the CPT Editorial Panel approved the creation of CPT code 37217 to describe retrograde transcatheter placement of an intravascular stent. Following this, the specialty societies noted this new code does not address antegrade stent placement in the innominate artery or the intrathoracic carotid artery. In February 2014, the Panel created CPT code 37218 to describe the antegrade treatment of the innominate artery or the intrathoracic common carotid artery. Additionally, the Panel added the words "open or" to the 37215 and 37216 CPT code descriptions to make them consistent with all other endovascular bundled coding.

37218 ***Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery via open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation***
The RUC reviewed the survey results from 33 practicing radiologists, interventional radiologists, neurosurgeons, vascular surgeons and cardiologists and agreed with the specialty societies that the following physician time components are accurate for this new technology procedure: pre-service time of 43 minutes, with 4 additional minutes of positioning over the standard 2b pre time package, intra-service time of 90 minutes and immediate post-service time of 28 minutes (the standard post time package of 8B). The RUC agreed that 4 additional minutes of pre-service positioning time over the standard pre-time package are necessary to account for positioning the patient on the angiographic table and optimizing EKG and monitoring lead placement to ensure adequate imaging and that the monitoring leads do not enter the imaging field on oblique projections. The RUC also agreed that one 99231 hospital visit and a full-day discharge are appropriate for this inpatient procedure. These visits are similar to the other services in the family, 37215 and 37216, which each have one hospital visit and a full-day discharge day management service. Finally, two 99213 office visits were allocated to adequately assess for post procedural complications and medication compliance in the 90 day global period.

The RUC reviewed the survey respondents' estimated physician work values and agreed that they were overvalued, with a 25th percentile work RVU of 18.50. To determine an appropriate work value, the RUC compared the surveyed code to CPT code 29915 *Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)* (work RVU = 15.00) and agreed that since both services have identical intra-service time, 90 minutes, and nearly identical total time, they should be valued the same. Therefore, the RUC recommends a direct work RVU crosswalk from code 29915 to code 37218. To further justify a work RVU of 15.00 for 37218, the RUC reviewed CPT code 19303 *Mastectomy, simple, complete* (work RVU= 15.85, intra time= 90 minutes) and noted that while both services have identical intra time, the reference code has more post-operative visits, and therefore, is correctly valued slightly higher than 37218. **The RUC recommends a work RVU of 15.00 for CPT code 37218.**

The RUC discussed that the specialty societies did not survey CPT codes:

- 37215 *Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection,*
- 37216 *Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection,*
- 37217 *Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation,*
- 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,*
- 37236 *Transcatheter placement of an intravascular stent(s) (except lower extremity, 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* and
- 37237 *Transcatheter placement of an intravascular stent(s) (except lower extremity, 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*

For the following five codes, the RUC did not recommend surveying: 37216 because it is a non-covered Medicare service, 37217 because it was reviewed by the RUC in April 2013 and codes 37235-7 because they are not considered part of the family of services. The RUC noted that code 37215 has been performed consistently since its creation in 2006 and most recently was performed 8,455 times in 2013. **Therefore, the RUC recommends that the specialty societies survey CPT code 37215 and present recommendations for physician work and practice expense at the September 2014 RUC meeting.**

Practice Expense
The RUC recommends the standard 090-day global direct practice expense inputs as approved by the Practice Expense Subcommittee.

New Technology
CPT code 37218 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Surgery** **Cardiovascular System** **Arteries and Veins** **Vascular Injection Procedures**				
⊙ ***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* (Do not report 36222 in conjunction with 37215, 37216, 37218 for the treated carotid artery)		
⊙ ***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* (Do not report 36223 in conjunction with 37215, 37216, 37218 for the treated carotid artery)		
⊙ ***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* (Do not report 36224 in conjunction with 37215, 37216, 37218 for the treated carotid artery)		
Category I **Surgery** **Cardiovascular System** **Transcatheter procedures**				

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Other procedures				
▲⊙37215(e)		Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	090	To be Surveyed September 2014 RUC
▲⊙37216(e)		without distal embolic protection (37215 and 37216 include all ipsilateral selective carotid catheterization, all diagnostic imaging for ipsilateral, cervical and cerebral carotid arteriography, and all related radiological supervision and interpretation. When ipsilateral carotid arteriogram (including imaging and selective catheterization) confirms the need for carotid stenting, 37215 and 37216 are inclusive of these services. If carotid stenting is not indicated, then the appropriate codes for carotid catheterization and imaging should be reported in lieu of 37215 and 37216) (Do not report 37215, 37216 in conjunction with 36222-36224 for the treated carotid artery) (For open or percutaneous transcatheter placement of extracranial vertebral ~~or intrathoracic carotid~~ artery stent[s], see Category III codes 0075T, 0076T) (For open or percutaneous antegrade transcatheter placement of intrathoracic carotid artery stent[s], see 37218)	090	18.95 (No Change)

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
37217(e)		Transcatheter placement of ~~an~~ intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, ~~via~~ open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation (37217 includes open vessel exposure and vascular access closure, all access and selective catheterization of the vessel, traversing the lesion, and any radiological supervision and interpretation directly related to the intervention when performed, standard closure of arteriotomy by suture, and imaging performed to document completion of the intervention in addition to the intervention[s] performed. Carotid artery revascularization services [eg, 33891, 35301, 35509, 35510, 35601, 35606] performed during the same session may be reported separately, when performed) (Do not report 37217 in conjunction with 35201, 35458, 36221-36227, 75962 for ipsilateral services) (For <u>open or</u> percutaneous transcatheter placement of intravascular cervical carotid artery stent[s], see 37215, 37216) (For <u>open or</u> percutaneous <u>antegrade</u> transcatheter placement of intrathoracic carotid/innominate artery stent[s], see ~~0075T, 0076T~~37218) (<u>For open or percutaneous transcatheter placement of extracranial vertebral artery stent[s], see 0075T, 0076T</u>) (For transcatheter placement of intracranial stent[s], use 61635)	090	20.38 (No Change)

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●⊙37218	CC4	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 (37218 includes all ipsilateral extracranial intrathoracic selective innominate and carotid catheterization, all diagnostic imaging for ipsilateral extracranial intrathoracic innominate and/or carotid artery stenting, and all related radiologic supervision and interpretation. Report 37218 when the ipsilateral extracranial intrathoracic carotid arteriogram (including imaging and selective catheterization) confirms the need for stenting. If stenting is not indicated, report the appropriate codes for selective catheterization and imaging.) (Do not report 37218 in conjunction with 36222, 36223, 36224 for the treated carotid artery) (For open or percutaneous transcatheter placement of intravascular cervical carotid artery stent[s], see 37215, 37216) (For open or percutaneous transcatheter placement of extracranial vertebral artery stent[s], see 0075T, 0076T) (For transcatheter placement of intracranial stent(s), use 61635)	090	15.00

Category I
Surgery
Cardiovascular System
Endovascular Revascularization (Open or Percutaneous, Transcatheter)

Codes 37220-37235 are to be used to describe lower extremity endovascular revascularization services performed for occlusive disease…

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
⊙✚37235	CC5	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) (Use 37235 in conjunction with 37231)	ZZZ	Specialty: Not Part of Family
⊙37236	CC6	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	000	Specialty: Not Part of Family
Codes 37236-37239 are used to report endovascular revascularization for vessels other than lower extremity (ie, 37221, 37223, 37226, 37227, 37230, 37231, 37234, 37235), cervical carotid (ie, 37215, 37216), intracranial (ie, 61635), intracoronary (ie, 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944), innominate and/or intrathoracic carotid artery through an antegrade approach (37218), extracranial vertebral ~~or intrathoracic carotid~~ (ie, 0075T, 0076T) performed percutaneously and/or through an open surgical exposure, or open retrograde intrathoracic common carotid or innominate (37217). *Codes 37236, 37237 describe transluminal intravascular stent insertion ….* *Codes 37236-37239 include radiological supervision and interpretation….* *Intravascular stents, both covered and uncovered, are a class of devices….*				
⊙✚37237	CC7	each additional artery (List separately in addition to code for primary procedure) (Use 37237 in conjunction with 37236)	ZZZ	Specialty: Not Part of Family

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

(Do not report 37236, 37237 in conjunction with 34841-34848 for bare metal or covered stents placed into the visceral branches within the endoprosthesis target zone)

(For stent placement(s) in iliac, femoral, popliteal, or tibial/peroneal artery(s), see 37221, 37223, 37226, 37227, 37230, 37231, 37234, 37235)

(For transcatheter placement of intracoronary stent(s), see 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944)

(For stenting of visceral arteries in conjunction with fenestrated endovascular repair, see 34841-34848)

(For open or percutaneous antegrade transcatheter placement of intrathoracic carotid or innominate artery stent(s), use 37218)

(For open or percutaneous transcatheter placement of extracranial vertebral artery ~~or intrathoracic carotid artery~~ stent(s), see Category III codes 0075T, 0076T)

(For open retrograde transcatheter placement of intrathoracic common carotid/innominate artery stent(s), use 37217)

Category III Codes

▲0075T Transcatheter placement of extracranial vertebral ~~or intrathoracic carotid~~ artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel

▲0076T each additional vessel (List separately in addition to code for primary procedure)

(Use 0076T in conjunction with 0075T)

(When the ipsilateral extracranial vertebral ~~or intrathoracic carotid~~ arteriogram (including imaging and selective catheterization) confirms the need for stenting, then 0075T and 0076T include all ipsilateral extracranial vertebral ~~or intrathoracic selective carotid~~ catheterization, all diagnostic imaging for ipsilateral extracranial vertebral ~~or intrathoracic carotid~~ artery stenting, and all related radiologic supervision and interpretation. If stenting is not indicated, then the appropriate codes for selective catheterization and imaging should be reported in lieu of code 0075T or 0076T.)

SOCIETY OF
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April 1, 2014

Barbara S. Levy, M.D.
Chair, AMA RVS Update Committee
American Medical Association
515 North State Street
Chicago, IL 60610

RE: Tab 12 Transcatheter Placement of Carotid Stents

Dear Dr. Levy:

The Society of Interventional Radiology (SIR) is enclosing RUC recommendations for Tab 12 Placement of Carotid Stents. A multi specialty group including the Society of Interventional Radiology (SIR), the American College of Radiology (ACR), the American Society of Neuroradiology (ASNR), the American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS), the Society for Vascular Surgery (SVS) and the American College of Cardiology (ACC) conducted a survey for CPT Code 37218X, a new CPT code to report *Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery via open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation*. There were several other CPT codes included in the "February 2014 CPT Coding Changes File" that were assigned tracking numbers.

The specialty societies did not conduct RUC surveys on the other codes included on the "February 2014 CPT Coding Changes File". That list included CPT Codes 37215, 37216, 37217, 37235, 37236 and 72237. Below is an explanation:

- CPT Code 37215 – low volume
- CPT Code 37216 – low volume, non-coverage
- CPT Code 37217 – surveyed in the past year
- CPT Code(s) 37235-7 – not the same family

We look forward to presenting our RUC recommendations at the upcoming April RUC meeting. If you have any questions, please don't' hesitate to contact trishacrishock@gmail.com.

Sincerely,

Jerry Niedzwiecki, MD
SIR RUC Advisor

cc: Sherry Smith
Susan Clark

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37218 Tracking Number CC4 Original Specialty Recommended RVU: **18.50**
Presented Recommended RVU: **18.50**
Global Period: 090 RUC Recommended RVU: **15.00**

CPT Descriptor: Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery via open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old male with a history of left carotid endarterectomy presents with transient ischemic attacks. Diagnostic imaging demonstrates left common carotid ostial high grade stenosis without further distal disease in the carotid bulb or internal carotid artery. He undergoes intrathoracic left common carotid artery stent placement from a femoral approach.

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 94% , In the ASC 3%, In the office 3%

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 71% , Overnight stay-more than 24 hours 23%

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 72%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 58%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 100%

Description of Pre-Service Work: A targeted H&P is performed obtaining relevant clinical information including indications, physical exam findings, current medications, and important laboratory findings. Careful review of imaging is performed to assess access vessel, arch anatomy, cervical carotid/vertebral anatomy, intracranial anatomy, plaque characteristics, and vessel diameter.

The proposed procedure is discussed with the patient and family including risks and expected recovery. Formal consent is obtained. The physical exam, procedural plan, and consent are documented in the medical record. Mark access site.
Estimate the range of devices that may be required and ensure availability. Assess need for stand-by devices (eg, additional balloons, stents, thrombectomy devices) that might be needed emergently. Ensure availability of pharmacologic and labarotory agents such as heparin, protamine, G2b3a inhibitors, ACT testing. Ensure all technical personnel have been familiarized with the upcoming procedure and that they are fully familiar with all required devices. Ensure the patient is appropriately positioned on the table and intravenous access has been achieved. Monitoring devices are attached and fluoroscopy is performed to ensure that desired imaging is attainable. Don radiation protection gear and ensure that all who will be in the interventional suite do likewise. Supervise sterile prep of access site(s) and subsequent draping. Perform pre-procedural "time-out." Moderate sedation is administered and adequate moderate sedation monitoring is verified.

Description of Intra-Service Work: The femoral artery is punctured and a sheath is placed. A long catheter and sheath are advanced over a guidewire to the thoracic aorta. Roadmapping images are obtained for vessel sizing and to document anatomy. The area of stenosis/occlusion is crossed with a guidewire, and a sheath is advanced to or through the stenosis/occlusion. An embolic protection device is deployed. The lesion is initially treated with balloon angioplasty as pre-dilatation to allow passage of the stent delivery system. Using fluoroscopic guidance and appropriate roadmapping, a stent is positioned across the intended treatment zone, and is deployed. The stent is fully opened with additional balloon catheter. The stent delivery system and balloon are removed and follow-up images are obtained with contrast injection to determine if the stenosis has been adequately treated. Multiple balloon inflations may be required, or additional balloons with larger or smaller diameters may be used. Once a satisfactory result has been documented in the absence of extravasation or embolization, the embolic protection device is removed, the sheath is removed, and hemostasis obtained with closure device.

Description of Post-Service Work: Apply sterile dressings. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for admission care. Write brief procedure note. Review vital signs and repeat patient exam in recovery area. Monitor groin puncture site for hematoma. Discuss findings and treatment with family and patient (when awake). All appropriate medical records are completed. Update referring and other involved physicians. Additional assessments of patient vital signs and physical exam findings while as inpatient. Coordinate discharge once criteria are met. Convey instructions for resumption of medications and outpatient follow-up with patient and family. Complete discharge records. Apply sterile dressings. As needed, assist team in moving patient to stretcher. Review vital signs and repeat patient exam in recovery area. Ensure patient is neurologically intact. Discuss post-procedure care with recovery area staff. Write post-procedure orders for admission and inpatient care. Write brief procedure note. Monitor groin puncture site for hematoma. Discuss findings and treatment with family and patient (when awake). All appropriate medical records are completed. Update referring and other involved physicians. Additional assessments of patient vital signs and physical exam findings while as inpatient. In-hospital postservice time includes subsequent hospital visits, blood pressure regulation, neurovascular examinations. Coordinate discharge once criteria are met. Discharge day management includes the physician's final examination, discussion of post-hospital care care including restrictions. Convey instructions for resumption of medications and outpatient follow-up with patient and family. Prepare discharge records. In addition, all postdischarge office visits for 90 days are part of the post procedure work. This includes evaluation of access site, periodic imaging and labaratory reports, and physical exam concentrating on the neurovascular examination.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Gerald Niedzwiecki, MD, Michael Hall, MD, Sean Tutton, MD, Bob Vogelzang, MD, Zeke Silva, MD, Kurt Schoppe, MD, Greg Nicola, MD, John Ratliff, MD, Alex Mason, MD, Gary Seabrook, MD and Richard Wright, MD		
Specialty(s):	Radiology, Neuro Surgery, Vascular Surgery, Cardiology		
CPT Code:	37218		
Sample Size:	4224	**Resp N:** 33	**Response:** 0.7 %
Description of Sample:	SIR - 330 US MD Members ACR - 750 US MD Members ASNR - 2494 US MD Members AANS/CNS - 3042240 US MD Members SVS - 100 US MD Members ACC - 250 US MD Members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	5.00	35.00
Survey RVW:	15.00	18.50	**20.38**	22.00	30.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	45.00	60.00	**90.00**	90.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	37218	**Recommended Physician Work RVU: 15.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**90.00**		

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)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:		**28.00**	**28.00**	**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):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**		
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**		
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**		
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**		
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**		

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37217	090	20.48	**RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and 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
22554	090	17.69	**RUC Time**	6,901

CPT Descriptor 1 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
44602	090	24.72	**RUC Time**	3,625

CPT Descriptor 2 Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 20 **% of respondents:** 60.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 37218**	**Key Reference CPT Code:** 37217	**Source of Time RUC Time**
Median Pre-Service Time	43.00	74.00	
Median Intra-Service Time	90.00	120.00	
Median Immediate Post-service Time	28.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	20.0	115.00	
Median Discharge Day Management Time	38.0	18.00	
Median Office Visit Time	46.0	46.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**265.00**	**403.00**	
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	3.95 / 3.95
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00 / 4.00
Urgency of medical decision making	4.10 / 4.05
Technical Skill/Physical Effort (Mean)	
Technical skill required	4.35 / 4.26
Physical effort required	3.85 / 3.74
Psychological Stress (Mean)	
The risk of significant complications, morbidity and/or mortality	4.50 / 4.37
Outcome depends on the skill and judgment of physician	4.35 / 4.47
Estimated risk of malpractice suit with poor outcome	4.45 / 4.37

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.00	3.84

Intra-Service intensity/complexity	4.40	4.32
Post-Service intensity/complexity	3.50	3.47

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

Code 33218 describes transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery via open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation.

This is a new category I CPT code that was previously reported using category III code 0075T "Transcatheter *placement of extracranial vertebral or intrathoracic carotid artery stent(s)"*.

Code 37217 was recently created for open surgical exposure of the cervical carotid and retrograde stent placement in the intrathoracic common carotid and innominate arteries. In that CCP, we neglected to address antegrade stent placement in the innominate and intrathoracic carotid artery. That is, insertion of an endovascular stent from the aortic arch into the common carotid artery across the occlusive lesion, typically through femoral arterial vascular access.

We believed that there was sufficient literature to support the creation of a Category I CPT code for antegrade treatment of the innominate artery and the intrathoracic common carotid artery and 37218 was therefore submitted to CPT. We do not believe there is enough literature to support a category I code for vertebral artery stenting and therefore 0075T and 0076T will remain to report this activity.

A multi-disciplinary workgroup including SVS, ACR, and SIR was convened. A survey was distributed randomly to the members of the representative societies. 33 surveys were completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved. The survey results and recommendations are as follows.

Pre-Service Time

The survey respondents indicated 90 minutes in pre-time evaluation, 15 minutes in positioning, and 15 minutes for scrub, dress, and wait. By RUC conventions the societies believe that this service is best represented by the pre-time package 2B Difficult Patient/Straightforward Procedure (With sedation/anesthesia care). This package allows for 33 minutes of pre-time evaluation and 5 minutes for scrub dress and wait. We will be recommending an additional 4 minutes to positioning for a total of 5 positioning minutes based on the survey results and to account for positioning the patient on the angiographic table and optimizing EKG and monitoring lead placement to ensure adequate imaging and that the monitoring leads do not enter the imaging field on oblique projections.

The rationale for adding additional positioning time is consistent with multiple recently valued procedures brought before the RUC in the last several cycles including transcatheter embolization (37241-4), thrombolysis (37211), foreign body retrieval (37197), selective catheterization (36245, 36246, 36200), and IVC filters (37191-3). Although the rationale is similar, the number of minutes added to pre-time positioning is slightly higher (4 minutes for 37218 compared to 2 minutes for the referenced codes above) due to the complexity of obtaining adequate imaging of this difficult intra-thoracic region.

Post-Service Time

The survey respondents reported a post service time of 30 minutes. Based on RUC conventions the workgroup feels that this service is best represented by post-service package 8B IV Sedation/Complex procedure which allows for a total post service time of 28 minutes. As the clinical vignette suggests these patients are vasculopaths with high stroke risk. After the intervention is performed these patients are inpatients that are closely monitored for neurologic changes similar to the existing codes within the carotid stent family. As such, the work of 99231 and 99238 is typical to provide the appropriate inpatient care. As a 090 global code two 99213 office visits are typical to adequately assess for post procedural complications and medication compliance.

Carotid Stent Code Family

	RVU	IWPUT	Total Time	Eval	Pos	SDW	Intra	ImPost	99213	99233	99232	99231	99238
37218	15.00	0.106	265	33	5	5	90	30	2			1	1
37216	18.95	0.1223	341	60	15	15	97	30	2		1		1

37215	19.68	0.1223	347	60	15	15	103	30	2		1		1
37217	20.38	0.0977	403	40	14	20	120	30	2	1	1		1

MPC Comparison List

CPT Code	Descriptor	Work RVU	Total Time	Pre Eval	Pre Pos	Pre SDW	Intra	Post	IWPUT
19303	Mastectomy, simple, complete	15.85	314	30	15	15	90	20	0.0977
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	17.69	362	60	20	15	90	30	0.1058
37218	Transcatheter placement of an intravascularstent(s), intrathoracic common carotid artery or innominate artery via open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation.	15.00	265	33	5	5	90	30	0.144
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation	24.72	562	30	15	15	90	30	0.0804

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) 0075T, 0076T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology (D&IR) How often? Commonly

Specialty NeuroSurgery 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 frequency data is not available

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,033
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare claims data from 2012 includes 80 claims for 2012. We also believe that these stents may have been miscoded by the unlisted vascular procedure code 37799.

Specialty Radiology (D&IR)	Frequency 250	Percentage 25.00 %	
Specialty NeuroSurgery	Frequency 200	Percentage 20.00 %	
Specialty Vascular Surgery	Frequency 200	Percentage 20.00 %	

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
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. 36005

SS Rec Summary

ISSUE: Transcatheter Placement of Carotid Stents

TAB: Tab 12

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
REF	37217	Transcatheter placement of an intravascular stent(s	20	0.099			20.48			403	40	14	20			120			30			1	1		1			2			
CURRENT	0075T	Transcatheter placement of extracranial vertebral or intrat		#DIV/0!						0																				
CURRENT	0076T	Transcatheter placement of extracranial vertebral or intrat		#DIV/0!						0																				
SVY	37218	Transcatheter placement of an intravascular stent(s	33	0.147	15.00	18.50	20.38	22.00	30.00	344	90	15	15	45	60	90	90	240	30					1	1		2				
REC				0.106			15.00			265	33	5	5			90			28					1	1		2				

33 (Duplex Scans)
9 (Subcutaneous Implantable Defibrillator)
10 (Transcatheter Mitral Valve Repair
11 (ECMO-ECLS)
12 (Transcatheter Placement of Carotid Stents)
25 (Transesophogeal Echocardiography)
26 (Carotid Intima-Media Thickness)
34 (Ultrasound Guidance)
38 (Endovenous Ablation)

Tab Number/Issue

Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Richard Wright, MD
Printed Signature

ACC
Specialty Society

4/1/14
Date

Tab 12_____
Tab Number

__Transcatheter Placement of Carotid Stents
Issue
37218

_____
Code Range

Attestation Statement

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___ _____
Signature

John Ratliff, MD
_____
Printed Signature

AANS
_____
Specialty Society

4 1 14
_____
Date

2098X1, 20982
25510X – 25515X
37218X, 37215, 37216, 37217, 37235, 37236, 37237, 0075T, 0076T
47383X
6228X1 – 6228X4, 62284, 72240, 72255, 72265, 72270
77055, 77056, 77057, G0202, G0204, G0206, 7705XX1 – 7705XX3
938XX
98880, 93882, 93886, 93888, 93925, 93926, 93930, 93931, 93970, 93971, 93975, 93976, 93978, 93979
76930, 76932, 76940, 76948, 76965
76942
36475, 36476, 36478, 36479
70496, 70498
93990
70486, 70487, 70488
71100, 72070, 73060, 73565, 73590, 73600
75978
72194, 74160, 74177
Code Range

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Signature

Kurt A. Schoppe, MD
Printed Signature

American College of Radiology
Specialty Society

April 1, 2014
Date

2098X1, 20982
25510X – 25515X
37218X, 37215, 37216, 37217, 37235, 37236, 37237, 0075T, 0076T
47383X
6228X1 – 6228X4, 62284, 72240, 72255, 72265, 72270
77055, 77056, 77057, G0202, G0204, G0206, 7705XX1 – 7705XX3
938XX
98880, 93882, 93886, 93888, 93925, 93926, 93930, 93931, 93970, 93971, 93975, 93976, 93978, 93979
76930, 76932, 76940, 76948, 76965
76942
36475, 36476, 36478, 36479
70496, 70498
93990
70486, 70487, 70488
71100, 72070, 73060, 73565, 73590, 73600
75978
72194, 74160, 74177
Code Range

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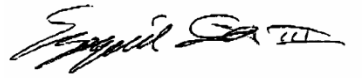

Signature

Ezequiel Silva, MD
Printed Signature

American College of Radiology
Specialty Society

April 1, 2014
Date

12, 30, 38, 40 and 43
Tab Number

Transcatheter Placement of Carotid Stents
Duplex Scans
Endovenous Ablation
Doppler Flow Testing
Transluminal Balloon Angioplasty
Issue

37218X
98880, 93882, 93886, 93888, 93925 93926, 93930, 93931, 93970, 93971, 93975, 93976, 93978, 93979
36475, 36476, 36478 and 36479
93990
75978
Code Range

Attestation Statement

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Signature

Matthew Sideman, MD
Printed Signature

The Society for Vascular Surgery (SVS)
Specialty Society

April 1, 2014
Date

4, 6, 12, 15, 35, 38 and 43	**Tab Number**
Cryoablation of the Bone Percutaneou Vertebroplasty and Augmentation Transcatheter Placement of Carotid Stents Cryoablation of the Liver US Guidance for Needle Placement Endovenous Ablation Transluminal Balloon Angioplasty	**Issue**
2098X1 22510X-22515X 37218X 47383X 76942 36475, 36476, 36478 and 36479 75978	**Code Range**

Attestation Statement

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Signature

Gerald Niedzwiecki, MD
Printed Signature

The Society of Interventional Radiology (SIR)
Specialty Society

April 1, 2014
Date

Tab Number: Tab 25

Issue: Transcatheter Placement of Carotid Stents

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

Gregory N. Nicola, MD
Printed Signature

American Society of Neuroradiology (ASNR)
Specialty Society

3/31/2014
Date

Tab Number: Tab 25

Issue: Transcatheter Placement of Carotid Stents

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

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_____

Signature

Joshua A. Hirsch, MD
Printed Signature

American Society of Neuroradiology (ASNR)
Specialty Society

3/31/2014
Date

CPT Code: 37218
Specialty Society('s): SIR, ACR, ASNR, AANS/CNS, SVS, ACC

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

Global Period: **090** Meeting Date: **April 2014**

CPT Long Descriptors

37218 *Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery via open or percutaneous antegrade approach, including angioplasty, when performed, and 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:

A standard RUC survey was conducted for physician work. An expert panel reviewed the recommendations for physician work and makes the following practice expense recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The specialty included CPT Code 37217 *Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation* as a reference code on the spreadsheet.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
The standard inputs for 090-day codes have been recommended for this procedure.

Intra-Service Clinical Labor Activities:
The standard time for discharge day management has been recommended for this procedure.

Post-Service Clinical Labor Activities:
Standard times to ready patient/records and assist physician at each post-op office visit have been applied.

	A	B	C	D	E	F	G
1				**Reference Code April 2013**		**Recommendations**	
2	**Meeting Date: April 2014** **Tab: 12** **Specialty: SIR, ACR, ASNR, AANS/CNS, ACC, SVS**			**37217**		**37218**	
3	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.	**CMS Code**	**Staff Type**	*Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation*		*Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery via open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**			**0.0**	**144.0**	**0.0**	**144.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**60.0**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**12.0**	**0.0**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**72.0**	**0.0**	**72.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**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	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure						
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff						
36	Clean Scope						
37	Clean Surgical Instrument Package						
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**	**12**	**n/a**	**12**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
45	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1				**Reference Code April 2013**		**Recommendations**	
2	**Meeting Date: April 2014** **Tab: 12** **Specialty: SIR, ACR, ASNR, AANS/CNS, ACC, SVS**			**37217**		**37218**	
3	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.	**CMS Code**	**Staff Type**	*Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation*		*Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery via open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27				
52	99213 36 minutes		36		**2**		**2**
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0.0**	**72.0**	**0.0**	**72.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack		**2**		**2**
60	pack, post-op incision care (suture & staple)	SA053			**1**		
61							
62							
63							
64							
65	**EQUIPMENT**	**CODE**					
66	table, exam	EF023			**72.0**		**72.0**
67							
68							
69							
70							

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April/September 2014

Sacroiliac Fusion

In February 2014, the CPT Editorial Panel converted one Category III code to a Category I code to report minimally invasive sacroiliac joint fusion, which includes image guidance. Additionally, the CPT Editorial Panel revised CPT code 27280 to include the word "open."

27279 ***Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device***

In April 2014, the specialty societies indicated and agreed that the survey respondents overestimated the work required to perform CPT code 27279. The specialty societies noted that the survey process was interfered with by an outside party. Therefore, the specialty societies recommended and the RUC agreed that directly crosswalking 27279 to the work RVU of CPT code 62287 *Decompression procedure, percutaneous, of nucleus pulpous of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar* (work RVU=9.03, 70 minutes pre-time, 60 minutes intra-time, 30 minutes post-time) is appropriate. The RUC recommends 55 minutes pre-service, 60 minutes intra-service and 30 minutes immediate post-service time for 27279. The RUC noted that both 27279 and 62287 require the same physician work and time to perform and therefore should be valued the same. For additional support, the RUC referenced MPC codes 49507 *Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated* (work RVU= 9.09). and 54530 *Orchiectomy, radical, for tumor; inguinal approach* (work RVU = 8.46), which require similar physician work and time and support the recommended work RVU of 9.03 for CPT code 27279. **In April 2014, the RUC recommended a work RVU of 9.03 for CPT code 27279. (Recommendation was submitted to CMS in May 2014).**

27280 ***Arthrodesis, open, sacroiliac joint including obtaining bone graft***

In April 2014, the specialty societies presented a letter to the RUC requesting that this code be referred back to the CPT Editorial Penal so that language can be added to the code clarifying that instrumentation is included in this procedure. The RUC agreed that this request is reasonable and referred this issue back to the CPT Editorial Panel to revise the descriptor to "includes instrumentation when performed". In the interim, the RUC recommended maintaining the current value of work RVU= 14.64 for this code. Specifically, the specialties reported to the RUC that the survey for CPT code 27280 led some respondents to believe that instrumentation could be reported separately even though it cannot, causing significant confusion. The specialty societies believed that a new survey using a revised descriptor would yield more accurate results. In April 2014, the RUC referred CPT Code 27280 to the CPT Editorial Panel. The RUC recommended that the current work RVU of 14.64 be maintained and that this service be resurveyed after revisions from the CPT Editorial Panel. (Recommendation was submitted to CMS in May 2014).

At the September 2014 RUC meeting, the specialties presented the results of their new survey for code 27280. The updated survey clarified that instrumentation cannot be separately reported. The specialty reported that technology has changed the manner in which this procedure is performed. Specifically, arthrodesis of the SI joint with fixation is performed through a retroperitoneal approach with different and newer fixation devices that are more complex than what was available previously. The RUC approved compelling evidence for this procedure. The RUC reviewed the survey results from 97 physicians for CPT code 27280 and determined that the recommended work RVU of 20.00 which represents the survey 25th percentile, appropriately accounts for the work required to perform this service. The RUC noted that the current physician time is Harvard time and therefore recommends the surveyed time: 40 minutes pre-service evaluation, 18 minutes positioning, 15 minutes scrub/dress/wait, 120 minutes intra-service time and 30 minutes immediate post-service time. In response to an inquiry from CMS, the RUC clarified that this procedure only requires one surgeon and it would be unlikely that an approach surgeon would be necessary. The RUC compared 27280 to key reference service 22612 *Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)* (work RVU = 23.53 and 150 minutes of intra-service time) and determined that 27280 requires 30 minutes less intra-service time and less physician work to complete. Therefore, 27280 is appropriately valued lower than key reference service 22612. For additional support the RUC referenced MPC codes 37215 *Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection* (work RVU = 19.68 and 103 minutes intra-service time) and 55866 *Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed* (work RVU = 32.06 and 210 minutes of intra-service time). Additionally, the RUC compared 27280 to 58150 *Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);* (work RVU 17.31 and 120 minutes intra-service time). **The RUC recommends a work RVU of 20.00 for CPT code 27280.**

New Technology
The RUC recommends CPT codes 27279 and 27280 be placed on the New Technology list and be re-reviewed by the RUC to ensure correct valuation and utilization assumptions.

Practice Expense
The RUC recommends the standard 090-day global direct practice expense inputs as approved by the Practice Expense Subcommittee.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Musculoskeletal System** **Pelvis and Hip Joint** **Fracture and/or Dislocation** *27216* *Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum)* (For percutaneous/minimally invasive ~~stabilization for~~ arthrodesis of the sacroiliac joint without fracture and/or dislocation, use ~~0334T~~27279) *27218* *Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)* (For percutaneous/minimally invasive ~~stabilization for~~ arthrodesis of the sacroiliac joint without fracture and/or dislocation, use ~~0334T~~27279) **Surgery** **Musculoskeletal System** **Pelvis and Hip Joint** **Arthrodesis**				
●27279	Y1	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device (For bilateral procedure, report 27279 with modifier 50)	090	9.03 (April 2014 Recommendation)
▲27280	Y2	Arthrodesis, open, sacroiliac joint including obtaining bone graft (For percutaneous/minimally invasive ~~stabilization for~~ arthrodesis of the sacroiliac joint without fracture and/or dislocation, use ~~0334T~~27279)	090	20.00

Category III

~~0334T Sacroiliac joint stabilization for arthrodesis, percutaneous or minimally invasive (indirect visualization), includes obtaining and applying autograft or allograft (structural or morselized), when performed, includes image guidance when performed (eg, CT or fluoroscopic)~~

~~(For bilateral procedure, report 0334T with modifier 50)~~

(0334T has been deleted)

(To report percutaneous/minimally invasive [indirect visualization] arthrodesis of the sacroiliac joint with image guidance, use 27279)

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:27280 Tracking Number Y2 Original Specialty Recommended RVU: **20.00**
Presented Recommended RVU: **20.0**
Global Period: 090 RUC Recommended RVU: **20.0**

CPT Descriptor: Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 32-year-old female has chronic posterior, buttock and thigh pain following a motor vehicle accident with derangement of the sacroiliac joint. She has been diagnosed with SI joint pain and has not responded to non-surgical management. Physical exam provocation maneuvers have confirmed that the SI joint is the pain generator. A diagnostic injection has confirmed pain relief. She is scheduled for an SI joint fusion.

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 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 4% , Overnight stay-less than 24 hours 20% , Overnight stay-more than 24 hours 76%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 30%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review medical records with attention to imaging and labs. Assure appropriate selection, timing, and administration of pre-surgical antibiotic. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Verify that all required instruments and supplies are available. After placement of foley catheter and anesthesia lines in the supine position, the patient is rolled over to to a 30 degree lateral position on a radiolucent operating table. Bony prominences are padded and thermal regulation drapes are applied. The position of the extremities and head are assessed and adjusted as needed. Preoperative fluoroscopic images of the pelvis and sacrum are obtained. Care is taken to confirm that the fluoroscope is positioned to enable true lateral imaging of the sacrum/pelvis as well as inlet, outlet, internal and external oblique views. Indicate areas of skin to be prepped and mark surgical incisions. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: The sacroiliac joint is approached anteriorly through an incision over the anterolateral iliac crest. The common insertion of the abdominal obliques joins the origins of the tensor fascia lata and gluteus medius at the lateral edge of the iliac crest. This tendinous structure is divided from ASIS to the gluteus medius pillar, leaving the abductor origin intact on the ilium. The gluteus medius pillar roughly marks the equator of the pelvic ring. Roughly at this landmark, the exposure may either be continued posteriorly along the iliac crest or extended cranially, splitting the fibers of the external oblique muscle. If the latter is preformed, the transversus abdominis and internal obliques are released from their insertion with electrocautery working from the inner table of the iliac crest outward. The iliacus is elevated from iliac fossa, taking care to remain subperiosteal. Significant bleeding is often encountered from the nutrient vessel that enters the ilium just lateral to the pelvic brim and anterior to the sacroiliac joint. Bone wax may help provide hemostasis for bleeding associated with this nutrient foramen. Blunt dissection is continued posteriorly to identify the SI joint. The soft tissues

anterior to the sacral ala are mobilized medially to protect the traversing L5 nerve root. A malleable retractor or Homan retractor is utilized to protect the L5 root and retract it from the operative field. The SI joint is exposed from its superior aspect at the top of the sacral ala. Bridging osteophytes are removed as needed to gain access to the joint. The SI joint is not freely mobile, therefore multiple different techniques can be utilized to gain access to the joint. One technique is placement of Schanz pins medial and lateral to the joint to forcefully distract and "open up" the joint. Laminar spreaders can also be used to hinge the joint open and provide access to the chondral surfaces The joint surfaces, once exposed are denuded of cartilage and soft tissue down to bare bone. The bony surfaces are decorticated with a burr down to bleeding bone to ensure osseous healing. Vigorous bleeding is to be expected. Once the surfaces are prepared, bone graft is harvested from the anterior iliac crest, usually in the region of the gluteus medius pillar. The cortex is opened up with a bone cutting osteotome. Curettes and gouges are then used to harvest spongy cancellous bone. The bone graft is collected and then placed within the sacroiliac joint to promote bony fusion. The joint is then reduced and compressed. A temporary reduction clamp is applied to hold the surfaces together. Arthrodesis is assured by the insertion of stable internal fixation, employing plates, iliosacral screws, or a combination of both. Care is taken to avoid injury to the superior gluteal neurovascular bundle since the screw entry point is close to the neurovascular bundle as it exits the sciatic notch. Guide wire placement requires careful attention to avoid damage to important muscular and neurovascular structures. Lateral x-ray projections can be used to center the guide wire on the sacrum anterior to the spinal canal and to ensure that the guide wire is below the iliac cortical density and sacral alar slope to prevent injury to the L5 nerve root. Images taken in the pelvic outlet projection ensure that the guide wire passes above the S1 sacral foramen. In that view images are required to ensure that the guide wire is at the proper directory and coming to rest in the anterior aspect of the sacral promontory for maximal purchase. This ensures that the fixation screws will reside within the safe corridor in between the valley of the ala anteriorly (L5 nerve root), the sacral canal posteriorly and the sacral foramen inferiorly (S1 nerve root). Inlet radiographic views are used to confirm trajectory of screw path and that screw does not extrude anterior to sacrum. Once the guide wire is satisfactorily placed, the length is determined using the depth gauge. The screw passage is over-drilled with a cannulated drill bit, and a large (6.5mm-8.0mm) cannulated screw is placed over the guide between the ilium and the sacral ala. One or more additional screws are placed to control rotation. Care is taken to ensure that the bony surfaces of the sacrum and the ilium are well coapted and compressed to ensure fusion. Final radiographic images are taken to ensure coaptation of the bony surfaces and safe placement of the fixation hardware. The wound is then copiously irrigated. A drain is placed near the operative site. The detached muscles are then reattached to the iliac wing with sutures in multiple layers to promote reattachment of external obliques and prevent possible dehiscence. The superficial wound is closed in layers.

Description of Post-Service Work: Apply sterile dressings. Discuss postoperative care with recovery room staff. Discuss surgery outcome with patient's family. Complete brief operative note and medication orders, and all required operative documentation. Monitor patient stabilization in the recovery room, including neurovascular status. After patient is awake, discuss surgery outcome and anticipated course with patient. Enter orders for transferring to surgical floor and discuss ongoing care with floor nurses. Complete operative report and medical record documentation. Later on the day of surgery, review medical records and interval data charted. Communicate with other professionals and with patient and patient's family. Exam patient, assessing neurovascular status and drain. Order and review imaging as necessary. Consider relevant data, options, and risks and revise treatment plan as necessary. On subsequent days, review medical records and interval data charted. Examine and talk with patient. Take down dressings, assess wound and patient status. When the patient is stable, make the decision for discharge. Discuss aftercare treatment with the patient, family and other healthcare professionals, including home restrictions (ie, activity, bathing). Reconcile medications with attention to pre-admission therapy, inpatient therapy and outpatient formulary and enter orders for continued pain medication as necessary. Provide necessary care coordination, telephonic or electronic communication assistance, and other necessary management. Inform the primary care or referring physician of discharge plans. All appropriate medical records are completed, including discharge summary and discharge instructions, and insurance forms. The patient will be examined in the office several times through the 90-day global period to remove dressings, assess wound healing, and redress wound. Remove sutures and drain when appropriate. Order and review periodic lab and/or imaging, as necessary. Order occupational or physical therapy and assess functional recovery. Revise treatment plan(s) and communicate with patient and family/caregiver, as necessary. Discuss progress with PCP (verbal and written). Dictate progress notes for medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014				
Presenter(s):	William Creevy, MD; John Heiner, MD; Alexander Mason, MD; John Ratliff, MD; Henry Woo, MD; Karin Swartz, MD				
Specialty(s):	AAOS, AANS/CNS, NASS				
CPT Code:	27280				
Sample Size:	961	**Resp N:**	97	**Response:** 10.0 %	
Description of Sample:	random from membership roster				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	4.00	40.00
Survey RVW:	12.50	20.00	**22.75**	25.00	64.00
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	45.00	90.00	**120.00**	180.00	270.00

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):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	27280	**Recommended Physician Work RVU: 20.00**		
		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:		**18.00**	**3.00**	**15.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

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):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22612	090	23.53	**RUC Time**

CPT Descriptor Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, 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
37215	090	19.68	**RUC Time**	7,452

CPT Descriptor 1 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,464

CPT Descriptor 2 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

Other Reference CPT Code	Global	Work RVU	Time Source
27284	090	25.06	**RUC Time**

CPT Descriptor Arthrodesis, hip joint (including obtaining graft);

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: 29 **% of respondents:** 29.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 27280**	**Key Reference CPT Code:** 22612	**Source of Time** **RUC Time**

Median Pre-Service Time	73.00	95.00
Median Intra-Service Time	120.00	150.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	60.0	100.00
Median Discharge Day Management Time	38.0	38.00
Median Office Visit Time	62.0	69.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**383.00**	**482.00**
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	4.48	4.21
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.45	4.21
Urgency of medical decision making	3.00	3.10
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.59	4.38
Physical effort required	4.24	4.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.28	4.38
Outcome depends on the skill and judgment of physician	4.38	4.45
Estimated risk of malpractice suit with poor outcome	4.34	4.41

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.93	3.72
Intra-Service intensity/complexity	4.21	4.00
Post-Service intensity/complexity	3.24	3.10

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

BACKGROUND

At the February 2014 CPT meeting the Editorial Panel approved: 1) a Category I code 27279X to describe minimally invasive sacroiliac joint arthrodesis; and 2) deletion of Category III code 0334T. In addition, they revised code 27280 to add the word "open" to differentiate this code from 27279X. Code 27280 has been a low volume code for over 20 years.

In April 2014, after an initial survey attempt, the AAOS, AANS/CNS, and NASS requested that 27280 be referred back to the CPT Editorial Panel so that the descriptor could be revised to clearly indicate that instrumentation, when perform, is included in the procedure. Specifically, we noted that during the survey process some respondents may have understood that instrumentation could be reported separately. This resulted in confusion. The RUC referred code 27280 to the CPT Editorial Panel and the RUC recommended that the current work RVU of 14.64 be maintained as an interim value.

The descriptor change was made at CPT and the AAOS, AANS/CNS, and NASS conducted a RUC survey of randomly selected surgeons from their membership database.

COMPELLING EVIDENCE

Evidence that incorrect assumptions were made in the previous valuation of the service; a misleading vignette and/or survey in a previous evaluation

Code 27280 is a Harvard-based code that was reviewed by orthopaedic surgeons during the Harvard study. Open SI joint fusion is an uncommon procedure now and was less common during the Harvard review. Our consensus panel does not believe that the few general orthopaedic surgeons reviewing this code would have been familiar with the procedure and therefore would not have been able to provide accurate work or time estimates. This scenario can be compared to the RUC reviewing survey summary data from only 10 respondents, all of which have no experience in the past 12 months, or even in their career.

Evidence that technology has changed physician work.

Open arthrodesis of the SI joint with fixation, is now performed through a retroperitoneal approach with different and newer fixation devices that are more complex than what was available 25 years ago. In addition, the operation has been made more complex with the introduction of new imaging methods that provide the basis for new and varied surgical strategies.

RECOMMENDATION

We are recommending an RVW of 20.00 which is the survey 25th percentile.

Pre-Time Package 4 is appropriate with additional time for positioning: Add 15 minutes (total = 18 minutes) for SS3 positioning [Posterior Thoracic/Lumbar (Prone) (eg laminectomy)] or SS5 positioning [Anterior Lumbar (Supine) (eg ALIF)] which occurs after patient is placed supine and lines /anesthesia are placed.

Post-Time Package 9B is appropriate with 3 minutes subtracted to correspond to survey median time.

Key Reference Comparison

The recommended RVW of 20.00 for 27280 takes into account less intra-operative time and postop work compared with key reference code 22612 *Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)* and another reference code 27284 *Arthrodesis, hip joint (including obtaining graft);*.

CPT	SHORT DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	SD-POST	HV	OV

27280	**SI joint fusion, open**	**20.00**	**0.100**	**383**	**73**	**120**	**30**	**3**	**3**
22612	Lumbar spine fusion	23.53	0.088	482	95	150	30	4	3
27284	Fusion of hip joint	25.06	0.082	497	80	180	30	5	3

Intra-Operative Work Intensity Comparison

The table below presents other 90-day global RUC-reviewed codes with similar intra-work intensity for 120 minutes of intra-operative time.

CPT	SHORT DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	SD-POST	HV	OV
35011	Repair defect of artery	18.58	**0.097**	357	90	**120**	30	3	2
35372	Rechanneling of artery	18.58	**0.099**	347	80	**120**	30	3	2
35256	Repair blood vessel lesion	19.06	**0.100**	347	60	**120**	30	4	2
27280	**SI joint fusion, open**	**20.00**	**0.100**	**383**	**73**	**120**	**30**	**3**	**3**
58290	Vag hyst complex	20.27	**0.099**	389	75	**120**	30	3	2
37217	Stent placemt retro carotid	20.38	**0.098**	403	74	**120**	30	3	2
43771	Lap revise gastr adj device	20.79	**0.107**	377	80	**120**	30	2	3
43773	Lap replace gastr adj device	20.79	**0.107**	377	80	**120**	30	2	3
35621	Art byp axillary-femoral	21.03	**0.100**	412	85	**120**	30	5	2
33883	Insert endovasc prosth taa	21.09	**0.107**	404	110	**120**	30	3	2
35301	Rechanneling of artery	21.16	**0.104**	404	75	**120**	30	3	2
35231	Repair blood vessel lesion	21.16	**0.109**	382	60	**120**	30	3	2
34800	Endovas aaa repr w/sm tube	21.54	**0.107**	427	130	**120**	40	3	2
37617	Ligation of abdomen artery	23.79	**0.104**	475	58	**120**	45	6	2
32672	Thoracoscopy for lvrs	27.00	**0.106**	567	75	**120**	30	7	2
43880	Repair stomach-bowel fistula	27.18	**0.110**	540	60	**120**	30	7	3
33620	Apply r&l pulm art bands	30.00	**0.102**	609	63	**120**	60	10	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) 27280

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 orthopaedic surgery How often? Rarely

Specialty neurosurgery 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 data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 200
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We believe that the increased utilization in the past few years for code 27280 was due to reporting percutaneous SI joint fusion. With implementation of the new Cat I percutaneous code 27279, we believe code 27280 utilization will decrease back to a frequency less than 200.

Specialty orthopedic surgery Frequency 180 Percentage 90.00 %

Specialty neurosurgery Frequency 20 Percentage 10.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 27280

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: SI Joint Fusion
TAB: 6

					RVW					Total	pre	PRE			INTRA						post					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
Key Ref	22612	Arthrodesis, posterior or posterolat	29	0.088			23.53			482		60	20	15			150			30			2	1	1				3		
Hvd	27280	Arthrodesis, sacroiliac joint (includi		0.026			14.64			487		27	0	25			121			26				8.5	1					5	
SVY	27280	Arthrodesis, open, sacroiliac joint, i	97	0.119	12.50	20.00	22.75	25.00	64.00	405		60	20	15	45	90	120	180	270	30		1	1	1			2	1			
REF	27280	25TH PCTL		0.100			20.00			383	4	40	18	15			120			30	9B	1	1	1			2	1			

6
Tab Number

Sacroiliac Joint Fusion
Issue

27280
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

_____
Signature

William Creevy, MD
Printed Signature

American Academy of Orthopaedic Surgeons
Specialty Society

August 21, 2014
Date

6
Tab Number

Sacroiliac Joint Fusion
Issue

27280
Code Range

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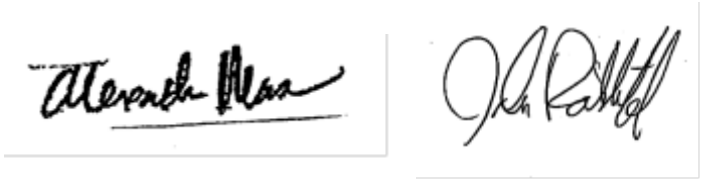
American Association of Neurological Surgeons / Congress of Neurological Surgeons
Specialty Society



Signature

Alexander Mason, MD John Ratliff, MD

Printed Signature

August 21, 2014

6
Tab Number

Sacroiliac Joint Fusion
Issue

27280
Code Range

Attestation Statement

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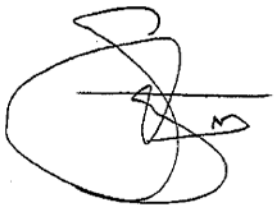
As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Karin Swartz, MD
Printed Signature

North American Spine Society
Specialty Society

August 25, 2014

Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
27280 Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed

Global Period: 090 Meeting Date: September 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: Advisors from AAOS, NASS, and AANS/CNS reviewed the current practice expense details for 27280.

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. Current code 27280 is listed as reference code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Supplies: Replace suture removal pack with staple removal pack. Staples are typically used.
Equipment: Delete cast cutter and add exam light that is necessary to examine wound.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Standard time of 60 minutes for major surgical procedures (90-day global) is indicated.

Intra-Service Clinical Labor Activities:

Standard 12 minutes of clinical staff activity for 99238 is shown on the spreadsheet.

Post-Service Clinical Labor Activities:

Standard times for each office visit.

	A	B	C	D	E	F	G
1				PEAC		Recommend	
2	***Please note: If a supply has a purchase price of $100 or**			**27280**		**27280**	
3	**Meeting Date: September 2014 Tab: 6 Specialty: AAOS, NASS, AANS/CNS**	**CMS Code**	**Staff Type**	Arthrodesis, sacroiliac joint (including obtaining graft)		Arthrodesis, sacroiliac joint (including obtaining graft)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**90**	**90**	**90**	**90**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**N/A**	**207**	**N/A**	**171**
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**	**135**	**0**	**99**
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**
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	**n/a**	**12**	**n/a**	**12**
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**
48	99211 16 minutes		16				
49	99212 27 minutes		27		**5**		**1**
50	99213 36 minutes		36				**2**
51	99214 53 minutes		53				
52	99215 63 minutes		63				
53	**Total Office Visit Time**	L037D	RN/LPN/MTA	**0**	**135**	**0**	**99**
55	**End: with last office visit before end of global period**						
56	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
57	pack, minimum multi-specialty visit	SA048	pack		**5**		**3**
58	pack, post-op incision care (suture)	SA054	pack		**1**		
59	pack, post-op incision care (staple)	SA052	pack				**1**
60	**EQUIPMENT**	**CODE**					
61	table, power	EF031			**135**		**99**
62	cast cutter	EQ081			**135**		**0**
63	light, exam	EQ168					**99**

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:27279 Tracking Number Y1 Original Specialty Recommended RVU: **9.03**
Presented Recommended RVU: **9.03**
Global Period: 090 RUC Recommended RVU: **9.03**

CPT Descriptor: Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device

(For bilateral procedure, report 27279X with modifier 50)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50 year-old female has chronic low back and posterior, buttock and thigh pain following a motor vehicle accident. She has been diagnosed with SI joint pain and has not responded to non-surgical management. Physical exam provocation maneuvers have confirmed that the SI joint is the pain generator. A diagnostic injection has confirmed pain relief. She is scheduled for an SI joint fusion.

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 93% , In the ASC 7%, 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 14% , Overnight stay-less than 24 hours 64% , Overnight stay-more than 24 hours 21%

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 71%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review medical records with attention to imaging and labs. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Update preoperative history and physical exam. Assure appropriate selection, timing, and administration of pre-surgical antibiotic. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Verify that all required instruments and supplies are available. Review length of procedure, anticipated blood loss and post-operative needs with anesthesiologist. After placement of foley catheter and anesthesia lines in the supine position, the patient is turned prone on an OR table and bony prominences are padded and thermal regulation drapes are applied. The position of the extremities and head are assessed and adjusted as needed. Preoperative fluoroscopic images of the pelvis and sacrum are obtained. Care is taken to confirm that the fluoroscope is positioned to enable true lateral imaging of the sacrum/pelvis as well as inlet, outlet, internal and external oblique views. Indicate areas of skin to be prepped and mark surgical incisions. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: The skin is incised with a scalpel. The subcutaneous tissues are divided to the depth of the gluteus fascia with an electro cautery or with blunt dissection. Care is taken to avoid dissection through the fascia or the fibers of the gluteus. A pin is then placed through the fascia of the gluteus muscle and docked into the lateral cortex of the ilium. Care is taken to confirm the appropriate starting point for the pin. The pin is started caudal to the alar line and is centered within the middle third of the sacral body (dorsal to ventral) as viewed on the lateral fluoroscopic image. The image intensifier is then repositioned to the inlet view and the trajectory of the pin is adjusted so that the pin is headed

toward the center of the S1 sacral body. The image intensifier is repositioned to the outlet view and the pin is adjusted so that the pin trajectory is in a line parallel to the S1 vertebral endplate. The pin is advanced in a medial direction, checking the fluoroscopic images often to confirm appropriate position and trajectory. Gentle blunt dissection around the pin releasing a small amount of the gluteus fascia is performed. The soft tissue protector is then placed over the pin and is advanced until it is firmly seated onto the lateral cortical wall of the sacrum. The pin sleeve is removed from the soft tissue protector assembly. The cannulated drill is placed over the pin and a channel is created by drilling down through the ilium to the SI joint. Bone removed during the drilling process is collected for later grafting.

While leaving the soft tissue protector in place, the pin is removed. Working through the soft tissue protector, the cartilage on the sacral and iliac sides of the SI joint is removed using angled curettes. Direct and indirect visualization is employed to confirm access to and debridement of the joint. After debridement of the joint, the pin is replaced and the drill is utilized to create a channel into the lateral aspect of the sacral ala. The drill is removed and bone fragments are collected. The broach is then placed over the pin and advanced to a point where the teeth of the broach are across the SI joint as visualized on the outlet view. This creates a triangular channel through the ilium and into the sacrum. The broach is removed and the 7 mm implant is then placed over the pin and is advanced across the ilium, across the SI joint and into the sacrum. The trailing end of the implant remains 2 – 3 mm proud thus engaging the lateral cortical wall of the ilium. The final position of the implant is confirmed with fluoroscopic imaging, direct and indirect visualization, tactile feedback from the inserter device, and digital palpation of the implant on the lateral surface of the ilium. The identical steps are then repeated for placement of the second and third implants. Subsequent pins and implants are placed in a progressively caudal manner. Care is taken to keep the pins (and implants), positioned within the osseous confines of the ilium and sacrum.

After the third implant is placed, all pins and the soft tissue protector are removed from the surgical incision. The wound is inspected and any bleeding controlled. The incision is irrigated and the wound is closed in layers. Sterile dressing is applied. The patient is rolled supine and the anesthesia is reversed.

Description of Post-Service Work: Apply sterile dressings. Discuss postoperative care with recovery room staff. Discuss surgery outcome with patient's family. Write brief operative note and medication orders. Monitor patient stabilization in the recovery room, including neurovascular status. After patient is awake, discuss surgery outcome with patient. Discuss aftercare treatment with the patient, family and other healthcare professionals, including home restrictions (ie, activity, bathing). Reconcile medications with attention to pre-admission therapy, inpatient therapy and outpatient formulary and write order for continued pain medication as necessary. Provide necessary care coordination, telephonic or electronic communication assistance, and other necessary management. Inform the primary care or referring physician of discharge plans. All appropriate medical records are completed, including discharge summary and discharge instructions, and insurance forms. The patient will be examined in the office during the 90-day global period to remove dressings, assess wound healing, and redress wound. Remove sutures when appropriate. Order and review periodic lab and/or imaging, as necessary. Order occupational or physical therapy and assess functional recovery. Revise treatment plan(s) and communicate with patient and family/caregiver, as necessary. Discuss progress with PCP (verbal and written). Dictate progress notes for medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	John Ratliff, MD, Karin Swartz, MD, John Heiner, MD, William Creevy,MD				
Specialty(s):	AANS/CNS, AAOS, NASS				
CPT Code:	27279				
Sample Size:	500	**Resp N:**	28	**Response:** 5.6 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**1.00**	5.00	20.00
Survey RVW:	5.70	10.00	**15.55**	18.00	25.00
Pre-Service Evaluation Time:			**50.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	59.00	**60.00**	90.00	180.00

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):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	27279	**Recommended Physician Work RVU: 9.03**		
		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:		**18.00**	**3.00**	**15.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

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):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22554	090	17.69	**RUC Time**

CPT Descriptor Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2

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
54530	090	8.46	**RUC Time**	1,264

CPT Descriptor 1 Orchiectomy, radical, for tumor; inguinal approach

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
49507	090	9.09	**RUC Time**	12,109

CPT Descriptor 2 Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated

Other Reference CPT Code	Global	Work RVU	Time Source
62287	090	9.03	**RUC Time**

CPT Descriptor Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar

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:** 32.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 27279**	**Key Reference CPT Code:** 22554	**Source of Time RUC Time**
Median Pre-Service Time	73.00	95.00	
Median Intra-Service Time	60.00	90.00	
Median Immediate Post-service Time	30.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	40.00	
Median Discharge Day Management Time	19.0	38.00	
Median Office Visit Time	62.0	69.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**244.00**	**362.00**	
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	4.56	4.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.44	4.00
Urgency of medical decision making	2.56	2.89
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.11	4.11
Physical effort required	3.44	3.44
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.44	3.56
Outcome depends on the skill and judgment of physician	4.33	4.22
Estimated risk of malpractice suit with poor outcome	4.00	4.22

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.11	4.00
Intra-Service intensity/complexity	3.67	3.67

Post-Service intensity/complexity	3.22	3.00

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.*

At the February 2014 CPT meeting the Editorial Panel approved: 1) a Category I code 27279 to describe minimally invasive sacroiliac joint arthrodesis; and 2) deletion of Category III code 0334T. The CPT coding change proposal was based on sufficient literature, information regarding industry sales volume, and information from industry that the procedure was in fairly widespread use. Although industry representatives offered to provide contact information for surgeons with experience, the involved societies determined that if the industry information about utilization was correct, a random survey of membership would result in sufficient survey responses.

DISCLOSURE: Prior to the distribution of the surveys, an individual physician sent an email to an unknown number of physicians discussing the new code and suggesting that the work would be equivalent to code 63030 (RVW=13.18). This email was received by a member of the AANS Coding Committee and immediately brought to the attention of the AANS RUC Advisors, who in turn brought it to the attention of AMA staff. We agreed to add the following question to the RUC survey immediately preceding the questions about financial conflict:

Communication Disclosure:	**Check Yes or No**			
Prior to receiving this survey, did you receive any communication about this survey from any individual or group other than AANS, CNS, NASS, or AAOS?	**Yes**		**No**	

In addition, we agreed to remove code 63030 from the reference service list.

The AANS/CNS, NASS, and AAOS conducted a RUC survey of randomly selected surgeons from their membership database. Six responses were excluded that had conflicts (financial conflict and/or communication conflict) yielding 28 usable surveys.

Our consensus panel discussed the survey results and agreed the survey respondents: 1) overestimated the post-op facility work; and 2) overestimated the RVW.

We are recommending an RVW of 9.03 – crosswalked from code 62287. This RVW is less than the survey 25th percentile. Code 62287 was on our reference service list.

CPT	Descriptor	RVW	IWPUT	Total	EVAL	INTRA	POST	HV	POV
27279X	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	9.03	0.065	244	73	60	30	0.5	3
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	9.03	0.054	248	70	60	30	0.5	3

Pre-Time
Package 4 Difficult Patient/Difficult Procedure is appropriate with additional positioning time: **SS3,** Posterior Thoracic/Lumbar (Prone) (eg laminectomy), 15 Minutes

Key Reference Service
KRS code 22554 was chosen by 9 of 28 respondents, but does not compare well with the survey code. Code 22554 is a cervical spine fusion inpatient procedure requiring more time/visits and significantly more work than 27279..

Additional Reference Service
As stated above, we believe that code 62287 from the reference list is a better comparator to 27279. This is a percutaneous procedure and has similar pre, intra, and post data. This code was chosen as a reference by four respondents.

New Technology
We acknowledge that we did not receive the requisite 30 survey responses. Although this new procedure is established, it is not widely performed. Although we are confident in our crosswalk recommendation, we also recommend that available 2015 utilization data be reviewed in early 2016 to determine if there are different specialties providing this service and/or the procedure is performed in a different site of service.

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) 0334T

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 neurosurgery How often? Rarely

Specialty orthopaedic 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. SI-BONE sales data shows that more than 9,000 MIS SI joint fusions have been performed in the U.S. since 2008. Their data also indicate growth may be rapid in the next few years.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Code 0334T was new July 2013. Medicare data is not available. We cannot predict utilization for the Medicare aged population, but expect it to be low when compared with the nationale population. We suggest that CMS look at their files for the second half of 2013 and first half of 2014 to predict utilization for 2015.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
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. 62287

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:27280 Tracking Number Y2 Original Specialty Recommended RVU: **19.00**
Presented Recommended RVU: **14.64**
Global Period: 090 RUC Recommended RVU: **14.64**

CPT Descriptor: Arthrodesis, open, sacroiliac joint including obtaining bone graft

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 32 year-old female has chronic posterior, buttock and thigh pain following a motor vehicle accident with derangement of the sacroiliac joint. She has been diagnosed with SI joint pain and has not responded to non-surgical management. Physical exam provocation maneuvers have confirmed that the SI joint is the pain generator. A diagnostic injection has confirmed pain relief. She is scheduled for an SI joint fusion.

Percentage of Survey Respondents who found Vignette to be Typical: 75%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 96% , In the ASC 4%, 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 4% , Overnight stay-less than 24 hours 32% , Overnight stay-more than 24 hours 64%

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 63%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review medical records with attention to imaging and labs. Assure appropriate selection, timing, and administration of pre-surgical antibiotic. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Verify that all required instruments and supplies are available. After placement of foley catheter and anesthesia lines in the supine position, the patient is rolled over to to a 30 degree lateral position on a radiolucent operating table. Bony prominences are padded and thermal regulation drapes are applied. The position of the extremities and head are assessed and adjusted as needed. Preoperative fluoroscopic images of the pelvis and sacrum are obtained. Care is taken to confirm that the fluoroscope is positioned to enable true lateral imaging of the sacrum/pelvis as well as inlet, outlet, internal and external oblique views. Indicate areas of skin to be prepped and mark surgical incisions. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: The sacroiliac joint is approached anteriorly through an incision over the anterolateral iliac crest. The common insertion of the abdominal obliques joins the origins of the tensor fascia lata and gluteus medius at the lateral edge of the iliac crest. This tendinous structure is divided from ASIS to the gluteus medius pillar, leaving the abductor origin intact on the ilium. The gluteus medius pillar roughly marks the equator of the pelvic ring. Roughly at this landmark, the exposure may either be continued posteriorly along the iliac crest or extended cranially, splitting the fibers of the external oblique muscle. If the latter is preformed, the transversus abdominis and internal obliques are released from their insertion with electrocautery working from the inner table of the iliac crest outward. The iliacus is elevated from iliac fossa, taking care to remain subperiosteal. Significant bleeding is often encountered from the nutrient vessel that enters the ilium just lateral to the pelvic brim and anterior to the sacroiliac joint. Bone wax may help provide hemostasis for bleeding associated with this nutrient foramen. Blunt dissection is continued posteriorly to identify the SI joint. The soft tissues anterior to the sacral ala are mobilized medially to protect the traversing L5 nerve root. A malleable retractor or Homan

retractor is utilized to protect the L5 root and retract it from the operative field. The SI joint is exposed from its superior aspect at the top of the sacral ala. Bridging osteophytes are removed as needed to gain access to the joint. The SI joint is not freely mobile, therefore multiple different techniques can be utilized to gain access to the joint. One technique is placement of Schanz pins medial and lateral to the joint to forcefully distract and "open up" the joint. Laminar spreaders can also be used to hinge the joint open and provide access to the chondral surfaces The joint surfaces, once exposed are denuded of cartilage and soft tissue down to bare bone. The bony surfaces are decorticated with a burr down to bleeding bone to ensure osseous healing. Vigorous bleeding is to be expected. Once the surfaces are prepared, bone graft is harvested from the anterior iliac crest, usually in the region of the gluteus medius pillar. The cortex is opened up with a bone cutting osteotome. Curettes and gouges are then used to harvest spongy cancellous bone. The bone graft is collected and then placed within the sacroiliac joint to promote bony fusion. The joint is then reduced and compressed. A temporary reduction clamp is applied to hold the surfaces together. Arthrodesis is assured by the insertion of stable internal fixation, employing plates, iliosacral screws, or a combination of both. Care is taken to avoid injury to the superior gluteal neurovascular bundle since the screw entry point is close to the neurovascular bundle as it exits the sciatic notch. Guide wire placement requires careful attention to avoid damage to important muscular and neurovascular structures. Lateral x-ray projections can be used to center the guide wire on the sacrum anterior to the spinal canal and to ensure that the guide wire is below the iliac cortical density and sacral alar slope to prevent injury to the L5 nerve root. Images taken in the pelvic outlet projection ensure that the guide wire passes above the S1 sacral foramen. In that view images are required to ensure that the guide wire is at the proper directory and coming to rest in the anterior aspect of the sacral promontory for maximal purchase. This ensures that the fixation screws will reside within the safe corridor in between the valley of the ala anteriorly (L5 nerve root), the sacral canal posteriorly and the sacral foramen inferiorly (S1 nerve root). Inlet radiographic views are used to confirm trajectory of screw path and that screw does not extrude anterior to sacrum. Once the guide wire is satisfactorily placed, the length is determined using the depth gauge. The screw passage is over-drilled with a cannulated drill bit, and a large (6.5mm-8.0mm) cannulated screw is placed over the guide between the ilium and the sacral ala. One or more additional screws are placed to control rotation. Care is taken to ensure that the bony surfaces of the sacrum and the ilium are well coapted and compressed to ensure fusion. Final radiographic images are taken to ensure coaptation of the bony surfaces and safe placement of the fixation hardware. The wound is then copiously irrigated. A drain is placed near the operative site. The detached muscles are then reattached to the iliac wing with sutures in multiple layers to promote reattachment of external obliques and prevent possible dehiscence. The superficial wound is closed in layers.

Description of Post-Service Work: Apply sterile dressings. Discuss postoperative care with recovery room staff. Discuss surgery outcome with patient's family. Complete brief operative note and medication orders, and all required operative documentation. Monitor patient stabilization in the recovery room, including neurovascular status. After patient is awake, discuss surgery outcome and anticipated course with patient. Enter orders for transferring to surgical floor and discuss ongoing care with floor nurses. Complete operative report and medical record documentation. Later on the day of surgery, review medical records and interval data charted. Communicate with other professionals and with patient and patient's family. Exam patient, assessing neurovascular status and drain. Order and review imaging as necessary. Consider relevant data, options, and risks and revise treatment plan as necessary. On subsequent days, review medical records and interval data charted. Examine and talk with patient. Take down dressings, assess wound and patient status. When the patient is stable, make the decision for discharge. Discuss aftercare treatment with the patient, family and other healthcare professionals, including home restrictions (ie, activity, bathing). Reconcile medications with attention to pre-admission therapy, inpatient therapy and outpatient formulary and enter orders for continued pain medication as necessary. Provide necessary care coordination, telephonic or electronic communication assistance, and other necessary management. Inform the primary care or referring physician of discharge plans. All appropriate medical records are completed, including discharge summary and discharge instructions, and insurance forms. The patient will be examined in the office several times through the 90-day global period to remove dressings, assess wound healing, and redress wound. Remove sutures and drain when appropriate. Order and review periodic lab and/or imaging, as necessary. Order occupational or physical therapy and assess functional recovery. Revise treatment plan(s) and communicate with patient and family/caregiver, as necessary. Discuss progress with PCP (verbal and written). Dictate progress notes for medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	John Ratliff, MD, Karin Swartz, MD, John Heiner, MD, William Creevy, MD		
Specialty(s):	AAOS, AANS/CNS, NASS		
CPT Code:	27280		
Sample Size:	500	**Resp N:** 28	**Response:** 5.6 %
Description of Sample:	random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	3.00	6.00
Survey RVW:	6.00	13.38	**19.00**	20.00	25.00
Pre-Service Evaluation Time:			**55.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	25.00	64.00	**90.00**	120.00	180.00

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):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	27280	**Recommended Physician Work RVU: 14.64**		
		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:		**18.00**	**3.00**	**15.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

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):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63075	090	19.60	**RUC Time**

CPT Descriptor Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace

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
37215	090	19.68	**RUC Time**	8,455

CPT Descriptor 1 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
60500	090	15.60	**RUC Time**	14,120

CPT Descriptor 2 Parathyroidectomy or exploration of parathyroid(s);

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: 10 **% of respondents:** 35.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 27280**	**Key Reference CPT Code:** 63075	**Source of Time** RUC Time

Median Pre-Service Time	73.00	95.00
Median Intra-Service Time	90.00	90.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	60.0	40.00
Median Discharge Day Management Time	38.0	38.00
Median Office Visit Time	62.0	62.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**353.00**	**355.00**
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	4.30	3.70
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.50	4.00
Urgency of medical decision making	2.40	3.20
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.20	4.00
Physical effort required	3.80	3.30
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.40	3.80
Outcome depends on the skill and judgment of physician	4.20	4.00
Estimated risk of malpractice suit with poor outcome	3.80	4.10

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.00	3.90
Intra-Service intensity/complexity	3.90	3.90
Post-Service intensity/complexity	3.10	3.10

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

BACKGROUND

At the February 2014 CPT meeting the Editorial Panel approved: 1) a Category I code 27279 to describe minimally invasive sacroiliac joint arthrodesis; and 2) deletion of Category III code 0334T. In addition, they revised code 27280 to add the word "open" to differentiate this code from 27279X. Code 27280 has been a CPT code for over 20 years.

Disclosure Prior to the distribution of the surveys, an individual physician sent an email to an unknown number of physicians discussing the new code and suggesting that the work for the new percutaneous code 27279 would be equivalent to code 63030 (RVW=13.18). This email was received by a member of the AANS Coding Committee and immediately brought to the attention of the AANS RUC Advisors, who in turn brought it to the attention of AMA staff. We agreed remove code 63030 from the reference service list and to add the following question to the RUC survey immediately preceding the questions about financial conflict:

Communication Disclosure:	Check Yes or No			
Prior to receiving this survey, did you receive any communication about this survey from any individual or group other than AANS, CNS, NASS, or AAOS?	**Yes**		**No**	

COMPELLING EVIDENCE

- *Evidence that incorrect assumptions were made in the previous valuation of the service; a misleading vignette and/or survey in a previous evaluation*

Code 27280 is a Harvard-based code that was reviewed by orthopaedic surgeons during the Harvard study. Open SI joint fusion is an uncommon procedure now and was less common during the Harvard review. Our consensus panel does not believe that the few general orthopaedic surgeons reviewing this code would have been familiar with the procedure and therefore would not have been able to provide accurate work or time estimates. This can be compared to the RUC reviewing survey summary data from only 10 respondents, all of which have no experience in the past 12 months, or even in their career. The surgery is now performed through a retroperitoneal approach with different fixation.

- *Evidence that technology has changed physician work.*

Open arthrodesis of the SI joint, when performed, has been has been made more complex with the introduction of new imaging methods that provide the basis for new and varied surgical strategies. There are also new internal fixation devices (compared to the 1980's) that require more complex work. The surgery is now performed through a retroperitoneal approach with different fixation.

RECOMMENDATION

The AAOS, AANS/CNS, and NASS conducted a RUC survey of randomly selected surgeons from their membership database. Six responses were excluded that had conflicts (financial conflict and/or communication conflict) yielding 28 usable surveys. Open SI joint fusion is a rarely performed service.

We are recommending an RVW of 19.00 which is the survey median.

Pre-Time
Package 4 Difficult Patient/Difficult Procedure is appropriate with 15 minutes additional positioning time for either of the following positions.

SS3	Posterior Thoracic/Lumbar (Prone) (eg laminectomy)	15 Minutes
SS5	Anterior Lumbar (Supine) (eg ALIF)	15 Minutes

Key Reference Service
KRS code 63075 has the same intra-service time and similar post-operative hospital and office visits. Intra-operative work complexity is similar.

The following table provides other RUC reviewed services with 90 minutes of intra-time and similar total time, as support for the recommendation of 19.00 for code 27280.

CPT	Long Descriptor	RVW	IWPUT	Time	EVAL	POSIT	SDW	INTRA	POST	32	31	38	13	12
34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision	**17.88**	0.097	384	30	15	15	**90**	30	3		1.0	2	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	**18.00**	0.108	367	60	25	15	**90**	30	1		1.0	3	
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	**18.14**	0.120	354	60			**90**	25			0.5		10
27280	Open SI joint fusion	**19.00**	0.123	353	40	18	15	**90**	30	1	1	1.0	2	1
44188	Laparoscopy, surgical, colostomy or skin level cecostomy	**19.35**	0.103	407	45	25	10	**90**	30	2	1	1.0	3	
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	**19.60**	0.132	355	60	20	15	**90**	30	1		1.0	2	1
62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)	**21.23**	0.130	400	85			**90**	45	1	2	1.0	2	1
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	**23.24**	0.175	302	10	10	15	**90**	20			0.5	6	

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) 27280

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 neurosurgery How often? Rarely

Specialty orthopaedic 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 data not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 200
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We believe that the increased utilization in the past few years for code 27280 was due to reporting percutaneous SI joint fusion. With implementation of the new Cat I percutaneous code 27279X, we believe code 27280 utilization will decrease back to a frequency less than 200.

Specialty orthopaedic surgery Frequency 180 Percentage 90.00 %

Specialty neurosurgery Frequency 20 Percentage 10.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 27280

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: **Minimally Invasive Sacroiliac Joint Fusion**
TAB: **8**

					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	33	32	31	38	39	15	14	13	12	11
KEY-REF	22554	Arthrodesis, anterior interbody tech	9	0.106			17.69			362		60	20	15			90			30		1		1.0				3		
X-WALK	62287	Decompression procedure, percut	4	0.054			9.03			248		70					60			30				0.5				3		
NEW	27279						N/A																							
SVY	27279	Arthrodesis, sacroiliac joint, percut	28	0.145	5.70	10.00	15.55	18.00	25.00	295		50	20	15	20	59	60	90	180	30		1		1.0			2	1		
REC	27279	CROSSWALK TO 62287		0.064			9.03			246	4	40	20	15			60			30				0.5			2	1		

8
Tab Number

SI Joint Fusion
Issue

27279X-27280
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

Karin Swartz, MD
Printed Signature

North American Spine Society
Specialty Society

4/1/14
Date

5, 6, 7, 8, 32, 42
Tab Number

Internal Fixation of Rib Fracture, Percutaneous Vertebroplasty and Augmentation, Total Disc Arthroplasty Additional Cervical Level Add-on Code, Minimally Invasive Sacrioliac Joint Fusion, Laminectomy, X-Ray Exams
Issue

Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

William Creevy, MD
Printed Signature

AAOS
Specialty Society

4-1-14
Date

Tab 8_____
Tab Number

___SI Joint Fusion
Issue
27279X, 27280
_____
Code Range

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___ _____
Signature

John Ratliff, MD
_____
Printed Signature

AANS
_____
Specialty Society

4 1 14
_____
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

NOTE – NO DIRECT INPUTS FOR NON-FACILITY

CPT Long Descriptor:
27279X-Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
27280- Arthrodesis, open, sacroiliac joint including obtaining bone graft
Global Period: 090 Meeting Date: 04/2014

1.Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The AANS/CNS, NASS, and AAOS RUC Advisors met by conference call to discuss the practice expense details for codes 27279X and 27280. It was determined that both codes would only be reported in a facility setting. Both codes have a 90-day global period. As such, we are recommending the standard clinical staff times associated with 90-day global codes and standard supplies and equipment time related to office visits per the RUC survey.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

For 27279X, we have chosen CPT code 62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar

For 27280, we have listed the current PE inputs.

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:
- Complete pre-service diagnostic & referral forms
- Coordinate pre-surgery services
- Schedule space and equipment in facility
- Provide pre-service education/obtain consent
- Follow-up phone calls & prescriptions

Intra-Service Clinical Labor Activities:
- Discharge management assistance

Post-Service Clinical Labor Activities:
- Assist at follow up office visits

	A	B	C	E	F	G	H	I	J	K	L
1				REF CODE		recommend		EXISTING CODE		recommend	
2	*Please note: If a supply has a purchase price of $100 or			62287		27279		27280		27280	
3	**Meeting Date: 04/2014 Tab:8-Minimally Invasive Sacroiliac Joint Fusion Specialty:AANS/CNS, AAOS, NASS**	**CMS Code**	**Staff Type**	Arthrodesis, anterior interbody, including disc space preparation, discectomy,		Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end		Arthrodesis, sacroiliac joint (including obtaining graft)		Arthrodesis, open, sacroiliac joint including obtaining bone graft	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**				**090**		**090**		**090**		**090**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MA	**0**	**186**	**0**	**165**	**0**	**207**	**0**	**198**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MA	**0**	**60**	**0**	**60**	**0**	**60**	**0**	**75**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MA	**0**	**18**	**0**	**6**	**0**	**12**	**0**	**24**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MA	**0**	**108**	**0**	**99**	**0**	**135**	**0**	**99**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MA		**5**		**5**		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MA		**20**		**20**		**20**		**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MA		**8**		**8**		**8**		**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MA		**20**		**20**		**20**		**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MA		**7**		**7**		**7**		**7**
18	**End: When patient enters office/facility for surgery/procedure**										
19	**SERVICE PERIOD**										
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MA	**n/a**	**6**	**n/a**		**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MA	**n/a**		**n/a**	**12**	**n/a**	**12**	**n/a**	**12**
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**										
46	**POST-SERVICE Period**										
47	**Start: Patient leaves office/facility**										
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16								
51	99212 27 minutes		27				**1**		**5**		**1**
52	99213 36 minutes		36		**3**		**2**				**2**
53	99214 53 minutes		53								
54	99215 63 minutes		63								
55	**Total Office Visit Time**			**0.0**	**108.0**	**0.0**	**99.0**	**0.0**	**135.0**	**0.0**	**99.0**
57	**End: with last office visit before end of global period**										
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
59	pack, minimum multi-specialty visit	SA048	pack		**3**		**3**		**5**		**3**
60	pack, post-op incision care (suture)	SA054	pack		**1**		**1**		**1**		**1**
61	bandage, Kling, non-sterile 2in	SG017	pack		**2**		**0**				
62	**EQUIPMENT**	**CODE**									
63	table, power	EF031			**108**		**99**		**135**		**99**
64	cast cutter	EQ081							**135**		**0**

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2014

Transient Elastography of Liver

At the February 2014 CPT Editorial Panel meeting, the Panel created one new CPT Category I code to describe transient elastography of the liver. At the April 2014 RUC meeting, the RUC agreed that its recommendation for physician work and time would be interim due to the specialty's use of an incorrect survey instrument (000 Day Global Period, instead of XXX Global Period) and the survey not meeting the minimum threshold for respondents. Therefore, the specialty re-surveyed this service with the appropriate survey instrument and presented new survey results and recommendations for the September 2014 RUC meeting.

91200 ***Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report***
The RUC reviewed the survey results from 31 gastroenterologists and agreed that the 25th percentile intra-service time of 10 minutes accurately represents the typical length of intra-service physician work. The RUC recommends the following physician time components: pre-service time of 3 minutes, intra-service time of 10 minutes and post-service time of 5 minutes. The specialty elaborated that the actual measurements are typically performed separately by clinical staff and that an Evaluation and Management (E/M) service is not typically performed by the same physician that is interpreting the fibroscan measurements. Furthermore, they explained that the interpreting physician must evaluate the patient's history to make a cogent recommendation subsequent to reviewing the report. **The RUC deliberated this information and recommends referral to the CPT Editorial Panel for the inclusion of a parenthetical that prohibits the reporting of a same-day E/M visit with CPT code 91200.**

The RUC reviewed the survey respondents' estimated physician work values and agreed that they were overestimated, with a 25th percentile work RVU of 0.72. To determine an appropriate work value, the RUC compared the surveyed code to CPT code 78013 *Thyroid imaging (including vascular flow, when performed);* (work RVU= 0.37, 5 minutes of pre-time, 10 minutes of intra-time, 5 minutes of post-time) and noted that since both services have a similar intensity, identical intra-service times and comparable total times, they should be valued similarly. Therefore, the RUC recommends a direct work RVU crosswalk from code 78013 to surveyed code 91200.

To further justify a work RVU of 0.37 for 91200, the RUC reviewed CPT code 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* (work RVU= 0.30, intra-service time of 10 minutes and total time of 17 minutes), as well as CPT code 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* (work RVU= 0.45, intra-service time of 15 minutes and total time of 20 minutes), and agreed that the services

represent analogous physician work and appropriately bracket the RUC recommended work RVU for the surveyed code with respect to physician time and intensity. **The RUC recommends a work RVU of 0.37 for CPT code 91200.**

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with minor modifications as approved by the Practice Expense Subcommittee. The RUC noted that the clinical labor time for staff type *diagnostic medical sonographer* (L050B), is disparate from the physician time for 91200.

Refer to CPT
The RUC recommends the CPT Editorial Panel include a parenthetical that prohibits the reporting of a same-day E/M visit with CPT code 91200. The RUC recommendation is contingent on the inclusion of this CPT parenthetical.

Database Flag
Do to the use of the survey 25th percentile for intra-service time and the use of a crosswalk to derive the work value recommendation for CPT code 91200, the record will be flagged in the RUC database as not to be used to validate for physician work.

New Technology
The service will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Medicine** **Gastroenterology** **Other Procedures**				
●91200	KK1	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	XXX	0.37

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:91200 Tracking Number KK1 Original Specialty Recommended RVU: **0.72**
Presented Recommended RVU: **0.49**
Global Period: XXX RUC Recommended RVU: **0.37**

CPT Descriptor: Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old man presented for further evaluation of liver disease secondary to hepatitis C. Physical findings were unremarkable. Laboratory studies showed abnormal liver enzymes (ie aminotransferase levels twice the upper limits of normal) and the platelet count was borderline low. Physician scheduled patient for liver elastography by mechanically induced shear wave to assess presence of cirrhosis prior to starting antiviral therapy.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: -Review the reason for the examination and any pertinent clinical history.
-Review any prior applicable imaging studies, anatomic pathology, and/or clinical laboratory reports.

Description of Intra-Service Work: -Supervise the healthcare professional performing the examination to ensure proper positioning of the transducer probe on the patient's right upper quadrant, scout images are taken, and a minimum of 10 images and shear wave measurements are generated.
-Review each image to determine that each measurement of sheer wave speed is correct.
-Correlate the stiffness measurement with the fibrosis stage and compare to the patient's history, prior imaging, and any prior liver biopsy and clinical laboratory values to establish a final diagnosis.

Description of Post-Service Work: -Make treatment recommendations based on the data, including the potential need for additional medical, pharmacologic, and/or other clinical intervention.
-Dictate, review, and sign the final report for the medical record.
-Discuss findings and recommendations with the patient, referring physician, other healthcare professionals, and insurance and/or pharmacy benefits management company, as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014		
Presenter(s):	Dr. Dawn Francis (AGA), Dr. Shivan Mehta (AGA), Dr. Seth Goss (ASGE), Dr. R. Bruce Cameron (ACG)		
Specialty(s):	ACG, AGA, ASGE		
CPT Code:	91200		
Sample Size:	1601	**Resp N:** 31	**Response:** 1.9 %
Description of Sample:	The ACG, AGA and ASGE conducted a random sample of their members in addition to surveying physicians from a list of purchasers obtained from industry, as approved by the Research subcommittee. This SOR contains the combined data of both groups		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**25.00**	88.00	500.00
Survey RVW:	0.48	0.72	**0.81**	1.00	2.50
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	10.00	**15.00**	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)

XXX Global Code

CPT Code:	91200	**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:		**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:	**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? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76700	XXX	0.81	**RUC Time**

CPT Descriptor Ultrasound, abdominal, real time with image documentation; complete

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76830	XXX	0.69	**RUC Time**	469,171

CPT Descriptor 1 Ultrasound, transvaginal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99231	XXX	0.76	**RUC Time**	11,494,690

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
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 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: 30 **% of respondents:** 96.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 91200**	**Key Reference CPT Code:** 76700	**Source of Time RUC Time**
Median Pre-Service Time	3.00	3.00	
Median Intra-Service Time	10.00	10.00	
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	**18.00**	**17.00**	
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	3.58	3.61
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.87	3.39
Urgency of medical decision making	3.39	3.16
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.65	3.45
Physical effort required	2.81	2.94
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.45	2.39
Outcome depends on the skill and judgment of physician	3.71	3.39
Estimated risk of malpractice suit with poor outcome	3.16	3.16

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.48	3.03
Intra-Service intensity/complexity	3.55	3.61
Post-Service intensity/complexity	3.39	3.23

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.*

912XX1 – Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report

The specialty consensus panel spent a significant amount of time reviewing the survey data, comparing the data for similar GI tests and ultrasound codes to the new liver elastography code 912XX1. After reviewing the survey data, **we recommend an RVW of 0.72 for 912XX1.** This value is equal to the 25th percentile of the survey.

Pre-time Package 5 is appropriate, less one minute of scrub, dress, wait time.

Key Reference code 76700, *Ultrasound, abdominal, real time with image documentation; complete*, has an XXX day global period and was surveyed as part of the Third Five-Year Review and presented to the RUC in 2005. The initial survey for 912XX1 presented to the RUC at the April 2014 RUC meeting was administered as 000 day global survey. The RUC asked the specialty societies to resurvey the code using the XXX day survey instrument. The data show no change in intra-service or post-service time from the previous survey. There is no change in pre-service time when the pre-time package is applied. The current survey validates the results of the original survey.

The table below provides additional XXX day global comparison codes.

Comparison To Other RUC-Reviewed XXX Day Global Codes with Similar Intra-Service Time

MPC	CPT Code	Long Desc	Work RVU	Pre Time Pkg	Pre Eval Time	Pre Pos Time	Pre SDW Time	Intra Time	Post Time	Total Time	RUC Rev	IWPUT
	93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	0.53	0	5	0	0	15	5	25	Sept11	0.020
	92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	0.55	5	3	0	0	15	3	21	Apr09	0.028
	77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection	0.60	0	7	0	0	15	5	27	Apr13	0.022

MPC	CPT Code	Long Desc	Work RVU	Pre Time Pkg	Pre Eval Time	Pre Pos Time	Pre SDW Time	Intra Time	Post Time	Total Time	RUC Rev	IWPUT
		procedures (epidural or subarachnoid)										
	76881	Ultrasound, extremity, nonvascular, real-time with image documentation; complete	0.63	5	5	0	0	15	5	25	Apr10	0.027
	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	0.67	0	7	0	0	15	5	27	Feb11	0.027
Yes	76830	Ultrasound, transvaginal	0.69	0	5	0	0	10	8	23	Apr12	0.040
	93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0	3	0	0	15	5	23	Apr12	0.035
Yes	99231	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.	0.76	0	5	0	0	10	5	20	Feb06	0.054
	93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.80	0	3	0	0	15	3	21	Apr12	0.044

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) 74000, 91299, 76999. Twelve percent of code 74000 (2013 Medicare volume = 54,742), 10% of 91299 (2013 Medicare volume = 53) and 20% of code 76999 (2013 Medicare volume = 944).

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 Gastroenterology 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? 20295
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare frequency estimate (10% of 47000 [6570] 10% of 91299 [5] + 20% of 76999 [190])*3 = ~20,295

Specialty Gastroenterology Frequency 20295 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,765
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare frequency estimate (10% of 74000 [6570] 10% of 91299 [5] + 20% of 76999 [190]) = ~6,765

Specialty Gastroenterology Frequency 6765 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
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. 91133

ISSUE: Transient Elastograpy of Liver

TAB: 5

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE	PF
					MIN	25th	MED	75th	MAX	Time	PKG	EVAL
REF	76700	Ultrasound, ab	30	0.0653			0.81			17		3
SVY	91200	Liver elastogra	31	0.02413	0.48	0.72	0.81	1.00	2.50	35		10
Random	91200	Liver elastogra	15	0.0308	0.48	0.75	0.91	1.15	2.50	35		10
Industry	91200	Liver elastogra	16	0.01633	0.50	0.69	0.81	0.91	1.30	40		10
REC	91200	Liver elastography, n		0.01908	0.37					18	NA	3

RE-TIME		INTRA-TIME					POST	IMMD	SURVEY EXPERIENCE				
POSIT	SDW	MIN	25th	MED	75th	MAX	PKG	POST	MIN	25th	MED	75th	MAX
				10				4					
		2	10	15	20	30		10	0	3	25	88	500
		10	12.5	15	20	30		10	0	0	4	65	500
		2	10	15	20	30		15	2	19	45	131	500
0	0			10			NA	5					

_____5_____
Tab Number

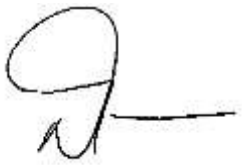
Transient Elastography of Liver
Issue

912XX1
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

Dawn Francis, MD
Printed Signature

American Gastroenterological Association
Specialty Society

8/25/14
Date

_____5_____
Tab Number

Transient Elastography of Liver
Issue

912XX1
Code Range

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Signature

R. Bruce Cameron, MD
Printed Signature

American College of Gastroenterology
Specialty Society

8/25/14
Date

5
Tab Number

Transient Elastography of Liver
Issue

912XX1
Code Range

Attestation Statement

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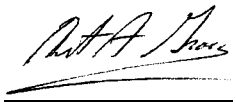


Signature

Seth A. Gross, MD
Printed Signature

American Society for Gastrointestinal Endoscopy
Specialty Society

8/25/14
Date

Ref Code	Service Descriptor	Work RVU	Glob	Year Valued	Time Source	MPC list	Medicare Vol 2012	Intra Time	Total Time	IWPUT
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	0.18	XXX	2004	RUC	Yes	382684	5	9	0.018
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	0.28	XXX	2013	RUC	Yes	2120116	7	13	0.021
36600	Arterial puncture, withdrawal of blood for diagnosis	0.32	XXX	2010	RUC	No	39949	10	16	0.019
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 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.	0.45	XXX	2005	RUC	Yes	88,970	7	13	0.045
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	0.48	XXX	2006	RUC	Yes	17,770,985	10	16	0.035
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	0.67	XXX	2011	RUC	No	49452	15	27	0.027
76700	Ultrasound, abdominal, real time with image documentation; complete	0.81	XXX	2005	RUC	Yes	1043298	10	17	0.065
91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	0.97	XXX	2004	RUC	No	4517	15	45	0.024

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Transient Elastography of Liver

At the February 2014 CPT Editorial Panel meeting, the Panel created one new CPT Category I code to describe transient elastography of the liver.

91200 ***Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report***
The RUC agreed that the survey results for physician work and time where invalid due to the specialty's use of an incorrect survey instrument (000 Day Global Period, instead of XXX Global Period), in addition to the survey not meeting the minimum threshold for respondents. Therefore, the RUC recommendations for physician work and time are interim. The RUC requested that the specialty re-survey with the appropriate survey instrument for the September 2014 RUC meeting.

To determine an appropriate work value, the RUC compared the surveyed code to CPT code 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* (work RVU= 0.30, pre-time= 2 minutes, intra-time= 10 minutes, post-time= 5 minutes) and noted that since both services have similar intensity and analogous physician work, they should be valued similarly. Therefore, the RUC recommends a direct work RVU and physician time crosswalk from code 95981 to code 91200.

To further justify an interim work RVU of 0.30 for 91200, the RUC reviewed CPT code 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* (work RVU = 0.30, intra-time= 10 minutes) and agreed that the reference code also had similar intensity and analogous physician work to the surveyed code. **The RUC recommends an interim work RVU of 0.30 for CPT code 91200.**

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with minor modifications as approved by the Practice Expense Subcommittee. The RUC noted that the clinical labor time for staff type *diagnostic medical sonographer* (L050B), is disparate from the physician time for 91200.

New Technology
The service will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Medicine** **Gastroenterology** **Other Procedures**				
●91200	KK1	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	XXX	0.30 (interim value)

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:91200 Tracking Number KK1 Original Specialty Recommended RVU: **1.16**
Presented Recommended RVU: **1.00**
Global Period: XXX RUC Recommended RVU: **0.30**

CPT Descriptor: Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old man presented for further evaluation of liver disease secondary to hepatitis C. Physical findings were unremarkable. Laboratory studies showed abnormal liver enzymes (ie aminotransferase levels twice the upper limits of normal) and the platelet count was borderline low. Physician scheduled patient for liver elastography by mechanically induced shear wave to assess presence of cirrhosis prior to starting antiviral therapy.

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? 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? 11%

Description of Pre-Service Work: The reason for the exam and any pertinent clinical history is reviewed.

Description of Intra-Service Work: The test results are reviewed. Each shear wave speed value is converted to its calculated equivalent stiffness value and the median stiffness value. The variability of stiffness values across the 10 measurements are quantified. The stiffness measurement is correlated with the fibrosis stage. The results are compared and correlated with clinical, biological, and morphological parameters of liver disease to come to a diagnosis. A report is dictated for the medical record.

Description of Post-Service Work: The final report is reviewed and signed. The findings and recommendations are reviewed with the patient and pertinent others, referral source and other appropriate health professionals.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Dr. R. Bruce Cameron (ACG), Dr. Joel Brill (AGA), Dr. Shivan Mehta (AGA), Dr. Seth Gross (ASGE)		
Specialty(s):	ACG, AGA, ASGE		
CPT Code:	91200		
Sample Size:	1597	**Resp N:** 26	**Response:** 1.6 %
Description of Sample:	The ACG, AGA and ASGE conducted a random sample of their members in addition to surveying physicians from a list of purchasers obtained from industry, as approved by the Research subcommittee. This SOR contains the combined data of both groups		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	40.00	500.00
Survey RVW:	0.20	1.16	**1.64**	2.00	3.25
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	5.00	10.00	**15.00**	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)

XXX Global Code

CPT Code:	91200	**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:		**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:	**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? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
91022	000	1.44	**RUC Time**

CPT Descriptor Duodenal motility (manometric) study

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92002	XXX	0.88	**RUC Time**	221,183

CPT Descriptor 1 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70470	XXX	1.27	**RUC Time**	174,360

CPT Descriptor 2 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

Other Reference CPT Code	Global	Work RVU	Time Source
49082	XXX	1.24	**RUC Time**

CPT Descriptor Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance

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: 13 **% of respondents:** 50.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 91200**	**Key Reference CPT Code:** 91022	**Source of Time RUC Time**
Median Pre-Service Time	2.00	15.00	
Median Intra-Service Time	10.00	30.00	
Median Immediate Post-service Time	5.00	16.00	
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	**17.00**	**61.00**	
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	3.45
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	3.64
Urgency of medical decision making	3.36	2.82
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.82	3.73
Physical effort required	3.45	3.27
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.45	2.73
Outcome depends on the skill and judgment of physician	3.91	3.27
Estimated risk of malpractice suit with poor outcome	3.36	2.64

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.09	3.00
Intra-Service intensity/complexity	3.73	3.64

Post-Service intensity/complexity	3.55	3.27

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.*

91200 – Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report

The specialty consensus panel spent a significant amount of time reviewing the survey data, comparing the data for similar GI tests and ultra-sound codes to the new liver elastography code 91200. After reviewing the survey data, **we recommend an RVW of 1.16 for 91200.** This value is equal to the 25th percentile of the survey.

Pre-time Package 5 is appropriate.

Key Reference code 91022, *Duodenal motility (manometric) study,* was surveyed and presented to the RUC in 2005 and has a 000 day global. The survey for 91200 was administered as 000 day global with the understanding the physician performed the liver elastography procedure. After receiving additional input, we determined that the physician work of the service is in the interpretation, similar to the ultrasound codes. The table below provides more appropriate XXX day global comparison codes.

Comparison To Other RUC-Reviewed XXX Day Global Codes with 15 Minutes Intra-Service Time

CPT Code	Long Desc	Glob	Work RVU	IWPUT	Pre Time	Intra Time	Post Time	Total Time	RUC Rev
92617	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only	XXX	0.79	0.033	3	15	10	28	Apr02
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	XXX	0.90	0.044	6	15	5	26	Feb11
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	XXX	1.00	0.037	5	15	15	35	Apr06
72125	Computed tomography, cervical spine; without contrast material	XXX	1.07	0.056	5	15	5	25	Oct09
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	XXX	1.15	0.052	8	15	10	33	

CPT Code	Long Desc	Glob	Work RVU	IWPUT	Pre Time	Intra Time	Post Time	Total Time	RUC Rev
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 implantable cardioverter-defibrillator system	XXX	1.25	0.056	9	15	10	34	Apr08
92614	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;	XXX	1.27	0.065	8	15	5	28	Apr02
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	XXX	1.34	0.074	5	15	5	25	Feb09

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) 91299, 76999. Ten percent of code 91299 (2012 Medicare volume = 29) and 20% of code 76999 (2012 Medicare volume = 1,552)

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 Gastroenterology 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? 900
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare frequency estimate (10% of 91299 [3] + 20% of 76999 [310])*3 = ~900

Specialty Gastroenterology Frequency 900 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 300
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare frequency estimate (10% of 91299 [3] + 20% of 76999 [310]) = ~313

Specialty Gastroenterology Frequency 300 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
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. 91133

SS Rec Summary

ISSUE: Transient Elastograpy of Liver

TAB: 22

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	91022	Duodenal mot	13	0.025			1.44			61	15					30			16
CURRENT	NA			#DIV/0!						0									
SVY	91200	Liver elastogr	26	0.047	0.20	1.16	1.64	2.00	3.25	60	25	5	5	5	10	15	20	30	10
Random	91200	Liver elastogr	15	0.038	0.50	1.18	1.50	1.78	2.52	60	25	5	5	5	10	15	20	30	10
Industry	91200	Liver elastogr	11	0.049	0.20	1.11	2.00	2.07	3.25	67	25	5	2	10	14	20	25	30	15
Exper	91200	Liver elastogr	18	0.052	0.20	1.29	1.78	2.00	3.25	62	25	5	4	5	10	15	20	30	13
No Exper	91200	Liver elastogr	8	0.032	0.50	1.04	1.30	1.53	2.52	55	20	5	5	5	14	15	23	30	10
REC	91200	Liver elastography		0.014			0.30			33	2					10			5

22
Tab Number

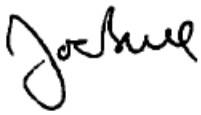
Liver Elastography
Issue

912XX1
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

Joel V. Brill, MD
Printed Signature

American Gastroenterological Association
Specialty Society

3/31/14
Date

22
Tab Number

Liver Elastography
Issue

912XX1
Code Range

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Signature

R. Bruce Cameron, MD
Printed Signature

American College of Gastroenterology
Specialty Society

3/31/14
Date

22
Tab Number

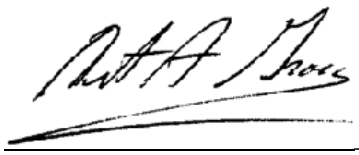
Liver Elastography
Issue

912XX1
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

Seth Gross, MD
Printed Signature

American Society for Gastrointestinal Endoscopy
Specialty Society

3/31/14
Date

CPT Code: 91200
Specialty Society('s) ACG, AGA, ASGE

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report

Global Period: XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA and ASGE convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The Specialty Society PE Committee selected analogous reference code from abdominal ultrasound code 76700 that was recently approved by the RUC at the October 2013 meeting.

Current Time data (non-RN*)					Crosswalk Code Data (non-RN*)					Survey Code non-RN* Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
91200	NEW	NA	NA	NA	**76700**	RUC 2013	**4**	**39**	**0**	**91200**	**3**	**33**	**3**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Not applicable

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Three minutes to provide pre-service education/obtain consent.

Intra-Service Clinical Labor Activities:
Three minutes: Greet patient, provide gowning, and insure appropriate medical records are available
Three minutes: Provide pre-service education/obtain consent

Two minutes: Prepare room, equipment, supplies
Two minutes: Prepare and position patient/ monitor patient/ set up IV
Fifteen minutes: Performing procedure
Three minutes: Clean room/equipment by physician staff
Two minutes - Post processing: Technical QC
Two minutes - Review documents w/ physician

Post-Service Clinical Labor Activities:
Three minutes for a follow-up phone call to patient

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	**more please bold the item name and CMS code.**			**76700**		**91200**	
3	**Meeting Date: April 2014** **Tab: 22** **Specialty: Gastroenterology**	**CMS Code**	**Staff Type**	Ultrasound, abdominal, real time with image documentation; complete		Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L050B**	**DMS**	**43.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**0.0**	**22.0**	**0.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L050B**	**DMS**	**4.0**	**0.0**	**0.0**	**0.0**
9	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**0.0**	**3.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L050B**	**DMS**	**39.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**0.0**	**19.0**	**0.0**
12	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L050B**	**DMS**	**0.0**	**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**
14	**PRE-SERVICE**						
15	**Start: Following visit when decision for surgery or procedure made**						
16	Availability of prior electronic images confirmed	L050B	DMS	**2**			
17	Review patient electronic clinical information and questionnair	L050B	DMS	**2**			
18	Complete pre-service diagnostic & referral forms						
19	Coordinate pre-surgery services						
20	Schedule space and equipment in facility						
21	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			**3**	
22	Follow-up phone calls & prescriptions						
23	*Other Clinical Activity - *specify:*						
24	**End: When patient enters office/facility for surgery/procedure**						
25	**SERVICE PERIOD**						
26	**Start: When patient enters office/facility for surgery/procedure:**						
27	Greet patient, provide gowning, ensure appropriate medical records are available	L050B	DMS	**3**			
28	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA			**3**	
29	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			**0**	
30	Prepare room, equipment, supplies	L050B	DMS	**2**			
31	Prepare room, equipment, supplies	L037D	RN/LPN/MTA			**2**	
32	Prepare and position patient/ monitor patient/ set up IV	L050B	DMS	**3**			
33	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA			**2**	
34	**Intra-service**						
35	Assist physician in performing procedure	L050B	DMS	**23**			
36	Assist physician in performing procedure	L037D	RN/LPN/MTA			**7**	
37	**Post-Service**						
38	Clean room/equipment by physician staff	L050B	DMS	**3**			
39	Clean room/equipment by physician staff	L037D	RN/LPN/MTA			**3**	
40	*Other Clinical Activity - *specify:*						
41	- Post processing: Technical QC	L050B	DMS	**2**			
42	- Post processing: Technical QC	L037D	RN/LPN/MTA			**0**	
43	- Review documents w/ physician	L050B	DMS	**2**			
44	- Review documents w/ physician	L037D	RN/LPN/MTA			**2**	
45	- Scanning other Documents into PACs	L050B	DMS	**1**			
46	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
47	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
48	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
49	**End: Patient leaves office**						
50	**POST-SERVICE Period**						
51	**Start: Patient leaves office/facility**						
52	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA			**0**	

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	**more please bold the item name and CMS code.**			**76700**		**91200**	
3	**Meeting Date: April 2014** **Tab: 22** **Specialty: Gastroenterology**	**CMS Code**	**Staff Type**	Ultrasound, abdominal, real time with image documentation; complete		Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
67	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
68	film, 8inx10in (ultrasound, MRI)	SK022	item	**3**			
69	film, X-ray, laser print	SK098	item				
70	gown, patient	SB026	item	**1**		**1**	
71	paper, exam table	SB036	foot	**7**		**7**	
72	sanitizing cloth-wipe (patient)	SM021	item	**2**		**2**	
73	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**2**		**2**	
74	pillow case	SB037	item	**1**		**1**	
75	X-ray developer solution	SK089	oz	**1**			
76	video tape, VHS	SK086	item	**1**			
77	**EQUIPMENT**	**CODE**					
78	room, ultrasound, general	EL015		**33**			
79	table, exam	EF023				**17**	
80	film alternator (motorized film viewbox)	ER029		**10**			
81	film processor, dry, laser	ED024		**5**			
82	Fibroscan (include probes)	NEW				**16**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth Screen

September 2014

Continuous Glucose Monitoring

In May 2014, the CPT Editorial Panel created two Category I codes to report continuous glucose monitoring via patient managed "real time" monitoring device and revised two Category I codes to report continuous glucose monitoring via provider managed "retrospective" monitoring device.

At the September 2014 RUC meeting, the specialty requested withdrawal of CPT codes 9525X1 and 9525X2 in order to take these codes back to CPT to restructure and better define the timeframe described. The specialty society has communicated with the CPT Editorial Panel requesting to rescind codes 9525X1 and 952X2 at the October 2014 CPT meeting to allow the specialties to submit a new coding change proposal. **The RUC recommends referral to the CPT Editorial Panel.**

CPT Code (•New)	**Tracking Number**	**CPT Descriptor**	**Global Period**	**Work RVU Recommendation**
▲95250	B1	Ambulatory continuous glucose ~~monitoring~~ recording of interstitial tissue fluid via ~~a~~ provider owned monitoring device utilizing subcutaneous sensor for ~~a~~ minimum of 72 ~~120~~ hours (termed "professional" or "retrospective" continuous glucose monitoring) including: sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, downloading of data and printout of recording (Do not report 95250 more than once per month) (Do not report 95250 in conjunction with 99091, 9525X1, or 9525X2)	XXX	Refer to CPT Editorial Panel

▲95251	B2	interpretation and report (Do not report 95251 more than once per month) (Do not report 95251 in conjunction with 99091, 9525X1, or 9525X2)	XXX	Refer to CPT Editorial Panel
●9525X1	B3	Ambulatory continuous glucose monitoring of interstitial tissue fluid via patient –owned monitoring device utilizing subcutaneous sensor for a period of 6-30 days (termed "personal" or "real-time" continuous glucose monitoring); includes sensor placement, hook-up, calibration of monitor, and patient training. (Do not report 9525X1 more than once per month) (Do not report 9525X1 in conjunction with 99091, 95250, or 95251)	XXX	Refer to CPT Editorial Panel
●9525X2	B4	includes downloading of data, data printout, interpretation and report (Do not report 9525X2 more than once per month) (Do not report 9525X2 in conjunction with 99091, 95250, or 95251)	XXX	Refer to CPT Editorial Panel

Category 1
Medicine
Special Services, Procedures and Reports

The procedures with code numbers 99000 through 99091 provide the reporting physician or other qualified health care professional with the means of identifying the completion of special reports and services that are an adjunct to the basic services rendered. The specific number assigned indicates the special circumstances under which a basic procedure is performed.

Code 99091 should be reported no more than once in a 30-day period to include the physician or other qualified health care professional time involved with data accession, review and interpretation, modification of care plan as necessary (including communication to patient and/or caregiver), and associated documentation.

If the services described by 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, 93227, 93272 for cardiographic services; 95250, 95251, 9525X1, 9525X2 for continuous glucose monitoring). Do not report 99091 for transfer and interpretation of data from hospital or clinical laboratory computers.

99090 *Analysis of clinical data stored in computers (eg, ECGs, blood pressures, hematologic data)*

(For physician/or other qualified health care professional qualified by education, training, licensure/regulation [when applicable] collection and interpretation of physiologic data stored/transmitted by patient/caregiver, see 99091)

(Do not report 99090 if other more specific CPT codes exist, eg, 93227, 93272, 0206T for cardiographic services; 95250 for continuous glucose monitoring; 97750 for musculoskeletal function testing)

99091 *Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or the 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.*

(Do not report 99091 in conjunction with 95250, 95251,9525X1, or 9525X2)

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2014

Instrument-Based Ocular Screening – PE Only

In May 2014, the CPT Editorial Panel created a new code to describe instrument-based ocular screening (eg, photoscreening, automated refraction), bilateral; with on-site analysis and also revised the existing code for instrument-based ocular screening (eg, photoscreening, automated refraction), bilateral; with remote analysis and report to reflect the use of ocular screening instruments that perform both the screening and the analysis with report as well as the use of instruments that perform only the screening but require the analysis and report be done at a separate remote site after electronic transfer.

The specialty explained and the Practice Expense (PE) Subcommittee agreed that one minute above the standard is needed to prepare and position the patient to accommodate the typical patient, whom is a 3 year-old, pre-verbal child. Additionally, CPT code 99174 was developed with photography of the child from about one meter with a large camera, but has evolved to require more careful alignment of the instrument with the child's eyes to detect actual refractive error. This takes 1 minute longer for the RN/LPN/MTA (L037D) to perform then it did when this code was last reviewed in April 2008.

The PE Subcommittee determined that since this service is typically provided in conjunction with an evaluation and management (E/M) service, a phone call in the post-service period for 99174 is duplicative of the phones calls in the E/M and was removed from the direct PE inputs. The specialty had included a new supply item labeled, *fee, image analysis*, however the PE Subcommittee determined that this was not a disposable supply and similar fees are not paid for in other codes within the physicians payment schedule and therefore should not be included as a direct PE input.

The RUC reviewed and approved the direct practice expense inputs with modifications as recommended by the Practice Expense Subcommittee.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Medicine** **Ophthalmology** **General Ophthalmological Services** **New Patient**				
		*(For distinguishing between new and established patients, see **Evaluation and Management** guidelines)*		
92002		*Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient*		
		(Do not report 92002 in conjunction with 99173, 99174, 99177)		
92004		*comprehensive, new patient, 1 or more visits*		
		(Do not report 92004 in conjunction with 99173, 99174, 99177)		
Established Patient				
		*(For distinguishing between new and established patients, see **Evaluation and Management** guidelines)*		
92012		*Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient*		
		(Do not report 92012 in conjunction with 99173, 99174, 99177)		
92014		*comprehensive, established patient, 1 or more visits*		
		(Do not report 92014 in conjunction with 99173, 99174, 99177)		
		(For surgical procedures, see Surgery, Eye and Ocular Adnexa, 65091 et seq)		

Special Ophthalmological Services

92015 *Determination of refractive state*

(For instrument based ocular screening, use 99174, 99177)

(Do not report 92015 in conjunction with 99173, 99174, 99177)

Category I
Medicine
Other Services and Procedures

99172 *Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for contrast sensitivity, vision under glare)*

(This service must employ graduated visual acuity stimuli that allow a quantitative determination of visual acuity [eg, Snellen chart]. This service may not be used in addition to a general ophthalmological service or an E/M service)

(Do not report 99172 in conjunction with 99173, 99177)

99173 *Screening test of visual acuity, quantitative, bilateral*

(The screening test used must employ graduated visual acuity stimuli that allow a quantitative estimate of visual acuity [eg, Snellen chart]. Other identifiable services unrelated to this screening test provided at the same time may be reported separately [eg, preventive medicine services]. When acuity is measured as part of a general ophthalmological service or of an E/M service of the eye, it is a diagnostic examination and not a screening test.)

(Do not report 99173 in conjunction with 99172, 99177)

▲99174		Instrument-based ocular screening (eg, photoscreening, automated refraction), bilateral; with remote analysis and report (Do not report 99174 in conjunction with 92002-92014, 99172, 99173, 99177)	XXX	0.00 (PE Only)

●99177		with on-site analysis (Do not report 99177 in conjunction with 92002-92014, 99172, 99173, 99174)	XXX	0.00 (PE Only)

CPT Code: 99174
Specialty Societies: AAO and AAP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
Instrument-based ocular screening, bilateral; with remote analysis and report

Global Period: **XXX** Meeting Date: **September 2014**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The AAO and the AAP convened a joint expert panel to develop initial recommendations, which were then reviewed by each specialty society's practice expense committee, and consensus achieved.

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 April 2008 RUC-recommended direct PE inputs for code 99174 were used as a crosswalk for 99174 and 99177. Additional modification was needed to account for the screening time for children younger than 3 years for whom the testing is typically used.

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:

99174 was developed with photography of the child from about one meter with a large camera. The test has evolved to require more careful alignment of the instrument with the child's eyes to detect actual refractive error, which we estimate takes slightly longer, so one additional minute was added to the tech intra-service time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Since this service is typically provided in conjunction with an evaluation and management (E/M) service by a primary care provider, there are no pre-service clinical staff activities directly attributable to this service.

Intra-Service Clinical Labor Activities:

This service is typically provided to conduct ocular screening for risk factors associated with vision problems in pre-verbal children in lieu of reading from an eye chart (CPT code 99173). In conducting this service, following are the clinical staff activities performed during the intra-service period:
The RN/LPN/MTA:

- **Prepares the room, equipment, and supplies**
- **Explains the procedure to the patient/parent**
- **Aligns patient with instrument to assure satisfactory result**
- **Takes image, sometimes several times in order to achieve a satisfactory result**
- **Cleans room and equipment**

Post-Service Clinical Labor Activities:

Since the practice sends the results to a reading center for interpretation, following are the clinical staff activities performed during the post-service period:
The RN/LPN/MTA:

- **Prepares and sends out testing images for interpretation**
- **Calls patient/parent with results once they are received**

CPT Code: 99177
Specialty Societies: AAO and AAP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
Instrument-based ocular screening, bilateral; with on-site analysis

Global Period: **XXX** Meeting Date: **September 2014**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The AAO and the AAP convened a joint expert panel to develop initial recommendations, which were then reviewed by each specialty society's practice expense committee, and consensus achieved.

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 April 2008 RUC-recommended direct PE inputs for code 99174 were used as a crosswalk for 99174 and 99177.

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:

99174 was developed with photography of the child from about one meter with a large camera. The test has evolved to require more careful alignment of the instrument with the child's eyes to detect actual refractive error, which we estimate takes slightly longer, so one additional minute was added to the tech intra-service time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Since this service is typically provided in conjunction with an evaluation and management (E/M) service by a primary care provider, there are no pre-service clinical staff activities directly attributable to this service.

Intra-Service Clinical Labor Activities:

This service is typically provided to conduct ocular screening for risk factors associated with vision problems in pre-verbal children in lieu of reading from an eye chart (CPT code 99173). In conducting this service, following are the clinical staff activities performed during the intra-service period:
The RN/LPN/MTA:

- **Prepares the room, equipment, and supplies**
- **Explains the procedure to the patient/parent**
- **Aligns patient with instrument to assure satisfactory result**
- **Takes image, sometimes several times in order to achieve a satisfactory result**
- **Prints the result and places in chart**
- **Cleans room and equipment**

Post-Service Clinical Labor Activities:

Since there is an immediate pass/fail result provided from the instrument, there are no clinical staff activities performed during the post-service period.

	A	B	C	D	E	F	G	H	I	J
1	**UPDATED 9/18/14**			**REFERENCE CODE**						
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**99174 [April 2008 RUC]**		**99174**		**99177**		
3	**Meeting Date: September 2014 Tab: 8 Specialties: AAO & AAP**	**CMS Code**	**Staff Type**	Ocular photoscreening with interpretation and report, bilateral		Instrument-based ocular screening, bilateral; with remote analysis and report		Instrument-based ocular screening, bilateral; with on-site analysis		
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	
5	**GLOBAL PERIOD**	**XXX**								
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**12.0**	**0.0**	**10.0**	**0.0**	**8.0**	**0.0**	
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**7.0**	**0.0**	**8.0**	**0.0**	**8.0**	**0.0**	
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**5.0**	**0.0**	**2.0**	**0.0**	**0.0**	**0.0**	
10	**PRE-SERVICE**									
11	**Start: Following visit when decision for surgery or procedure made**									
12	Complete pre-service diagnostic & referral forms									
13	Coordinate pre-surgery services									
14	Schedule space and equipment in facility									
15	Provide pre-service education/obtain consent									
16	Follow-up phone calls & prescriptions									
17	*Other Clinical Activity - *specify:*									
18	**End: When patient enters office/facility for surgery/procedure**									
19	**SERVICE PERIOD**									
20	**Start: When patient enters office/facility for surgery/procedure:**									
21	Greet patient, provide gowning, ensure appropriate medical records are available									
22	Obtain vital signs									
23	Provide pre-service education/obtain consent									
24	Prepare room, equipment, supplies	**L037D**	**RN/LPN/MTA**	**2**		**2**		**2**		
25	Setup scope (non facility setting only)									
26	Prepare and position patient/monitor patient/set up IV	**L037D**	**RN/LPN/MTA**	**3**		**3**		**3**		
27	Sedate/apply anesthesia									
28	*Other Clinical Activity - specify:									
29	**Intra-service**									
30	Performing procedure	**L037D**	**RN/LPN/MTA**	**1**		**2**		**2**		
31	Assist physician/moderate sedation (% of physician time)									
32	**Post-Service**									
33	Monitor pt. following moderate sedation									
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)									
35	Clean room/equipment by physician staff	**L037D**	**RN/LPN/MTA**	**1**		**1**		**1**		
36	Clean Scope									
37	Clean Surgical Instrument Package									
38	Complete diagnostic forms, lab & X-ray requisitions									
39	Review/read X-ray, lab, and pathology reports									
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions									
41	*Other Clinical Activity - *specify:*									
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		
45	**End: Patient leaves office**									

	A	B	C	D	E	F	G	H	I	J
1	**UPDATED 9/18/14**			**REFERENCE CODE**						
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**99174 [April 2008 RUC]**		**99174**		**99177**		
3	**Meeting Date: September 2014 Tab: 8 Specialties: AAO & AAP**	**CMS Code**	**Staff Type**	Ocular photoscreening with interpretation and report, bilateral		Instrument-based ocular screening, bilateral; with remote analysis and report		Instrument-based ocular screening, bilateral; with on-site analysis		
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	
5	**GLOBAL PERIOD**	**XXX**								
46	**POST-SERVICE Period**									
47	**Start: Patient leaves office/facility**									
48	Conduct phone calls/call in prescriptions									
49	Prepare & send out results for interpretation	**L037D**	**RN/LPN/MTA**	**2**		**2**				
50	Conduct phone call to notify patient/parent of screening results	**L037D**	**RN/LPN/MTA**	**3**		**0**				
51	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	
52	99211 16 minutes		16							
53	99212 27 minutes		27							
54	99213 36 minutes		36							
55	99214 53 minutes		53							
56	99215 63 minutes		63							
57	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
58	*Other Clinical Activity - *specify:*									
59	**End: with last office visit before end of global period**									
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**							
61	Sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**1**		**1**		**1**		0.046
62	Fee, image analysis	(Please see paid invoices)	per test			**0**				
63	Paper, photo printing (8.5 x 11)	SK058	item	**1**						0.45
64	Paper, laser printing (each sheet)	SK057	item			**1**		**1**		0.005
65	**EQUIPMENT**	**CODE**								
66	Automated binocular photoscreener/autorefractor with remote interpretation (iScreen)	(Please see paid invoices)				**7**				
67	Automated binocular photoscreener/autorefractor with immediate interpretation (Plusoptix)	(Please see paid invoice)						**7**		
68	Formula for equipment minutes: 2 minutes for Prepare room, equipment, supplies 3 minutes for Prepare and position patient 2 minutes for Performing procedure TOTAL = 7 minutes									

TBD
Tab Number

Instrument-Based Ocular Screening
Issue

99174-99176X
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

STEVEN KRUG, MD
Printed Signature

American Academy of Pediatrics
Specialty Society

6/20/14
Date

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2014

Office or Other Outpatient Observation–PE Only

Currently observation services are often only provided in the higher cost facility settings and are not paid for when they are provided in the outpatient setting. The CPT Editorial Panel created two new codes, 99415 and 99416, to describe hourly outpatient observation care clinical staff services during an evaluation and management (E/M) service in the office or outpatient setting.

There was extensive discussion regarding the correct coding of these services and determining if there is any overlap with the E/M service they are billed with. A representative of the CPT Editorial Panel clarified that 45 minutes of clinical staff time must elapse before this code can be used. The 45 minutes includes the time of the E/M, however if the E/M service is less than 45 minutes, 45 minutes still has to pass before this service can be billed. The threshold of 45 minutes is derived from the typical E/M service that would be billed as a parent code to this add-on code, 99214, which has 44 minutes of service period clinical staff time. The PE Subcommittee eliminated all clinical staff time other than the intra-service portion of the service period because the time is accounted for in the corresponding E/M service. In addition, supply items: *cookie (each)* (SK017); *cup, drinking* (SK018); *ice (per cup)* (SK041); *drinking straw* (SK020); *juice, apple* (SK042), were removed as they are not included in similar services.

The Centers for Medicare & Medicaid Services raised concerns about editorial changes to the descriptors of CPT codes 99354 and 99355, adding the term, evaluation and management or psychotherapy, that were made in conjunction with the new prolonged services codes under review. The CPT Representative confirmed that these changes were made during the verbal discussion of the descriptors at the May CPT Editorial Panel Meeting and it was determined that they were editorial and did not require a survey for work. The Panel will review the change at the October CPT Editorial Panel Meeting and determine what the rationale was for the change in descriptors and if it is truly editorial or in fact changes the work and practice expense of the services by narrowing it to E/M or psychotherapy.

The RUC reviewed and approved the direct practice expense inputs with modifications as recommended by the Practice Expense Subcommittee.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Category I
Evaluation and Management
Prolonged Services

Codes 99354-99357 are used when a physician or other qualified health care professional provides prolonged service(s) involving direct patient contact that is provided beyond the usual service in either the inpatient or outpatient setting. Direct patient contact is face-to-face and includes additional non-face-to-face services on the patient's floor or unit in the hospital or nursing facility during the same session. This service is reported in addition to the primary procedure (ie, the designated evaluation and management services at any level or code 90837 psychotherapy 60 minutes with patient and/or family member) and any other services provided at the same session ~~as evaluation and management services~~. Appropriate codes should be selected for supplies provided or other procedures performed in the care of the patient during this period.

Time spent performing separately reported services other than the E/M or psychotherapy service is not counted toward the prolonged services time.

Code 99354 or 99356 is used to report the first hour of prolonged service on a given date, depending on the place of service.

Either code should be used only once per date, even if the time spent by the physician or other qualified health care professional is not continuous on that date. Prolonged service of less than 30 minutes total duration on a given date is not separately reported because the work involved is included in the total work of the evaluation and management or psychotherapy codes.

Code 99355 or 99357 is used to report each additional 30 minutes beyond the first hour, depending on the place of service. Either code may also be used to report the final 15-30 minutes of prolonged service on a given date. Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported separately.

The use of the time based add-on codes requires that the primary evaluation and management service have a typical or specified time published in the CPT codebook.

For E/M services that require prolonged clinical staff time and may include face-to-face services by the physician or other qualified health care professional, use 99415, 99416. Do not report 99354, 99355 with 99415, 99416.

The following ~~examples illustrate~~table illustrates the correct reporting of prolonged physician or other qualified health care professional service with direct patient contact in the office setting~~:~~ beyond the usual service time.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Total Duration of Prolonged Services	*Code(s)*
less than 30 minutes	*Not reported separately*
30-74 minutes (30 minutes - 1 hr. 14 min.)	*99354 X 1*
75-104 minutes (1 hr. 15 min. - 1 hr. 44 min.)	*99354 X 1 AND 99355 X 1*
105 or more (1 hr. 45 min. or more)	*99354 X 1 AND 99355 X 2 or more for each additional 30 minutes.*

▲99354 Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient **Evaluation and Management** or psychotherapy service)

(Use 99354 in conjunction with 90837, 99201-99215, 99241, 99242, 99243, 99244, 99245, 99324-99337, 99341-99350)

(Do not report 99354 in conjunction with 99415 or 99416)

✚▲99355 each additional 30 minutes (List separately in addition to code for prolonged service)

(Do not report 99355 in conjunction with 99415 or 99416)

Prolonged Clinical Staff Services with Physician or Other Qualified Health Care Professional Supervision

Codes 99415, 99416 are used when a prolonged evaluation and management (E/M) service is provided in the office or outpatient setting that involves prolonged clinical staff face-to-face time beyond the typical face-to-face time of the E/M service, as stated in the code description. The physician or qualified health care professional is present to provide direct supervision of the clinical staff. This service is reported in addition to

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

the designated E/M services and any other services provided at the same session as E/M services.

Codes 99415, 99416 are used to report the total duration of face-to-face time spent by clinical staff on a given date providing prolonged service in the office or other outpatient setting, even if the time spent by the clinical staff on that date is not continuous. Time spent performing separately reported services other than the E/M service is not counted toward the prolonged services time.

Code 99415 is used to report the first hour of prolonged clinical staff service on a given date. Code 99415 should be used only once per date, even if the time spent by the clinical staff is not continuous on that date. Prolonged service of less than 45 minutes total duration on a given date is not separately reported because the clinical staff time involved is included in the E/M codes. The typical face-to-face time of the primary service is used in defining when prolonged services time begins. For example, prolonged clinical staff services for 99214 begin after 25 minutes, and 99415 is not reported until at least 70 minutes total face-to-face clinical staff time has been performed. When face-to-face time is noncontiguous, use only the face-to-face time provided to the patient by the clinical staff.

Code 99416 is used to report each additional 30 minutes of prolonged clinical staff service beyond the first hour. Code 99416 may also be used to report the final 15-30 minutes of prolonged service on a given date. Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported separately.

Codes 99415, 99416 may be reported for no more than two simultaneous patients. The use of the time-based add-on codes requires that the primary E/M service has a typical or specified time published in the CPT code set.

For prolonged services by the physician or qualified health care professional, use 99354, 99355. Do not report 99415 or 99416 with 99354 or 99355.

Facilities may not report 99415, 99416.

The Duration of Prolonged Services Table illustrates the correct reporting of prolonged services provided by clinical staff with physician supervision in the office setting beyond the initial 45 minutes of clinical staff time:

Total Duration of Prolonged Services	Code(s)
less than 45 minutes	Not reported separately

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
45-89 minutes (45 minutes – 1 hr. 29 min.		99415 X 1		
90-119 minutes (1 hr. 30 min. - 1 hr. 59 min.)		99415 X 1 AND 99416 X 1		
120 – 149+ minutes (1 hr. 59 min. or more)		99415 X 1 AND 99416 X 2 or more for each additional 30 minutes.		
✚•99415	A1	Prolonged clinical staff services during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour after initial 45 minutes of clinical staff time (List separately in addition to code for outpatient **Evaluation and Management** service) (Use 99415 in conjunction with 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215) (Do not report 99415 in conjunction with 99354 or 99355)	ZZZ	PE Only
✚•99416	A2	each additional 30 minutes (List separately in addition to code for prolonged service) (Use 99416 in conjunction with 99415) (Do not report 99416 in conjunction with 99354 or 99355)	ZZZ	PE Only

CPT Code: 99415 and 99416
Specialty Society('s) ACP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

✚●99415 Prolonged clinical staff evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)

✚●99416 each additional 30 minutes (List separately in addition to code for prolonged service)

Global Period: ZZZ Meeting Date: 09/18/2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The expert panel reviewed the pre, intra and post service work for Intravenous infusion, hydration; initial, 31 minutes to 1 hour (96360 - pre service work: Physician provides and confirms orders; Physician interacts and reviews plan with staff / intra service work: Physician provides direct supervision and is immediately available in office; Physician periodically assesses patient and patient's response to treatment, typically through communication with the nurse / Post service work: Physician provides appropriate instructions regarding immediate care; Physician provides minimal instructions regarding ongoing care; Physician conducts appropriate interactions with staff regarding patient monitoring). Compared this to the activities the clinical staff would provide during office and other outpatient observation on a 4/1 clinical staff ratio.

The expert panel consisted of the 15 members of our coding and payment policy subcommittee with 4 members abstaining from comments because of their relationship with the RUC.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: 99211

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:

Obtain Consent

CPT Code: 99415 and 99416
Specialty Society('s) ACP

Intra-Service Clinical Labor Activities:

Periodic assessment of symptoms
Periodic examination of pertinent body parts
Discussion of findings with physician
Obtaining and assisting patient with oral hydration
Obtaining blankets and other items to keep patient comfortable
Assisting with ambulation to bathroom as needed
Assisting with ambulation, getting in and out of a wheelchair, getting into vehicle
Counseling patient and family on discharge expectations and post discharge instructions

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 99211**		**CPT Code # 99415**		**CPT Code # 99416**	
3	**Meeting Date: Tab: Specialty:**	**CMS Code**	**Staff Type**	Office or other outpatient visit		Office and Other Outpatient Observation		Office and Other Outpatient Observation	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**		**16.0**	**0.0**	**15.0**	**0.0**	**8.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**16.0**	**0.0**	**15.0**	**0.0**	**8.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms								
13	Coordinate pre-surgery services								
14	Schedule space and equipment in facility								
15	Provide pre-service education/obtain consent								
16	Follow-up phone calls & prescriptions								
17	*Other Clinical Activity - *specify:*								
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available								
22	Obtain vital signs					**0**		**0**	
23	Provide pre-service education/obtain consent					**0**			
24	Prepare room, equipment, supplies								
25	Setup scope (non facility setting only)								
26	Prepare and position patient/ monitor patient/ set up IV								
27	Sedate/apply anesthesia								
28	*Other Clinical Activity - specify:								
29	**Intra-service**								
30	Assist in performing procedure (Outpatient Observation based on a 4/1 ratio for clinical staff.			**16**		**15**		**8**	
31	Assist physician/moderate sedation (% of physician time)								
32	**Post-Service**								
33	Monitor pt. following moderate sedation								
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)								
35	Clean room/equipment by physician staff								
36	Clean Scope								
37	Clean Surgical Instrument Package								
38	Complete diagnostic forms, lab & X-ray requisitions								
39	Review/read X-ray, lab, and pathology reports								
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
41	*Other Clinical Activity - *specify:*								
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**								

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 99211**		**CPT Code # 99415**		**CPT Code # 99416**	
3	**Meeting Date: Tab: Specialty:**	**CMS Code**	**Staff Type**	Office or other outpatient visit		Office and Other Outpatient Observation		Office and Other Outpatient Observation	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
46	**POST-SERVICE Period**								
47	**Start: Patient leaves office/facility**								
48	Conduct phone calls/call in prescriptions								
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16						
51	99212 27 minutes		27						
52	99213 36 minutes		36						
53	99214 53 minutes		53						
54	99215 63 minutes		63						
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
56	*Other Clinical Activity - *specify:*								
57	**End: with last office visit before end of global period**								
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
59	Cookie (each)	SK017				**0**		**0**	
60	Cup, drinking	SK018				**0**			
61	Ice (per cup)	SK041				**0**			
62	Drinking straw	SK020				**0**			
63	Juice (apple)	SK042				**0**		**0**	
64									
65	**EQUIPMENT**	**CODE**							
66	Exam Roon and Table			**15**		**60**		**30**	
67	otoscope-ophthalmoscope (wall unit)			**15**		**60**		**30**	
68									
69									
70									

Tab Number

Issue

Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

MARY M NEWMAN MD MACP
Printed Signature

ACP
Specialty Society

8-27-14
Date

9

Tab Number

Office or other outpatient Obs.

Issue

99354X1-99354X2

Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

William Fox

Printed Signature

ACP

Specialty Society

9/11/14

Date

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2014

Bone Biopsy Excisional

In January 2014, the RUC reviewed 010-day global services (based on 2012 Medicare utilization data) and identified 18 services with >1.5 office visits and 2012 Medicare utilization data over 1,000. The Relativity Assessment Workgroup agreed that CPT code 20245 should be surveyed at the September 2014 RUC meeting. The specialty society added CPT code 20240 as part of the family to be reviewed.

After surveying CPT codes 20240 and 20245, the specialties societies noticed several issues with the 010-day global period assignment for these codes. The varying nature of patients undergoing bone biopsies vary widely among the Medicare population. Patients range from having osteomyelitis or neoplasia, to others receiving the procedure to rule something else out who may otherwise have only minor pathology. Therefore, the amount of physician work, especially in the post-operative period, varies greatly depending on the patient population. As a result, there are large variations in the site-of-service and providers for each of these codes. The RUC agreed that both these services will need to be 000-day global periods in order to get meaningful survey responses. **The RUC requests that CMS change the global period from a 010-day global to a 000-day global for both CPT code 20240 and 20245 and the specialty societies will then survey for January 2015.**

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
20240	Biopsy, Bone, open; superficial (eg, ilium, sternum, spinous process, ribs trochanter of femur	000 ~~010~~	RUC recommends global period change
20245	deep (eg, homers, ischium, femur)	000 ~~010~~	RUC recommends global period change

August 20, 2014

Barbara Levy, MD
Chair, AMA Relative Update Committee
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

Subject: Tab 10 Bone Biopsy Excisional, CPT Codes 20240 and 20245

Dear Dr. Levy,

CPT code 20245 *Biopsy, bone, open; deep (eg, humerus, ischium, femur)* was identified by the Relativity Assessment Workgroup through a screen of RUC-reviewed 10-day global codes with more than one postoperative office visit. The American Academy of Orthopaedic Surgeons (AAOS) agreed to survey this code. Code 20240 *Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)*, a Harvard-based code, was added to the Action Plan for survey by the AAOS and the American Podiatric Medical Society (APMA).

A RUC survey was conducted for both codes (see attached summary statistics), however we are not prepared to make work RVU and practice expense recommendations at this time. Instead, we request the opportunity to petition CMS to change the global period for both codes to 0-day. The rationale for this request is provided below.

Site-of-Service Variability

Code 20240 is reported when the biopsy is of a superficial bone in close proximity of skin and not under muscle. Code 20245 is reported when the biopsy is of a deep bone, under muscle. Codes 20240 and 20245 both describe bone biopsy for infection, tumor, or other bone/cartilage disorders. The physician work to perform the superficial biopsy is less than the deep biopsy. However, for both codes, the follow-up hospital and office work would be variable based on the diagnosis and progression of disease. The tables below demonstrate the variability in site-of-service in two different patient populations.

20240: 2013 Medicare Data	
OUTPATIENT HOSPITAL	38.06%
INPATIENT HOSPITAL	37.81%
OFFICE	18.36%
AMBULATORY SURGICAL CENTER	4.47%

20240: 2009 Medicaid Data	
OUTPATIENT HOSPITAL	55.42%
INPATIENT HOSPITAL	35.38%
OFFICE	4.20%
AMBULATORY SURGERY CENTER	3.75%

20245: 2013 Medicare Data	
INPATIENT HOSPITAL	64.10%
OUTPATIENT HOSPITAL	25.91%
OFFICE	6.39%
AMBULATORY SURGICAL CENTER	2.11%

20245: 2009 Medicaid Data	
INPATIENT HOSPITAL	49.80%
OUTPATIENT HOSPITAL	43.15%
AMBULATORY SURGERY CENTER	2.72%
OFFICE	0.60%

Provider Variability

In addition to the variability in site-of-service data, we also considered variability in providers for each service. The data below indicates wide variability in providers which clinically corresponds to wide variability in patient diagnosis and follow-up care.

20240: 2013 Medicare Data	
PODIATRY	39.21%
GENERAL SURGERY	16.16%
ORTHOPEDIC SURGERY	11.69%
ORAL/MAXILLOFACIAL SURGERY	11.08%
PLASTIC SURGERY	7.14%

20245: 2013 Medicare Data	
ORTHOPEDIC SURGERY	55.82%
PODIATRY	18.79%
PLASTIC SURGERY	7.91%
GENERAL SURGERY	6.72%
ORAL/MAXILLOFACIAL SURGERY	5.47%

Vignettes

The vignette for code 20240 was drafted to accommodate review by both podiatry and orthopaedic surgery and described a diabetic patient with a hot, swollen, painful hindfoot after a puncture wound. The AAOS and APMA conducted a RUC survey and received 65 responses. The site-of-service data indicate 83% hospital, 22% ACS, and 0% office, with 53% overnight or admitted (range = 1-4 days). Although this site-of-service distribution is reasonable for the typical patient surveyed, it is inconsistent with national data that would suggest some patients may have a superficial bone biopsy in an office setting. In addition, 68% of the respondents indicated two or more follow-up office visits which is also consistent with the typical patient described.

The vignette for 20245 was the same vignette used in 2000 and described a pelvic mass, not infection. The AAOS conducted a RUC survey and received 38 responses. The site-of-service data indicate 97% hospital, 3% ACS, and 0% office. Only 38% of the respondents indicated overnight or admission which is much less than 20240 (superficial biopsy) survey median of 68%. The survey data indicate only 3% inpatient, compared with Medicare data that indicate 64% inpatient and Medicaid data that indicate 50% inpatient. It appears from this data that the vignette may not have accurately described the typical patient.

Summary of Recommendation

Based on the discussion above, we request the opportunity to petition CMS to change the global period for both codes to 0-day. If CMS agrees with this request, we will re-survey both codes with the new global period. If CMS disagrees with this request, we propose to request consideration of a revised vignette for code 20245 and the AAOS will re-survey that code.

Sincerely,

/s/William Creevy, MD
AAOS Advisor to the RUC

/s/Timothy Tillo, DPM
APMA Advisor to the HCPAC

cc: Sherry Smith

Barbara Levy, MD, FACS
Attachment

Survey summary data for 20240 (AAOS, APMA; 65 responses)

Vignette: A 68-year-old diabetic with a history of a puncture wound presents with a hot, swollen, painful hindfoot. X-rays reveal a suspicious erosion on the plantar calcaneus. A core biopsy was non-diagnostic and a decision is made to perform an open bone biopsy of the calcaneus.

		RVW					PRE			INTRA					POST			
SOURCE	CPT	MIN	25th	MED	75th	MAX	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	SD	38	13	12
HVD	20240			3.28			14	0	15			39			13	0.5		1
SVY	20240	1.35	3.52	4.54	5.00	6.00	45	10	10	10	20	30	45	70	20	1.0	1	1

Survey summary data for 20245 (AAOS; 38 responses)

Vignette (from 2000 survey): A 60-year-old male presents with a 3-month history of left pelvis pain with no preceding history of trauma. He was initially seen by his primary care physician and placed on pain medication with a presumptive diagnosis of bursitis. His pain became disabling requiring a wheelchair and x-rays were obtained which revealed a lytic lesion in the ischio-acetabular region of the left hemipelvis. An MRI scan confirmed the mass and demonstrated cortical destruction and soft tissue extension. A CT scan-directed needle biopsy was performed but revealed only blood with no diagnostic material. A bone scan was obtained which showed no other lesions except the left pelvic lesion. The decision was then made to proceed with an open biopsy of the pelvis.

		RVW					PRE			INTRA					POST				
SOURCE	CPT	MIN	25th	MED	75th	MAX	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	SD	31	38	13	12
RUC-2000	20245			8.95			80					90			30	1	1.0	1	2
SVY	20245	4.94	8.05	10.00	10.32	15.00	60	15	15	30	45	60	68	90	20		0.5		2

10
Tab Number

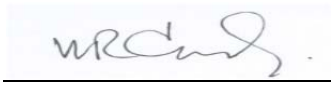
Bone Biopsy Excisional
Issue

20240, 20245
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

William Creevy, MD
Printed Signature

American Academy of Orthopaedic Surgeons
Specialty Society

August 21, 2014
Date

10
Tab Number

Bone Biopsy Excisional
Issue

20240, 20245
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

Timothy H. Tillo, DPM
Printed Signature

American Podiatric Medical Association
Specialty Society

August 25, 2014
Date

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2014

Laryngoplasty

In January 2014, the RUC reviewed 090-day global services (based on 2012 Medicare utilization data) and identified code 31588 as a service reported at least 1,000 times per year that included more than 6 office visits. The specialty society added codes 31580, 31582, 31584 and 31587 as part of the family. The RUC recommended for all five codes to be surveyed for the September 2014 RUC meeting.

The specialty society noted that while reviewing this family of services, prior to survey, they noted that there were two reasons that this family of services should be referred to the CPT Editorial Panel. First, for some of the codes, the technology has changed; requiring modification to create new endoscopic codes that will more accurately represent the work being done. Second, due to low utilization for most of these codes, it may be appropriate to revise/delete any obsolete codes prior to conducting a RUC survey. **Given this information, the RUC agreed that this family of services should be referred to the CPT Editorial Panel for revisions.**

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
31580	Laryngoplasty; for laryngeal web, 2-stage, with keel insertion and removal	090	Refer to CPT Editorial Panel
31582	for laryngeal stenosis, with graft or core mold, including tracheotomy	090	Refer to CPT Editorial Panel
31584	with open reduction of fracture	090	Refer to CPT Editorial Panel

31587	Laryngoplasty, cricoid split	090	Refer to CPT Editorial Panel
31588	Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)	090	Refer to CPT Editorial Panel

AMERICAN ACADEMY OF
OTOLARYNGOLOGY–
HEAD AND NECK SURGERY

June 6, 2014

Sherry Smith, MS, CPA, Director
Susan Clark, MJ, RHIA, Senior Policy Analyst III
American Medical Association
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611

Dear Sherry and Susan,

Please accept this letter on behalf of the American Academy of Otolaryngology – Head and Neck Surgery, regarding the Laryngoplasty family of codes (CPT 31580-31588) which were included in the Level of Interest (LOI) form circulated by AMA Staff on May 21, 2014. As you know, our specialty society submitted an Action Plan to the Relativity Assessment Workgroup (RAW) for review during the April 2014 RUC meeting, which stated our recommendation to survey 31588. CPT 31588, *Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)* was captured by the RAW screen for 090 global services with utilization over 1,000 per year with more than 6 post-operative office visits, and we included the associated codes in the family as part of our recommendations for the upcoming September 2014 RUC meeting.

In anticipation of this survey, we reached out to our Academy Pediatric Otolaryngology committee and our laryngology sub-specialties, as those are the groups who would most commonly report these services, and it became clear, based on their feedback, that the codes in their current form are not consistent with existing technology. Further, given that the codes are all very low frequency (see table below), we believe it may be appropriate to combine and/or delete some of the codes in this family.

CPT	Descriptor	Global	RVW	POST OP VISITS	TOTAL TIME	Medicare 2013 Utilization
31580	Laryngoplasty; for laryngeal web, 2-stage, with keel insertion and removal	090	14.66	10	480	13
31582	Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy	090	23.22	16	654	21
31584	Laryngoplasty; with open reduction of fracture	090	20.47	10.5	412	11
31587	Laryngoplasty; cricoid split	090	15.27	13	587	17
31588	Laryngoplasty, not otherwise specific (eg, for burns,	090	14.99	6	416	1,246

	reconstruction after partial laryngectomy)					

Thus, given the need to modify the codes in this series, we believe it is appropriate to refer the family to CPT for the October 2014 meeting for two reasons: 1) for some of the codes, the technology has changed requiring modification of existing codes to create new endoscopic codes that will more accurately represent the work being done, and 2) to revise/delete any outmoded codes prior to conducting a RUC survey of the family. Following review by the CPT Editorial Panel this fall, it would then be our intent to survey the family of revised codes for the upcoming January 2015 RUC meeting.

We hope this correspondence is helpful in clarifying our desire to defer the codes to CPT prior to RUC survey. We believe this will allow us to survey and obtain the most accurate information possible regarding the work and intensity involved in furnishing these services. Please do not hesitate to contact us should you have any questions or concerns regarding this requested course of action. Thank you in advance for your time and consideration of this request.

Sincerely,

Wayne M. Koch, MD
AAO-HNS RUC Advisor

John T. Lanza, MD
AAO-HNS RUC Alternate Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations
010-Day Global Post-Operative Visits Screen

September 2014

Laparoscopy Lymphadenectomy

In January 2014, the RUC reviewed all 010-day global services (based on 2012 Medicare utilization data) and identified 18 services with greater than 1.5 office visits and 2012 Medicare utilization data over 1,000. The RUC requested these services be surveyed for physician work and for the work and practice expense to be reviewed at the September 2014 RUC meeting. At the September meeting, the RUC noted that even though the Medicare claims data indicate the potential for a hospital visit for these services, the typical patient for each of these service is younger than Medicare age (approximately 60 years old), following a clinical review and a review of the survey data, the RUC does not recommend the inclusion of a hospital visit for any of these services.

38570 ***Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple***
The RUC reviewed the survey results and agreed on the following physician time components: pre-service time of 53 minutes (the standard pre-time package 4, with 10 minutes removed from scrub, dress and wait to match the survey results of 38571), intra-service time of 60 minutes and immediate post-service time of 30 minutes (the standard post-service package 9B, with 3 minutes removed to match the survey results for this service). The RUC agreed with the specialty that a "difficult patient" pre-service package should be utilized, as the patient typically has metastatic prostate cancer with comorbidities (i.e. cardiovascular disease, BPH urinary retention, etc.). The RUC agreed that a full discharge day (99238) is appropriate for this inpatient procedure. The RUC also agreed that the following office visits during the 010-day global period were justified: one 99212 office visit which includes the removal of sutures, examination of wounds and checking for evidence of DVT or lymphocele, and one 99213 office visit which includes examination of wounds and primarily discussing pathology and what direction the patient will go for treatment (ie radiation treatment, hormonal therapy, etc.).

The RUC discussed the low number of survey responses and agreed that the low number was permissible, as the service had low Medicare utilization (2013 Medicare volume of 1,488) and urology only performed 38% of that volume in 2013.

The RUC reviewed the survey 25th percent work RVU of 12.00 and agreed with the specialty that the survey results were overvalued. The specialty societies indicated and the RUC agreed that the current work RVU of 9.34 appropriately accounts for the work required to perform this service. The RUC compared the surveyed code to CPT code 31239 *Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy* (work RVU= 9.04, intra-service time of 60 minutes, total time of 168 minutes) and noted that with identical intra-service time and higher total time, the current work value of 9.34 is an appropriate value relative to the comparator code. To further justify a work RVU of 9.34 for 38570, the RUC reviewed MPC code 50590 *Lithotripsy, extracorporeal shock wave* (work RVU= 9.77, intra-service time of 60 minutes, total time of 207 minutes) and noted that both services have identical intra-service time, whereas the survey code has slightly more total time, which confirms that maintaining the current value for 38570 would be appropriate. **The RUC recommends a work RVU of 9.34 for CPT code 38570.**

38571 ***Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy***
The RUC reviewed the survey results from 32 urologists and agreed on the following physician time components: pre-service time of 53 minutes (the standard pre-time package 4, with 10 minutes removed from scrub, dress and wait to match the survey results), intra-service time of 90 minutes and immediate post-service time of 30 minutes (the standard post-service package 9B, with 3 minutes removed to match the survey results for this service). The RUC agreed with the specialty that the pre-time package should be for a "difficult patient", as the patient typically has metastatic prostate cancer with comorbidities (i.e. cardiovascular disease, BPH urinary retention, etc.). The RUC agreed that a full discharge day (99238) is appropriate for this inpatient procedure. The RUC also agreed that the following office visits during the 010-day global period were justified: one 99212 office visit which includes the removal of sutures, examination of wounds and checking for evidence of DVT or lymphocele, and one 99213 office visit which includes the examination of wounds and primarily discussing pathology and what direction the patient will go for treatment (ie radiation treatment, hormonal therapy, etc.).

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey 25th percentile work RVU of 12.00 is appropriate. The RUC compared the survey code to the MPC code 53445 *Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff* (work RVU= 13.00, intra-service time of 90 minutes and total time of 314 minutes) and noted that both services have identical intra-service time, whereas the surveyed code has less total time, justifying a somewhat lower work value for the surveyed code. To further justify a work RVU of 12.00, the RUC reviewed CPT code 36818 *Arteriovenous anastomosis, open; by upper arm cephalic vein transposition* (work RVU= 11.89, intra-service time of 90 minutes, total time of 238 minutes) and noted that both codes have identical intra-service time, whereas the survey code has somewhat more total time (250 minutes vs. 238 minutes), which further justifies a work value of 12.00 for the survey code. **The RUC recommends a work RVU of 12.00 for CPT code 38571.**

38572 ***Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple***
The RUC reviewed the survey results from 97 gynecologists and gynecologic oncologists and agreed with the specialty on the following physician time components: 70 minutes of pre-service time (the standard pre-time package 4, with 12 minutes added to positioning and 5 minutes removed from scrub, dress and wait time), 120 minutes of intra-service time and 30 minutes of immediate post-service time (standard post-service package 9A). The RUC agreed with the specialty that 12 additional minutes above standard pre-service positioning time is warranted, as special attention is required to pad arms, legs, and pressure points when the patient is secured to the table to prevent patient movement when the patient is placed in the reverse Trendelenburg position or when the patient is turned from side to side. Additional time is also required for equipment positioning relative to the patient and to other equipment to insure access to the operative site, including the scope and video equipment, intra-operative imaging equipment, surgical instruments and anesthesia lines. Five minutes were removed from the standard scrub, dress and wait time to match the survey results. The RUC agreed that a full discharge day (99238) is appropriate for this inpatient procedure. The RUC also agreed that the following office visits during the 010-day global period were justified: one 99214 office visit, which includes the inspection of the wound, abdomen, lymphatic system, neurologic and musculoskeletal systems and pelvic exam with a focus on swelling or irritation, as well as review of post-op lab results and instructing patient on analgesic use, bowel/bladder functions, and home medications; and one 99213 office visit, which includes discussion of pathology report and subsequent treatment options, as well as removal of sutures and examination of the wound.

The RUC reviewed the survey 25th percent work RVU of 20.00 and agreed with the specialty that the survey results were overestimated. To determine an appropriate work value, the RUC compared the surveyed code to MPC code 60500 *Parathyroidectomy or exploration of parathyroid(s);* (work RVU= 15.60, intra-service time of 120 minutes and total time of 313 minutes) and noted that since both services have identical intra-service time, similar total times (313 minutes vs. 321 minutes) and represent analogous physician work, they should be valued similarly. Therefore, the RUC recommends a direct work RVU crosswalk from code 60500 to survey code 38572.

To further justify a work RVU of 15.60 for CPT code 38572, the RUC reviewed CPT code *Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)* (work RVU= 14.56, intra-service time of 120 minutes and total time of 279 minutes) and noted that both codes have identical intra-service times, whereas the surveyed code has more total time, which justifies a higher work value for 38572. **The RUC recommends a work RVU of 15.60 for CPT code 38572.**

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee.

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	010	9.34 (No Change)
38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	010	12.00
38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	010	15.60

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:38570 Tracking Number Original Specialty Recommended RVU: **9.34**
Presented Recommended RVU: **9.34**
Global Period: 010 RUC Recommended RVU: **9.34**

CPT Descriptor: Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 61-year-old male presents with a PSA of 13.6, with a prostatic nodule and a positive needle biopsy for prostatic carcinoma. After discussion with his physician, a laparoscopic retroperitoneal lymph node sampling is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 61%

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 4% , Overnight stay-less than 24 hours 39% , Overnight stay-more than 24 hours 57%

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 36%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 4%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Pre-Service Work- Day before surgery:
- Review pre-op lab results
- Review medical record
- Write pre-op orders (to be emailed or faxed to hospital)
- Obtain and review all imaging studies if necessary

Pre-Service work- Day of surgery:
- Obtain and review records and previous history, laboratory studies and all imaging studies before the procedure;
- Change into scrub clothes.
- Review surgical procedure, post-op recovery in and out of hospital with patient and family
- Physician sign and explain informed consent in holding area
- Foley catheter inserted
- Mark “site of surgery”, “side” in holding area
- Speak to anesthesiologist about expected length of procedure and any special concerns (ie., jet ventilator; gated or non-gated)
- Verify all necessary instruments are available
- Scrub and dress in operative gown
- "Time out" for patient identification
- Place patient on surgical table in supine position
- Wait for anesthesiologist to administer general anesthetic
- Prep and drape the surgical site

Description of Intra-Service Work:

- Pneumoperitoneum is established
- Laparoscopic trocars are placed under direct vision.
- The abdomen and pelvis are explored visually for lymphadenopathy and/or metastatic disease.
- The peritoneum is incised overlying the external iliac vessels and all lymph node bearing tissue medial to the pelvic sidewall, beneath the external iliac vein, and around the obturator nerve is dissected free.
- A sampling of the lymph nodes are extracted through one of the trocar port sites and sent for pathologic analysis.
- Hemostasis is achieved
- A drain is placed through a lateral port site.
- The ports are all removed under direct vision
- The trocar site incisions are closed using 4-0 maxon sutures
- The wounds are cleaned and dried

Description of Post-Service Work: Post-service work, same day as procedure through discharge

- Sterile bandages applied.
- Remove drapes
- Wait for anesthesiologist to awaken patient
- Remove Foley catheter if indicated
- Assist in transfer of patient from surgical table to post-op stretcher
- Accompany anesthesiologist with patient to recovery area
- Assist in transfer of patient to recovery area bed
- Monitor vital signs as appropriate
- Review recovery area care and medications with staff
- Discuss procedure with patient as necessary in recovery area when awake
- Conduct post-op pain assessment
- Write any further necessary orders, check pain status
- Dictate operative report
- Call referring physician as necessary
- Meet with family or friend, give pre-printed post op instructions and prescriptions as indicated. (This was also discussed with patient before procedure).

Post-op Office work- After discharge from hospital:

- Examine patient and check surgical sites for ecchymosis
- Remove sutures
- Check vital signs
- Conduct post-op pain assessment
- Check urinalysis
- Answer questions from patient and family
- Write necessary prescriptions
- Schedule next office visit
- Dictate patient progress notes for office medical record
- Dictate letter to referring physician

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014		
Presenter(s):	Thomas Turk, MD, Martin Dineen, MD		
Specialty(s):	Urology		
CPT Code:	38570		
Sample Size:	92	**Resp N:** 23	**Response:** 25.0 %
Description of Sample:	random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.50	**5.00**	15.00	50.00
Survey RVW:	10.00	12.00	**14.00**	16.75	30.00
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	45.00	**60.00**	120.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**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):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	38570	**Recommended Physician Work RVU: 9.34**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**20.00**	**-10.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**39.00**	99211x **0.00** 12x **1.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58661	090	11.35	**RUC Time**

CPT Descriptor Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)

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
50593	010	9.13	**RUC Time**	1,741

CPT Descriptor 1 Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	**RUC Time**	58,240

CPT Descriptor 2 Lithotripsy, extracorporeal shock wave

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 11 **% of respondents:** 47.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 38570**	**Key Reference CPT Code:** 58661	**Source of Time RUC Time**
Median Pre-Service Time	53.00	55.00	

Median Intra-Service Time	60.00	90.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	19.00
Median Discharge Day Management Time	38.0	0.00
Median Office Visit Time	39.0	23.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**220.00**	**217.00**
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	3.64	3.45
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.91	3.55
Urgency of medical decision making	3.55	3.18
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.09	3.82
Physical effort required	4.00	3.64
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.82	3.27
Outcome depends on the skill and judgment of physician	4.18	3.73
Estimated risk of malpractice suit with poor outcome	3.82	4.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.45	3.45
Intra-Service intensity/complexity	4.09	3.73
Post-Service intensity/complexity	3.45	3.00

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 AUA sent a "do you do letter" to a random number of AUA and its subspecialty, Society of Urologic Oncologists members. The surveys were then sent to the individual physicians who answered that they do the procedure and would complete the RUC survey. The survey was sent to 92 individuals and of those individuals, 23 responses were received for a response rate of 25%.

Urology performs this procedure 37.57% of the Medicare 2013 utilization of 1,488 procedures, which calculates to approximately 699 times for the year. The RUC approved changes to the minimum survey sample size based on Medicare utilization data that requires 30 respondents for codes with less than 100,000 procedures. Unfortunately, the AUA knew there would be a problem meeting this requirement because of the low utilization and only 23 respondents complete the survey for this code. The AUA believes that the survey responses do represent an adequate representation of urologists who perform this procedure.

Due to the limited number of 10 day global procedures, the AUA's key reference service list consisted of codes with 10 and 90 global procedures.

The AUA RUC expert panel reviewed the survey results, which determined that 60 minutes of intra-service time is necessary to complete this procedure. There is a 60 minute decrease in the current intra-service time of 120 minutes. The current work RVU is 9.34. The median work value from the survey is 14.00. The pre-service time package 4-FAC was chosen which reduced the surveyed pre-service time from 90 minutes to 63 minutes and the post-service package 9B was chosen which increased the surveyed post-service time from 30 minutes to 33 minutes.

When this code was reviewed in June 1993, no hospital visits were associated with this procedure. However, the survey data reported that one hospital visit and one full day discharge visit is necessary as well as two level 99213 office visits for this code. Although the intra-service time decreased significantly, the total time increased from 242 to 280 minutes.

The chart below shows comparable RUC reviewed codes to the surveyed code. The panel reviewed the intraservice time and the total time of those procedures; however the comparison codes were reviewed before the preservice and postservice time packages were instituted.

CPT Code	Descriptor	Global	Work RVU	PRE-Service Package	PRE Time	Intra Time	Post Time	OV	Hosp Visits	Discharge Day	Total Time	RUC Approved
Comparison Codes												
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)	90	9.17	None	58	60	20	99212 (2) 99213 (3)		99238 (.5)	258	Apr-08
35701	Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery	90	9.19	None	55	60	30	99212 (1) 99213 (1)	99232 (1)	99238 (1)	262	Aug-00
64821	Sympathectomy; radial artery	90	9.33	None	50	60	30	99212 (3) 99213 (1)	99231 (1)	99238 (1)	269	Apr-01
64822	Sympathectomy; ulnar artery	90	9.33	None	50	60	30	99212 (3) 99213 (1)	99231 (1)	99238 (1)	269	Apr-01

It is the recommendation of the AUA RUC expert panel that current work RVU of 9.34 should be maintained for CPT code 38570.

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) 38570

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Sometimes

Specialty General Surgery How often? Sometimes

Specialty Gynecology/Oncology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 1860
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare X 125%

Specialty Urology Frequency 699 Percentage 37.58 %

Specialty General Surgery Frequency 536 Percentage 28.81 %

Specialty Gynecology/Oncology Frequency 341 Percentage 18.33 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,488
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 Urology Frequency 559 Percentage 37.56 %

Specialty General Surgery Frequency 429 Percentage 28.83 %

Specialty Gynecology/Oncology Frequency 273 Percentage 18.34 %

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:
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 38570

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:38571 Tracking Number Original Specialty Recommended RVU: **14.76**
Presented Recommended RVU: **14.76**
Global Period: 010 RUC Recommended RVU: **12.00**

CPT Descriptor: Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 61-year-old male presents with PSA of 13.6, with a prostatic nodule and a positive needle biopsy for prostatic carcinoma. After discussion with his physician, a laparoscopic bilateral total pelvic lymphadenectomy 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 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 3% , Overnight stay-less than 24 hours 56% , Overnight stay-more than 24 hours 41%

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 32%

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:
Day before surgery:

- Review pre-op lab results
- Review medical record
- Write pre-op orders (to be emailed or faxed to hospital)
- Obtain and review all imaging studies if necessary

Pre-Service work- Day of surgery:

- Obtain and review records and previous history, laboratory studies and all imaging studies before the procedure;
- Change into scrub clothes.
- Review surgical procedure, post-op recovery in and out of hospital with patient and family
- Physician sign and explain informed consent in holding area
- Foley catheter inserted
- Mark “site of surgery”, “side” in holding area
- Speak to anesthesiologist about expected length of procedure and any special concerns (ie., jet ventilator; gated or non-gated)
- Verify all necessary instruments are available
- Scrub and dress in operative gown
- "Time out" for patient identification
- Place patient on surgical table in supine position
- Wait for anesthesiologist to administer general anesthetic

Description of Intra-Service Work:

• Prep and drape the surgical site
• Pneumoperitoneum is established
• Laparoscopic trocars are placed under direct vision.
• The abdomen and pelvis are explored visually for lymphadenopathy and/or metastatic disease.
• The peritoneum is incised overlying the external iliac vessels and lymph node dissection is performed. Boundaries of the dissection are the genitofemoral nerve laterally, the circumflex iliac vein or Cloquet's node inferiorly, the bladder medially, the bifurcation of the common iliac artery superiorly, and the floor of the obturator fossa deep.
• All lymph node bearing tissue in this area is removed to include external iliac, internal iliac and obturator (hypogastric) lymph nodes.
• The lymph nodes are extracted through one of the trocar port sites and sent for pathologic analysis.
• Hemostasis is achieved
• A drain is placed through a lateral port site.
• The ports are all removed under direct vision
• The trocar site incisions are closed using 4-0 maxon sutures
• The wounds are cleaned and dried
• Sterile bandages applied.

Description of Post-Service Work:

Post-service work, same day as procedure through discharge

• Remove drapes
• Wait for anesthesiologist to awaken patient
• Remove Foley catheter if indicated
• Assist in transfer of patient from surgical table to post-op stretcher
• Accompany anesthesiologist with patient to recovery area
• Assist in transfer of patient to recovery area bed
• Monitor vital signs as appropriate
• Review recovery area care and medications with staff
• Discuss procedure with patient as necessary in recovery area when awake
• Conduct post-op pain assessment
• Write any further necessary orders, check pain status
• Dictate operative report
• Call referring physician as necessary
• Meet with family or friend, give pre-printed post op instructions and prescriptions as indicated. (This was also discussed with patient before procedure).

Post-op Office work- After discharge from hospital:

• Examine patient and check surgical sites for ecchymosis
• Remove sutures
• Check vital signs
• Conduct post-op pain assessment
• Check urinalysis
• Answer questions from patient and family
• Write necessary prescriptions
• Schedule next office visit
• Dictate patient progress notes for office medical record
• Dictate letter to referring physician

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014				
Presenter(s):	Thomas Turk, MD and Martin Dineen, MD				
Specialty(s):	Urology				
CPT Code:	38571				
Sample Size:	92	**Resp N:**	32	**Response:** 34.7 %	
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**22.50**	43.50	150.00
Survey RVW:	9.50	12.00	**15.00**	17.25	25.50
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	30.00	60.00	**90.00**	120.00	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):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	38571	**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:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**20.00**	**-10.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**39.00**	99211x **0.00** 12x **1.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
51992	090	14.87	**RUC Time**

CPT Descriptor Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
53445	090	13.00	**RUC Time**	1,995

CPT Descriptor 1 Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52601	090	15.26	**RUC Time**	47,713

CPT Descriptor 2 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 11 **% of respondents:** 34.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 38571**	**Key Reference CPT Code:** 51992	**Source of Time** **RUC Time**
Median Pre-Service Time	53.00	60.00	

Median Intra-Service Time	90.00	75.00
Median Immediate Post-service Time	30.00	40.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	118.00
Median Discharge Day Management Time	38.0	0.00
Median Office Visit Time	39.0	62.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**250.00**	**355.00**
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	3.36	3.36
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.45	3.09
Urgency of medical decision making	3.18	3.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.00	3.55
Physical effort required	3.64	3.27
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.00	3.36
Outcome depends on the skill and judgment of physician	4.09	3.55
Estimated risk of malpractice suit with poor outcome	3.64	3.73

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.64	3.55
Intra-Service intensity/complexity	3.91	3.73
Post-Service intensity/complexity	3.09	2.91

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The AUA sent a "do you do letter" to a random number of AUA and its subspecialty, Society of Urologic Oncologists, members. The surveys were then sent to the individual physicians who answered that they do the procedure and would complete the RUC survey. The survey was sent to 92 individuals and of those individuals, 32 responses were received for a response rate of 34.7%. In 2013, 9,864 of these procedures were performed in the Medicare population. The RUC approved changes to the minimum survey sample size based on Medicare utilization data that requires 30 respondents for codes with less than 100,000 procedures so the minimum number of respondents was met for this code.

Due to the limited number of 10 day global procedures, the AUA's key reference service list consisted of codes with 10 and 90 global procedures.

The AUA RUC expert panel reviewed the survey results, which determined that 90 minutes of intra-service time is necessary to complete this procedure. There is a 90 minute decrease in the current intra-service time of 180 minutes. The current work RVU is 14.76. The median work value from the survey is 15.00. The pre-service time package 4-FAC was chosen which increased the pre-service time from 60 minutes to 63 minutes and the post-service package 9B was chosen which increased the post-service time from 32 minutes to 33 minutes.

When this code was reviewed in August 1995, no hospital visits were associated with this procedure. However, the survey data reported that one hospital visit and one full day discharge visit is necessary as well as two level 99213 office visits for this code. Although the intra-service time decreased significantly, the total time increased from 272 to 310 minutes.

The chart below shows comparable RUC reviewed codes to the surveyed code. The panel reviewed the intra-service time and the total time of those procedures; however the comparison codes were reviewed before the pre-service and post-service time packages were instituted.

CPT Code	Descriptor	Global	Work RVU	PRE-Service Package	PRE Time	Intra Time	Post Time	OV	Hosp Visits	Discharge Day	Total Time	RUC Approved
Comparison Codes												
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	90	14.67	None	55	90	30	99212 (3) 99213 (2)		99238 (.5)	288	Apr-01
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	90	14.45	None	55	90	30	99212 (3) 99213 (1)		99238 (1)	284	Apr-00

It is the recommendation of the AUA RUC expert panel that current work RVU of 14.76 should be maintained to CPT code 38571.

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) 38571

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Sometimes

Specialty Gynecology/Oncology How often? Sometimes

Specialty Obstertics/Gynecology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 12330
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare X 125%

Specialty Urology Frequency 9913 Percentage 80.39 %

Specialty Gynecology Frequency 1836 Percentage 14.89 %

Specialty Obstetrics/Gynecology Frequency 499 Percentage 4.04 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 9,864
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 Urology Frequency 7931 Percentage 80.40 %

Specialty Gynecology/Oncology Frequency 1469 Percentage 14.89 %

Specialty Obstetrics/Gynecology Frequency 399 Percentage 4.04 %

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 38571

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:38572 Tracking Number Original Specialty Recommended RVU: **15.60**
Presented Recommended RVU: **15.60**
Global Period: 010 RUC Recommended RVU: **15.60**

CPT Descriptor: Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old woman underwent a total abdominal hysterectomy and bilateral salpingo-oophorectomy for abnormal bleeding and biopsy evidence of endometrial hyperplasia. The final pathology report revealed a deeply invasive adenocarcinoma confined to the uterine corpus. In order to complete surgical staging a laparoscopy with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling was performed.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 99% , In the ASC 0%, In the office 1%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 10% , Overnight stay-less than 24 hours 74% , Overnight stay-more than 24 hours 16%

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 22%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 8%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:
•Review medical records with attention to imaging and labs, including glucose testing
•Assure appropriate selection, timing, and administration of pre-surgical antibiotic
•Meet with patient and family to review planned procedure and post-operative management
•Review informed consent with patient
•Review length and type of anesthesia with anesthesiologist.
•Verify that all required instruments and supplies are available, including laparoscopic equipment.
•Supervise placement of additional IV access and possible arterial line (no access to arms intraoperatively)
•Insert or supervise Foley catheter placement
•Assist with positioning, including belts, bear huggers, pads and sandbags to cradle patient
•Monitor placement of prophylactic DVT compression devices on legs
•Perform tilt test, checking for slide as well as ventilation issues
•Indicate areas of skin to be prepped and mark surgical incisions
•Scrub and gown.
•Perform surgical "time out" with operating surgical team.
•Inject local anesthesia into planned trocar sites

Description of Intra-Service Work:

•Place vaginal probe, when indicated
•Perform examination under anesthesia, when indicated
•Perform skin incision for initial trocar placement and instill carbon dioxide for insufflation of abdomen
•Perform addition incisions and insert trocars and instruments (up to 6 sites)
•Perform endoscopic inspection and evaluation of abdomen and pelvis
•Perform lysis of adhesions, as necessary
•Mobilize large and small bowel for exposure as necessary, enter the retroperitoneal space, and perform bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling: identify internal and external iliac vessels; dissect genitofemoral nerves and obturator nerve; identify and protect ureter; identify aorta and IVC; ligate vascular and lymphatic channels adjacent to the lymph nodes; mobilize lymph nodes away from nerves, vascular structure and ureter
•Excise and remove biopsy specimens
•Irrigate and perform hemostasis throughout procedure
•Review frozen section results with pathology as indicated
•Place drain(s), as indicated, and secure in place with a suture
•Remove individual trocars under direct laparoscopic vision, checking for bleeding
•Remove final trocar, allowing carbon dioxide to escape from the abdomen
•Confirm sponge, needle, and instrument counts prior to closure
•Close wounds: subcutaneous tissue is approximated with interrupted sutures; skin incisions are closed in subcuticular fashion. .

Description of Post-Service Work:
•Apply sterile dressings
•Remove manipulators, probes, when indicated
•Discuss postoperative recovery care with anesthesia and nursing staff.
•Instruct nursing staff in care of drains, tubes and other devices.
•Complete operating room record
•Monitor stabilization of patient and transfer to recovery room
•Write postoperative orders
•Dictate operative report
•Discuss procedure and outcome with family and patient (when awake)
•Write orders for transferring to surgical floor and discuss ongoing care with floor nurses.
•Assess patient status daily
•Remove packs, drains, catheters, when indicated
•Order and review labs
•At discharge, provide patient instructions for activity and diet
•Write orders for discharge medications
•Complete discharge summary/medical records as required
•Perform follow-up visits as clinically indicated during the global period
•Review pathology and laboratory reports, as applicable
•Discuss progress with referring physician(s) (verbal and written).
•Dictate progress notes for medical chart

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014				
Presenter(s):	George Hill, MD and Barbara Goff, MD				
Specialty(s):	Gynecology and Gynecologic Oncology				
CPT Code:	38572				
Sample Size:	1017	**Resp N:**	97	**Response:** 9.5 %	
Description of Sample:	Random, all US/MD Society of Gynecoligc Oncology (SGO) membership				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	11.00	**25.00**	45.00	125.00
Survey RVW:	6.00	20.00	**24.00**	29.30	40.00
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	30.00	90.00	**120.00**	180.00	250.00

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:	**38.00**	99238x **1.00** 99239x **0.00** 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**

**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:	38572	**Recommended Physician Work RVU: 15.60**		
		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:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**30.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 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

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
60500	090	15.60	**RUC Time**	15,298

CPT Descriptor 1 Parathyroidectomy or exploration of parathyroid(s);

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52649	090	14.56	**RUC Time**	3,310

CPT Descriptor 2 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 41 **% of respondents:** 42.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 38572**	**Key Reference CPT Code:** 58548	**Source of Time RUC Time**

Median Pre-Service Time	70.00	75.00
Median Intra-Service Time	120.00	240.00
Median Immediate Post-service Time	30.00	45.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	80.00
Median Discharge Day Management Time	38.0	38.00
Median Office Visit Time	63.0	86.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**321.00**	**564.00**
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	4.29	4.44
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.46	4.46
Urgency of medical decision making	4.20	4.22
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.78	4.85
Physical effort required	4.59	4.61
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.68	4.78
Outcome depends on the skill and judgment of physician	4.78	4.76
Estimated risk of malpractice suit with poor outcome	4.49	4.44

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.22	4.22
Intra-Service intensity/complexity	4.46	4.68
Post-Service intensity/complexity	3.71	3.90

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.*

In January 2014, the RUC reviewed 010-day global services (based on 2012 Medicare utilization data) and identified 18 services with >1.5 office visits and 2012 Medicare utilization > 1,000. The RUC requested these services be surveyed for work and review the practice expense for the September 2014 RUC meeting. As such, ACOG surveyed CPT Code 38572. It was a robust survey for a low volume code, with almost 100 responses.

The survey data support maintaining two office visits in the postoperative period. In fact, the survey data strongly support updating the postoperative office visits from two 99213 visits to one 99213 and one 99214. Below is a discussion of the services performed during the postoperative office visits for this procedure:

Visit #1 – 99214
Patient is seen 2-3 days postoperatively. The surgeon addresses wound healing, bowel and bladder functions, and pain control. The exam includes inspection of the wound, abdomen, lymphatic system, neurologic and musculoskeletal systems and pelvic exam with a focus on swelling or irritation. Post-op labs are reviewed with additional CBC, glucose for diabetic patients and possible U/A. Surgical procedure and intraoperative findings are discussed. Instructions are given on analgesic use, bowel/bladder functions, and home medications.

Visit #2 – 99213
Patient returns for discussion of pathology report and subsequent treatment options. The surgeon assesses pain control and wound healing and other symptoms or concerns presented by the patient/family. Wound is examined and dressing is changed with removal of sutures. Extremities and groin area is examined for swelling. Instructions are given for additional follow-up care and management of underlying malignancy.

Reference Service List
CPT Code 38572 has a 010 global period. As gynecologists perform very few codes with a 10-day global period , the development of a reference service list was complicated. The specialty attempted to include as many 10-day codes as possible, drawing as needed from other obstetrics/gynecology services familiar to gynecologists. As a result, the RSL for this procedure included services with both 010 and 090 global periods.

Pre Service Time
We are recommending Pre-time Package #4 (difficult patient/difficult procedure) with additional time as discussed below.

Positioning
We are recommending an addition of 12 minutes to the package time for positioning. Additional time is required for patient positioning, with special attention to padding arms, legs, and pressure points when the patient is secured to the table to prevent the patient movement when patient is placed in reverse Trendelenburg position or when turned from side to side. Additional time is also required for equipment positioning relative to the patient and to other equipment to insure access to the operative site, including the scope and video equipment, intra-operative imaging equipment, surgical instruments, and anesthesia lines. A total positioning time of 15 minutes appropriately accounts for the time required for this work.

Scrub/Dress/Wait
We are recommending a reduction of 5 minutes from the package SDW time to correspond to the survey median time for this activity.

Survey Results and Physician Work RVU Recommendation
The surveyed procedure intra time decreased from 180 minutes to 120 minutes, possible due to changes in technique. . In addition, hospital systems may have become more efficient for this procedure and technology may have improved visualization of nodes for dissection. These factors have allowed surgeons to take on more medically and surgically complex patients. Current data confirms increasing BMI, increased rate of comorbidities including cardiovascular disease, obstructive sleep apnea and diabetes in this population. Previously complex cases were performed in an open fashion but technology has allowed more complex patients to undergo laparoscopy for lymphadenectomy

To account for the changes in intra time, the specialty society is recommending a direct crosswalk to CPT code 60500 to establish physician work RVUs. We believe these recommendations maintain relativity within the specialty and in the larger house of medicine. Although 60500 has three office visits, these visits are at lower level. Total time for 60500 is comparable to 38572.

	CPT Code	Descriptor	Work RVUs	Total Time	Pre	Intra	Post	PostOp
	58545	*Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas*	15.55	334	60	120	30	238(1) 213(2) 232(1)
MPC	60500	*Parathyroidectomy or exploration of parathyroid(s);*	15.60	313	72	120	40	238(.5) 212 (1) 213 (2)
SURVEYED	38572	*Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple*	15.60	321	70	120	30	238(1) 213(1) 214(1)
	50541	*Laparoscopy, surgical; ablation of renal cysts*	16.86	319	60	120	15	238(1) 213(2) 231(2)

Conclusion

In summary, the specialty society is recommending a physician work value of 15.60, based on survey results and a direct crosswalk to MPC code 60500.

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

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 Ob/Gyn How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national frequency rate is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,281
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2013 Version of the RUC database

Specialty Gynecology/Oncology Frequency 1552 Percentage 68.04 %

Specialty OB/GYN Frequency 480 Percentage 21.04 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
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 38572

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:

TAB:

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)		0.087			11.35			217	55					90			30						0.5					1								
CURRENT	38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple		0.053			9.34			242	60					120			30											2								
SVY	38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	23	0.115	10.00	12.00	14.00	16.75	30.00	304	60	15	15	20	45	60	120	240	30				1		1.0					2								
REC	38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple		0.082			9.34			220	40	3	10			60			30						1.0					1	1							

SS Rec Summary

ISSUE:

TAB:

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)		0.069			14.87			324	60					120			20					2	1.0							2						
CURRENT	38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy		0.069			14.76			272	60					180																2						
SVY	38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	32	0.092	9.50	12.00	15.00	17.25	25.50	314	45	15	10	30	60	90	120	300	30				1		1.0					2								
REC	38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy		0.084	12.00					250	40	3	10			90			30						1.0					1	1						

SS Rec Summary

ISSUE: Laparoscopy Lymphadenectomy

TAB: 12

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	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
REF	58548	Laparoscopy, surgical, with	41	0.089			31.63			564	60	10	5			240			45				1	2	1.0			1	2							
Crosswalk	*60500*	*Parathyroidectomy or exploration of*		*0.086*			*15.60*			*313*	*40*	*12*	*20*			*120*			*40*						*0.5*				*2*	*1*					
CURRENT	38572	Laparoscopy, surgical; with bilate		0.064			16.94			375	87.5					180			30						1.0				1	1					
SVY	38572	Laparoscopy, surgical; with	97	0.148	6.00	20.00	24.00	29.30	40.00	341	60	15	15	30	90	120	180	250	30						1.0			1	1		0	11	25	45	125
REC				0.082	15.60					321	40	15	15			120			30						1.0			1	1						

#12
Tab Number

Laparoscopy Lymphadenectomy
Issue

38572
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 Hill, MD
Printed Signature

ACOG
Specialty Society

August 24, 2014
Date

17 Tab Number
Laparoscopy Lymphadenectomy

Issue
38570, 38571

Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Martin Dineen, MD

Printed Signature

American Urological Association

Specialty Society

August 25, 2014

Date

17 Tab Number
Laparoscopy Lymphadenectomy

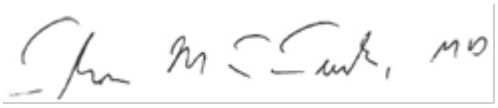
Issue
38570, 38571

Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Thomas Turk, MD

Printed Signature

American Urological Association

Specialty Society

August 25, 2014

Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: 38570 Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple
Global Period: 010 Meeting Date: September 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The AUA Practice Expense Workgroup consists of six urologists from across the country in both academic and private practice. The clinical staff time, supplies and equipment were reviewed by this workgroup to determine what is necessary to perform the procedure in 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: 38570 is the current CPT code. We will use the current PE direct inputs as the comparison.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: NA

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 Clinical Labor Activities:

Complete pre-service diagnostic and referral forms
Coordinate pre-service surgery services
Schedule space and equipment in facility
Provide pre-service education/obtain consent

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

Follow-up phone calls and prescriptions

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: 38571 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy
Global Period: 010 Meeting Date: September 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The AUA Practice Expense Workgroup consists of six urologists from across the country in both academic and private practice. The clinical staff time, supplies and equipment were reviewed by this workgroup to determine what is necessary to perform the procedure in 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: 38571 is the current CPT code. We will use the current PE direct inputs as the comparison.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: NA

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 Clinical Labor Activities:

Complete pre-service diagnostic and referral forms
Coordinate pre-service surgery services
Schedule space and equipment in facility
Provide pre-service education/obtain consent

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

Follow-up phone calls and prescriptions

CPT Code: 38572
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 (biopsy), single or multiple*

Global Period: 010 **Meeting Date:** September 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A standard RUC survey was conducted for physician work. An expert panel reviewed the recommendations for physician work and updated practice expense recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT Code 38572 is an existing code. The current direct practice expense details are included on the spreadsheet.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The RUC database currently reflects PE clinical/equipment time for one post-operative visit. This is an error. The RUC database correctly includes two postoperative office visits from the previous review of this service. The current survey also indicates two postoperative office visits. As such, the correct clinical staff time needs to be updated to reflect current survey data.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
The standard inputs for 090-day codes have been recommended for this procedure. The approved time of 30 minutes for a 10-day global procedure requiring extensive use of clinical staff has been included. The patient will be placed under general anesthesia and is undergoing a major laparoscopic procedure. This will require at least 30 minutes of clinical staff pre-service time, which is only half of the standard time for most other major operations.

Intra-Service Clinical Labor Activities:
The standard time for discharge day management has been recommended for this procedure.

Post-Service Clinical Labor Activities:
Standard times to ready patient/records and assist physician at each post-op office visit have been applied.

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 38570**		**CPT Code # 38570**	
3	**Meeting Date: September 18-21, 2014 Tab: 12 Specialty: Urology**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR - Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple		CPT CODE DESCRIPTOR - Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**				**010**		**010**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**114.0**	**0.0**	**105.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**30.0**	**0.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**12.0**	**0.0**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**72.0**	**0.0**	**63.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	**L037D**	**RN/LPN/MTA**		**5**		**5**
13	Coordinate pre-surgery services	**L037D**	**RN/LPN/MTA**		**10**		**10**
14	Schedule space and equipment in facility	**L037D**	**RN/LPN/MTA**		**5**		**5**
15	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**		**7**		**7**
16	Follow-up phone calls & prescriptions	**L037D**	**RN/LPN/MTA**		**3**		**3**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure						
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff						
36	Clean Scope						
37	Clean Surgical Instrument Package						
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**12**	**n/a**	**12**
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
45	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 38570**		**CPT Code # 38570**	
3	**Meeting Date: September 18-21, 2014 Tab: 12 Specialty: Urology**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR - Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple		CPT CODE DESCRIPTOR - Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**				**010**		**010**
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27				**1**
52	99213 36 minutes		36		**2**		**1**
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0.0**	**72.0**	**0.0**	**63.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack		**2**		**2**
60	kit, suture removal	SA031	kit		**1**		**1**
61	pack, pelvic exam	SA051	pack		**1**		
62	drape,non-sterile,sheet 40inX60in	SB006	item		**1**		**1**
63							
64							
65	**EQUIPMENT**	**CODE**					
66	light, surgical	EF014			**36**		**63**
67	table,power	EF031			**36**		**63**
68							
69							
70							

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 38571**		**CPT Code # 38571**	
3	**Meeting Date: September 18-21, 2014 Tab: 12 Specialty: Urology**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR - Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy		CPT CODE DESCRIPTOR - Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**				**010**		**010**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**78.0**	**0.0**	**105.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**30.0**	**0.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**12.0**	**0.0**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**36.0**	**0.0**	**63.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	**L037D**	**RN/LPN/MTA**		**5**		**5**
13	Coordinate pre-surgery services	**L037D**	**RN/LPN/MTA**		**10**		**10**
14	Schedule space and equipment in facility	**L037D**	**RN/LPN/MTA**		**5**		**5**
15	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**		**7**		**7**
16	Follow-up phone calls & prescriptions	**L037D**	**RN/LPN/MTA**		**3**		**3**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure						
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff						
36	Clean Scope						
37	Clean Surgical Instrument Package						
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**12**	**n/a**	**12**
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
45	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 38571**		**CPT Code # 38571**	
3	**Meeting Date: September 18-21, 2014 Tab: 12 Specialty: Urology**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR - Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy		CPT CODE DESCRIPTOR - Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**				**010**		**010**
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27				**1**
52	99213 36 minutes		36		**1**		**1**
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0.0**	**36.0**	**0.0**	**63.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack		**2**		**2**
60	kit, suture removal	SA031	kit		**1**		**1**
61	pack, pelvic exam	SA051	pack		**1**		
62	drape,non-sterile,sheet 40inX60in	SB006	item		**1**		**1**
63							
64							
65	**EQUIPMENT**	**CODE**					
66	light, surgical	EF014			**36**		**63**
67	table,power	EF031			**36**		**63**
68							
69							

	A	B	C	D	E	F	G
1	**REVISED - AT MEETING**			**current**		**recommend**	
2	**Please note: If a supply has a purchase price of $100 or more please*			**38572**		**38572**	
3	**Meeting Date: September 2014** **Tab 12: Laparoscopy Lymphadenectomy** **Specialty: ACOG, SGO**	**CMS Code**	**Staff Type**	*Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple*			
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**	**105**	**0**	**131**
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**	**12**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0**	**63**	**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:**						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	n/a	12	n/a	12
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a	
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27		1		
52	99213 36 minutes		36		1		1
53	99214 53 minutes		53				1
54	99215 63 minutes		63				
55	**Total Office Visit Time**	L037D	RN/LPN/MTA	**0**	**63**	**0**	**89**
56	**Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack		2		2
60	kit, suture removal	SA031	kit		1		1
61	pack, pelvic exam	SA051	pack		1		1
62	drape, non-sterile, sheet 40in x 60in	SB006	item		1		1
63							
64	**EQUIPMENT**	**CODE**					
65	table, power	EF031			36		89
66	light, surgical	EF014					36
67	light, fiberoptic headlight w-source	EQ170			36		53

AMA/Specialty Society RVS Update Committee Summary of Recommendations
010-Day Global Post-Operative Visits Screen

September 2014

Hemorrhoid(s) Injection

In January 2014, the RUC reviewed 010-day global services (based on 2012 Medicare utilization data) and identified 18 services with >1.5 office visits and 2012 Medicare utilization data over 1,000. CPT code 46500 was identified by the RAW 010-day global post-operative visit screen with more than one post-op visit identified in the database. The RUC requested this service be surveyed for work and review the practice expense for the September 2014 RUC meeting.

46500 ***Injection of sclerosing solution hemorrhoid(s)***
The RUC reviewed the survey results from 46 colon and rectal and general surgeons for CPT code 46500 and determined that the current work RVU of 1.69, below the survey 25th percentile work RVU of 2.03, appropriately accounts for the work required to perform this service. The RUC noted that the current physician time is Harvard time based on responses from a few general surgeons and therefore recommends the survey time: 8 minutes pre-service evaluation, 5 minutes positioning, 3 minutes scrub/dress/wait, 10 minutes intra-service time, 10 minutes immediate post-service time, and one office visit (99213) [total time = 59 minutes]. The RUC agreed with the specialties that it was appropriate to subtract 9 minutes of evaluation time from pre-time package 6A to account for a separately reported distinct E/M service that data indicate may be reported approximately 55% of the time for Medicare patients. The RUC noted that 9 minutes is the time allocated in pre-time package 6A for "history and exam" and that the rest of the pre-time components in package 6A are related to an office based procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect. Additionally, the RUC noted that diagnostic anoscopy may not be reported separately. The RUC compared 46500 to key reference service 46221 *Hemorrhoidectomy, internal, by rubber band ligation(s)* (work RVU = 2.36 and 15 minutes intra-service time) and determined that 46500 requires 5 minutes less intra-service time and less physician work to complete. Therefore, 46500 is appropriately valued lower than key reference service 46221. For additional support the RUC referenced CPT codes 11620 *Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less* (work RVU = 1.64 and 10 minutes intra-service time), 11640 *Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less* (work RVU= 1.67 and 10 minutes intra-service time), 67915 *Repair of ectropion; thermocauterization* (work RVU= 2.03 and 10 minutes of intra-service time)**,** and 67922 *Repair of entropion; thermocauterization* (work RVU= 2.03 and 10 minutes of intra-service time). **The RUC recommends a work RVU of 1.69 for CPT code 46500.**

Practice Expense
The RUC recommends the direct practice expense inputs as submitted by the specialty societies and approved by the Practice Expense Subcommittee.

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
46500	Injection of sclerosing solution, hemorrhoid(s)	010	1.69 (No Change)

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:46500 Tracking Number Original Specialty Recommended RVU: **1.69**
Presented Recommended RVU: **1.69**

Global Period: 010 RUC Recommended RVU: **1.69**

CPT Descriptor: Injection of sclerosing solution, hemorrhoids

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old patient presents with complaints of bright red blood per rectum. Diagnostic anoscopy reveals limited (Grade 1/2) hemorrhoids. The patient elects to have the hemorrhoids treated by injection of sclerosing solution.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 100%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: After a separately reported evaluation and management service which includes a diagnostic anoscopy, the physician will explain the injection procedure that the patient has chosen to undergo, including the need for a larger anoscope and anesthetic. Consent is obtained. The physician will request that clinical staff set up the procedure room indicating what supplies and equipment are required. After the procedure room is readied, the physician will draw up the sclerosant and anesthetic. The patient will be brought into the procedure room and positioned (either prone with buttocks effaced or left lateral decubitus). The patient is draped. The anesthetic is injected and the physician waits for effect prior to proceeding with the procedure.

Description of Intra-Service Work: Visual inspection is performed through the anoscope, rotating as needed, to identify all hemorrhoids. Fecal matter is removed with suction as needed. Each hemorrhoid is injected at the superior pole, the submucosa in the central part, the mucous lamina propria in the central part and the submucosa at the inferior pole of hemorrhoid. At the end of the exam, the anoscope is removed.

Description of Post-Service Work: Write prescriptions for medication. Advise on activity, including sitz baths. Advise on diet and post procedure symptoms of pain, bleeding, and/or constipation. Answer patient questions and provide instructions for follow-up. Document procedure including relevant anatomic findings and follow-up treatment plan in medical chart with copy to referring provider. At return visit, anoscopic exam is performed to determine effectiveness of treatment. In addition, because the treatment is meant to cause necrosis, it is important to monitor for infection or sepsis.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014		
Presenter(s):	Guy Orangio, MD FACS; Charles Mabry, MD FACS; Michael Sutherland, MD FACS		
Specialty(s):	colon and rectal surgery; general surgery		
CPT Code:	46500		
Sample Size:	845	**Resp N:** 46	**Response:** 5.4 %
Description of Sample:	random membership roster		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**17.00**	48.00	500.00
Survey RVW:	1.20	2.03	**2.36**	2.50	4.00
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**3.00**		
Intra-Service Time:	3.00	5.00	**10.00**	10.00	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):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	46500	**Recommended Physician Work RVU: 1.69**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**8.00**	**17.00**	**-9.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**3.00**	**5.00**	**-2.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**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):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
46221	010	2.36	**RUC Time**

CPT Descriptor Hemorrhoidectomy, internal, by rubber band ligation(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
11441	010	1.53	**RUC Time**	45,604

CPT Descriptor 1 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11442	010	1.77	**RUC Time**	41,812

CPT Descriptor 2 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 30 **% of respondents:** 65.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 46500**	**Key Reference CPT Code:** 46221	**Source of Time RUC Time**
Median Pre-Service Time	16.00	15.00	

Median Intra-Service Time	10.00	15.00
Median Immediate Post-service Time	10.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	23.0	23.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**59.00**	**68.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.97	2.93
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.43	2.33
Urgency of medical decision making	1.87	1.87
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.10	3.20
Physical effort required	2.17	2.17
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.30	2.50
Outcome depends on the skill and judgment of physician	3.20	3.33
Estimated risk of malpractice suit with poor outcome	1.77	1.90

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.47	2.40
Intra-Service intensity/complexity	2.70	2.77
Post-Service intensity/complexity	2.03	2.20

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.*

Code 46500 was identified by the RAW 010-Day Global Post-Operative Visits Screen with 1.5 x 99212 postop office visits.

Code 46500 is Harvard based. The intra-time of 20 minutes is based on the responses from 7 general surgeons. With respect to intra-time, we do not know if the Harvard estimated time included time for applying and waiting for effect of anesthesia since there were no definitions for intra-work. Therefore it is possible that the intra-work included anesthesia work. Pre- and post-times were predicted. Post-visits were imputed in 1997 from predicted time.

Although an E/M is performed approximately 55% of the time with 46500 for Medicare-aged patients, it does not negate pre-service work specifically related to the procedure. An E/M, when performed, will involve a history and exam and diagnostic anoscopy to determine the cause of bleeding and treatment options. After the diagnostic anoscopy, options for treatment are provided to the patient. If the patient elects treatment that day, the procedure is explained and consent is obtained. However, many times, the patient is not in a position to undergo immediate treatment (eg, has to go to work). Prior to the procedure, supplies and equipment will be set up and the patient will be positioned for the procedure and local anesthetic will be drawn and injected. These activities are independent from an E/M. It is also important to note that 45% of the time an E/M will not be billed and an updated H&P will be performed as part of 46500. Because the percentage is close to 50% and we do not have the percentage for non-Medicare-aged patients, it is also possible that an E/M is NOT typically reported with 46500 when considering patients of all ages.

RECOMMENDATION

Although more patients are on anticoagulation medicine in current practice, the work for hemorrhoid injections has not changed. We recommend the current work RVU of 1.69 which is less than the survey 25th percentile.

***Pre-Time* - Package 6a** is appropriate with some adjustment to component times.
6a: Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect.

Evaluation: Subtract 9 minutes from the package evaluation time of 17 minutes to account for EM performed same day approximately 55% of the time. (Recommended time is 8 minutes)

Positioning: Add 4 minutes to package positioning time of 1 minute. Patient will be positioned prone or lateral decubitus with buttocks effaced. (Recommended time is 5 minutes)

Scrub, dress, wait: Subtract 2 minutes from the package SDW time of 5 minutes to be consistent with the survey median. (Recommended time is 3 minutes)

Key Reference Comparison

Code 46221 requires more work than 46500 to manipulate the banding device and should be valued higher.

CPT	SHORT DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	SD-POST	OV
46500	**Hemorrhoid injection(s)**	**1.69**	**0.018**	**63**	**16**	**10**	**10**	**1**
46221	Hemorrhoid band ligation(s)	2.36	0.048	68	15	15	15	1

MPC comparison

Codes 11441 and 11442 were surveyed before pre-time packages and include pre-time positioning and local anesthetic work in the intra-service description. If this time is moved from intra- to pre-time, the MPC codes and code 46500 are very comparable in pre/intra/post times and support the current value for 46500.

	CPT	SHORT DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	SD-POST	OV
MPC	**11441**	Exc face-mm b9+marg 0.6-1 cm	1.53	0.036	51	10	20	5	1
	46500	**Hemorrhoid injection(s)**	**1.69**	**0.018**	**63**	**16**	**10**	**10**	**1**
MPC	**11442**	Exc face-mm b9+marg 1.1-2 cm	1.77	0.038	56	10	20	5	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: 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) Medicare data indicate an EM is performed ~ 55% with 46500

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) 46500

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 colon and rectal 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 data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
12,637 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. 2013 early file Medicare data

Specialty colon and rectal surgery Frequency 9721 Percentage 76.92 %

Specialty general surgery Frequency 2600 Percentage 20.57 %

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 46500

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Hemorrhoid Injection

TAB: 13

					RVW					Total	PRE	PRE			INTRA						POST-OFFICE				
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	15	14	13	12	11
Key Ref	46221	Hemorrhoidectomy, internal, by rub	30	0.048			2.36			68		15					15			15			1		
HVD	46500	Injection of sclerosing solution, her		0.019			1.69			70		13					20			13			2		
SVY	46500	Injection of sclerosing solution, her	46	0.058	1.20	2.03	2.36	2.50	4.00	71		20	5	3	3	5	10	10	30	10			1		
	46500	current RVW		0.018			1.69			59	6A	8	5	3			10			10			1		

13
Tab Number

Hemorrhoid(s) Injection
Issue

46500
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 Mabry, MD, FACS
Printed Signature

American College of Surgeons
Specialty Society

August 25, 2014
Date

13
Tab Number

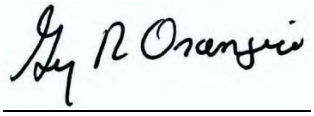
Hemorrhoid(s) Injection
Issue

46500
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

Guy Orangio, MD, FACS
Printed Signature

American Society of Colon and Rectal Surgeons
Specialty Society

August 25, 2014
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
46500 Injection of sclerosing solution, hemorrhoids

Global Period 010 Meeting Date: 09/2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The ASCRS and ACS Advisors reviewed the current PE details for 46500, updating clinical staff time for standards and necessary supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale: N/A

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Compelling Evidence: Inputs related to anoscopy performed at the postop office visit were not included in the initial review of this code. Because the treatment is meant to cause necrosis, it is important to monitor for infection or sepsis and anoscopy is require to assess the tissue at the postop visit. In addition, anoscopy would not be separately billable. Clinical staff time, supplies and equipment have been adjusted to reflect this work.

Post-Service clinical staff: Additional time is recommended related to setting up and cleaning the scope at the postop office visit.

Supplies and equipment: Emesis basin is replaced with irrigation basin and irrigation solution is added. These are necessary both on the day of the procedure and at the postop office visit. Disposable anoscope plus equipment light source and channels has been changed to equipment item anoscope with lightsource. In addition, other supplies and equipment time have been adjusted for anoscopy at followup office visit.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: The typical patient will have this procedure performed in an office. For those patients undergoing this procedure in a facility outpatient setting, clinical staff will need to make several phone calls, including calls related to pre-service diagnostic & referral forms, coordination of pre-surgery services, scheduling the surgeon/space/supplies, and contacting the patient to confirm that no enema or other cleansing should be performed prior to coming in for the procedure and to confirm which medications to continue or stop. For each of these activities, three minutes has been indicated for a phone call.

Service (day of procedure) Clinical Labor Activities: Standard 6 minutes for same day discharge assistance has been applied.

Post-Service Clinical Labor Activities:

Activity	minutes
Assist physician during office visit including positioning patient, setting up supplies and equipment (other than scope)	36
Setting up scope at office visit	5
Cleaning scope at office visit	5

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non-Facility Direct Inputs

CPT Long Descriptor:
46500 Injection of sclerosing solution, hemorrhoids

Global Period 010 Meeting Date: 09/2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The ASCRS and ACS Advisors reviewed the current PE details for 46500, updating clinical staff time for standards and necessary supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale: N/A

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Compelling Evidence: Inputs related to anoscopy performed at the postop office visit were not included in the initial review of this code. Because the treatment is meant to cause necrosis, it is important to monitor for infection or sepsis and anoscopy is require to assess the tissue at the postop visit. In addition, anoscopy would not be separately billable. Clinical staff time, supplies and equipment have been adjusted to reflect this work.

Post-Service clinical staff: Additional time is recommended related to setting up and cleaning the scope at the postop office visit.

Supplies and equipment: Emesis basin is replaced with irrigation basin and irrigation solution is added. These are necessary both on the day of the procedure and at the postop office visit. Disposable anoscope plus equipment light source and channels has been changed to equipment item anoscope with lightsource. In addition, other supplies and equipment time have been adjusted for anoscopy at followup office visit.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: The patient is called to confirm that no enema or other cleansing should be performed prior to coming in for the procedure and to confirm which medications to continue or stop.

Service (day of procedure) Clinical Labor Activities: All minutes are at or below standard.

Activity	minutes
Provide pre-service education/obtain consent	2
Prepare room, equipment, supplies *(injection supplies and suction supplies and equipment)*	2

Activity	minutes
Setup scope (non facility setting only) *(anoscope with light source is the same as rigid proctoscope – just shorter in length)*	5
Prepare and position patient/ monitor patient/ set up IV *(assist with positioning patient either prone with buttocks effaced or left lateral decubitus)*	2
Sedate/apply anesthesia *(assist MD who will inject anesthetic)*	2
Assist physician in performing procedure *(100%)*	10
Monitor pt. following service/check tubes, monitors, drains / Clean room/equipment by physician staff *Patient will not be able to sit up immediately after procedure. Monitoring patient and cleaning room, supplies (injectables and irrigation), equipment will overlap*	3
Clean Scope *(standard time for rigid scope, channels, etc.)*	5
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions *(review written instructions on diet, activity, continuation of medications, and followup)*	3

Post-Service Clinical Labor Activities:

Activity	minutes
Assist physician during office visit including positioning patient, setting up supplies and equipment (other than scope)	36
Setting up scope at office visit	5
Cleaning scope at office visit	5

	A	B	C	D	E	F	G
1				PEAC 2004		Recommend	
2				46500		46500	
3	**Meeting Date: September 2014** **Tab: 13** **Specialty: ASCRS, ACS**	**CMS Code**	**Staff Type**	Injection of sclerosing solution, hemorrhoids		Injection of sclerosing solution, hemorrhoids	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
6	**TOTAL CLINICAL LABOR TIME**			**110**	**66**	**83**	**64**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**9**	**19**	**3**	**12**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**60**	**6**	**34**	**6**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**41**	**41**	**46**	**46**
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	**3**	**3**		**3**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**		**3**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**5**		**0**	
22	Obtain vital signs	L037D	RN/LPN/MTA	**3**		**0**	
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**		**2**	
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**	
25	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	**5**		**5**	
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**	
29	**Intra-service**						
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	**20**		**10**	
32	**Post-Service**						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	**5**			
35	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**	
36	Clean Scope	L037D	RN/LPN/MTA	**5**		**5**	
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**	
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**	**6**	**n/a**	**6**
45	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1				PEAC 2004		Recommend	
2				46500		46500	
3	**Meeting Date: September 2014** **Tab: 13** **Specialty: ASCRS, ACS**	**CMS Code**	**Staff Type**	Injection of sclerosing solution, hemorrhoids		Injection of sclerosing solution, hemorrhoids	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
46	**POST-SERVICE Period**						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27	**1.5**	**1.5**		
52	99213 36 minutes		36			**1**	**1**
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**	L037D	RN/LPN/MTA	**41**	**41**	**36**	**36**
56	*Other Clinical Activity - *specify: Setting up scope at POV*					**5**	**5**
57	*Other Clinical Activity - *specify: Cleaning scope at POV*					**5**	**5**
58	**End: with last office visit before end of global period**						
59	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
60	pack, minimum multi-specialty visit	SA048	pack	**2**	**1**	**2**	**1**
61	mask, surgical, with face shield	SB034	item	**2**		**3**	**1**
62	gown, staff, impervious	SB027	item	**2**		**3**	**1**
63	lubricating jelly (K-Y) (5gm uou)	SJ032	item	**4**		**8**	**4**
64	basin, emesis	SJ010	item	**1**			
65	basin, irrigation	SJ009	item			**2**	**1**
66	syringe 50-60ml	SC056	item	**1**		**2**	**1**
67	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item			**2**	**1**
68	canister, suction	SD009	item	**1**		**2**	**1**
69	tubing, suction, non-latex (6ft uou)	SD132	item	**6**		**2**	**1**
70	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item	**1**		**2**	**1**
71	povidone soln (Betadine)	SJ041	ml	**10**		**10**	
72	swab-pad, alcohol	SJ053	item	**2**		**2**	
73	needle, 18-27g	SC029	item	**4**		**4**	
74	syringe 10-12ml	SC051	item	**2**		**2**	
75	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046	ml	**30**		**30**	
76	sclerosing solution inj	SH062	ml	**3**		**3**	
77	swab, procto 16in	SJ052	item	**3**		**3**	
78	gauze, sterile 2in x 2in	SG053	item	**8**		**8**	
79	gauze, sterile 4in x 4in	SG055	item	**4**		**4**	
80	pack, cleaning and disinfecting, endoscope	SA042	pack	**1**		**2**	**1**
81	cap, surgical	SB001	item	**2**			
82	shoe covers, surgical	SB039	pair	**2**			
83	tape, surgical paper 1in (Micropore)	SG079	inch	**6**			
84	anoscope	SD003	item	**1**			
85	**EQUIPMENT**	**CODE**					
86	table, power	EF031		**101**	**41**	**73**	**41**
87	light, surgical	EF014		**101**	**41**	**73**	**41**
88	suction machine (Gomco)	EQ235		**60**		**73**	**41**
89	anoscope with light source	ES002		**60**		**78**	**46**

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2014

Liver Allotransplantation

In January 2014, the RUC reviewed 090-day global services (based on 2012 Medicare utilization data) and identified 10 services reported at least 1,000 times per year that included more than 6 office visits. The RUC requested these services be surveyed for work and the practice expense reviewed for the September 2014 RUC meeting.

Prior to reviewing the work RVU for CPT code 47135, the RUC reviewed four compelling evidence arguments provided by the specialty societies:

1. *Change in donor graft allocation*. Liver allocation has changed significantly since the last RUC review in 1994, when the dominant determinant of access to organs was time on the waiting list, with very few exceptions. Now, with the introduction in 2002 of the Model for End-stage Liver Disease (MELD), the true "sickest patients" (based on the likelihood of death without a transplant within 3 months) are the most likely to receive an organ.
2. *Change in donor graft characteristics*. In response to the increasing and unrelenting organ shortage, transplant surgeons continue their efforts to increase the donor pool, including accepting organs from suboptimal sources, including increasingly older donors. The result is that using higher risk grafts results in worse outcomes, and this effect is magnified in the higher risk recipients.
3. *Change in patient (recipient).*The median age for liver transplant patients has increased significantly since the previous review in 1994 and the number performed annually in patients aged 65 years or older quadrupled in the last twenty years. In addition, consistent with the trend in the general population toward increasing prevalence of obesity, the proportion of recipients with a high body mass index (BMI) has increased. The effects of obesity and diabetes have resulted in a higher prevalence of peripheral vascular disease, coronary artery disease and cerebrovascular disease at the time of transplant requiring more intense and complex physician work
4. *Flawed methodology related to postoperative visits* - While the RUC survey did collect physician time for 47135 in 1994, the survey did not request the number and level of hospital and office visits. The current allocation of 23 level one hospital visits and 7 office visits was derived as an estimate from the survey post-operative time. Therefore, the current number and level of postoperative visits are not based on an actual assessment/survey of the services provided.

The RUC agreed that there is compelling evidence that the current work for 41735 may have changed.

47135 Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age
The RUC reviewed the survey data from 102 transplant surgeons and extensively discussed the physician time and postoperative visits. The RUC agreed that pre-package 4 (Facility: Difficult patient, Difficult procedure) with additional time was appropriate due to the complex physician pre-service work required for liver transplantation. The RUC agree that 50 minutes additional evaluation time, for a total of 90 minutes, appropriately accounted for the surgeon's significant pre-operative work to thoroughly evaluate both the patient and the graft prior to surgery and to "match" the donor graft with the patient. An additional 17 minutes of positioning time was also approved, for a total of 20 minutes, to position the patient for midline and both left and right subcostal incisions and axilla and groin incisions for venous access for partial (systemic) bypass. Finally, the RUC approved 10 additional minutes of scrub, dress, wait time to the package, for a total of 30 minutes, to account for the frequent delays necessitated while trying to optimize minimization of donor ischemic time with minimization of intra-operative delays while waiting for organ arrival and backbench preparation. The RUC noted that the additional minutes added to each category of pre-service work is consistent with other recently reviewed transplant codes.

The RUC also agreed that the survey median immediate post-service time of 75 minutes was appropriate due to the critical care monitoring of the patient by the surgeon following surgery. The specialties indicated that the patient is transported still under anesthesia directly from the operating room to the ICU, and without exception is intubated, bagged during transport, and placed on a ventilator on arrival to the ICU. Postoperative recovery care is performed in the ICU instead of a recovery room. The surgeon monitors hemodynamic and laboratory parameters and expectations of graft function are discussed with anesthesia and nursing staff. Hourly blood gas measurement and urine output are monitored. Ventilator adjustments are made to maintain ventilation and oxygenation. The surgeon is also monitoring for immediate graft function and providing consultation to the family during this time. The specialties indicated that the surgeon's work is contiguous and therefore the survey respondents did not indicate a separate critical care visit on the day of surgery.

The RUC recommends the following physician time components for CPT code 47135: pre-service time of 140 minutes, intra-service time of 420 minutes and immediate post-service time of 75 minutes.

The RUC also discussed the significant post-operative work required within the 090-day global period. The RUC noted that the survey median hospital length of stay is 13 days. This data is consistent with the median Medicare data for MS-DRG 005 length of stay, 14 days, and the University HealthSystem Consortium® (UHC) median length of stay of 21 days. The RUC also agreed that eight office visits are appropriate for the post-discharge care. The number and level of visits were deemed appropriate with one 99215, six 99214 and one 99213. These visits are justified by not only the high complexity level of decision making and comprehensive examination, but also the extensive amount of time it takes to perform these visits because the patient will likely have been seen and/or monitored by other transplant team providers (eg, pharmacists, home health care, therapy, dietician) who have entered notes in the medical record, require review and coordination of services. Significant counseling and discussion with the patient and family is typical as there are many questions to be addressed. These initial visits typically take at least an hour, with subsequent office visits taking 30-45 minutes due to the complexity of monitoring and managing complications. The RUC acknowledged that the post-service description of work supports the number and level office visits.

Following this lengthy discussion of physician time and post-operative work, the RUC reviewed the survey respondents' work RVU recommendation and agreed with the specialties that the survey median work RVU of 91.78 is appropriate. To justify a work RVU of 91.78, the RUC compared the survey code to the key reference service CPT code 47142 *Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)* (work RVU= 79.44, 480 minutes of intra-service time) and noted that while the reference code has slightly more intra-service time, the survey code has significantly more total time, 1,648 minutes and 1,221 minutes, respectively, and is thus appropriately valued higher. The RUC also referenced three other transplant codes: 32854 *Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass* (work RVU= 90.00, intra-service time= 400 minutes, total time=1,600), 33935 *Heart-lung transplant with recipient cardiectomy-pneumonectomy* (work RVU= 91.78, intra-service time= 380 minutes, total time=1,713) and 43116 *Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction* (work RVU= 92.99, intra-service time= 561 minutes, total time=1,403). In choosing these additional reference codes, the RUC agreed that the similar intra-operative work intensity supported the intra-operative work intensity for 47135. In addition, the RUC noted that all three of the comparator codes involve complex and intense operative work and significant postoperative care that accurately bracket the recommended work value for code 47135. **The RUC recommends a work RVU of 91.78 for CPT code 47135.**

Practice Expense

The Practice Expense Subcommittee reviewed the direct PE inputs and noted that these recommendations represent the 090-day global standard with additional pre-service clinical staff time that is consistent with other transplant codes. The Subcommittee also noted that the increased post-service clinical labor time resulted from the change in number and level of physician office visits that the RUC approved. The RUC approved the direct PE inputs as recommended by the PE Subcommittee.

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	090	91.78

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:47135 Tracking Number Original Specialty Recommended RVU: **91.78**
Presented Recommended RVU: **91.78**
Global Period: 090 RUC Recommended RVU: **91.78**

CPT Descriptor: Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old male with decompensated cirrhosis, including jaundice, severe coagulopathy and renal insufficiency (MELD score of 27), severe thromimmunobocytopenia, muscle wasting, hypoalbuminemia, and significant portal hypertension requires a liver transplant. A graft from a deceased 60-year-old donor with a donor risk index (DRI) of 1.5 becomes available. An orthotopic whole liver transplant is performed.

[Note: Do not include donor-related work (eg, travel, backbench) when completing this survey. When performed, backbench reconstruction of the graft is reported separately.]

Percentage of Survey Respondents who found Vignette to be Typical: 76%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 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 47%

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: After being notified of a potential organ offer for an identified recipient, the surgeon logs on to the United Network for Organ Sharing (UNOS) Web portal (UNET) to review the electronic medical record of the donor. The suitability of the donor is determined based on past medical and surgical history, age, ABO blood-type compatibility, and organ quality. If suitable, a provisional yes is entered into the UNET donor system. For certain donors, such as those with advanced age or underlying medical or surgical comorbidities, the organ procurement organization (OPO) may be contacted to arrange for biopsy or to provide photo documentation. Organs procured in remote locations require more complicated travel arrangements such as commercial air flight and additional ground transportation. These arrangements need to be coordinated with the OPO to ensure that the organ will arrive in a suitable time for safe use. For recipients with complicated past medical histories, consultation with the referring hepatologist and anesthesia personnel is performed to determine suitability for transplant. After the patient is admitted to the hospital, the patient and family are counseled, not only on the operation and postoperative risks and complications, but also regarding the specifics of the graft that will be transplanted (eg, extended criteria donor, marginal donor, high risk (CDC) donor), and operative consent is obtained. Preoperative orders are written, including lab work, toxicology screening, antibiotics, DVT prophylaxis, and induction immunosuppression. The blood bank is alerted of special blood product needs. Once there is confirmation that the organ has been visualized during procurement or as part of a back table preparation (separately reported), the recipient is brought to the operating room. It is important to note here that the final decision to bring the patient to the operating room may be made at various stages depending on specific circumstances. For instance, in the case of a straightforward standard (not marginal) donor, the decision may be made upon initial inspection of the liver at the donor site, or after the

liver is removed and flushed ex-vivo. In contrast, the decision may need to wait until a biopsy has been secured and visualized by a pathologist, or on occasion until the liver arrives at the recipient hospital and the surgeon has the opportunity to personally and physically assess the graft in the operating room. This type of approach is essential to minimize the risk of having to abort a transplant after placing the recipient under anesthesia or even opening the recipient. Once the sign-in occurs, and anesthesia induces general anesthesia, and places all the necessary lines, a Foley catheter is inserted, and the patient is positioned for a midline and both left and right subcostal incisions, also allowing access for both axillary and groin incisions for possible venous access for partial (systemic) bypass during the anhepatic portion of the operation. Positioning must take into account all lines and monitors to allow access to operative sites. Padding requires special attention for such a long operation. In addition, great precautions are taken in positioning to avoid brachial nerve injuries, a not infrequent complication of extended arms and long operations. The surgical area is prepped and draped. A comprehensive "time out" is then undertaken by the entire operating room team to review the UNOS identification and the blood type of donor and recipient, that antibiotics have been given within one hour of incision, and that venous thromboembolism prophylaxis with either Venodyne boots or heparin is in place. The timing of antirejection and any other medications such as volume expanders or diuretics is reviewed with anesthesia personnel. Need for the cell-saver, additional monitoring, expectations of blood loss, and hemodynamic instability among other factors are discussed between the surgeon, nursing and anesthesia teams. availability of the perfusionist for cell saver and possible bypass is ascertained. This discussion is patient-specific and based on knowledge about several factors that may affect the course and outcome of the operation.

Description of Intra-Service Work: Carry out bilateral subcostal incisions that are extended to the xiphoid in the midline (ie, “mercedes-benz incision”). Carefully divide the anterior abdominal wall and enter the peritoneum. Drain ascites and sample for evidence of infection. Divide the round and falciform ligaments. Secure self-retaining mechanical retractor to the operating room table, utilizing attachments to obtain exposure for the hepatic mobilization and resection. Determine the presence of splenomegaly and portal hypertension to predict blood loss. Thoroughly explore the area around the liver. Examine the abdominal contents for any evidence of pathology. Assess degree of adhesions if any, again to predict blood loss. Dissect the liver away from any adhesions to the anterior abdominal wall, tying and coagulating bridging varices. Dissect the undersurface of the liver from any adhesions making sure not to injure the stomach or duodenum, or any other bowel that may be adherent especially if the patient has had a cholecystectomy. Open the lesser sac and divide the gastrohepatic ligament, ligating crossing vessels. Assess the anatomy of the hilum – arterial anatomy, presence of portal vein thrombus, etc. Dissect the hilum with similar caution, dividing the bile duct with a tag and ligating and dividing the arteries. Dissect out the portal vein circumferentially and for several centimeters to facilitate the anastomosis. Dissect the liver circumferentially, using extensive hemostasis and avoiding damage to the right kidney, adrenal gland, and diaphragm. Dissect around the suprahepatic and infrahepatic cavae in preparation for cross-clamping. In discussion with anesthesia, "test clamp" the portal vein and the infrahepatic cava and decide upon the use of either partial (systemic), or full (porto-systemic) bypass. Dissect out the femoral-saphenous vein junction and place the outflow cannula. Dissect the axillary vein and place the inflow cannula. Receive the sterile bypass tubing and connect to the femoral and axillary cannulae, avoiding air bubbles, then attach the "Y" tubing with Luer locks to the tubing for return from the pump and hand that through the drapes to the anesthesiologists. Begin bypass, positioning the tubing for a good flow. Finish the retrohepatic and retrocaval dissection, continuing to maximize hemostasis. Tie the portal vein high in the hilum and clamp it, dividing it to preserve length. Connect the sterile bypass tubing to the portal vein and secure in place, establishing flow between the portal vein cannula and the systemic “Y” tubing. Clamp the infrahepatic and then the suprahepatic cavae and cut them. Alternatively (IVC sparing), leave the IVC in place, cutting the liver away from the IVC and then remove the liver from the field. Sew short hepatic veins (if IVC sparing) and prepare IVC for ‘piggy-back’. Sew and coagulate bleeders in the raw posterior area, and further achieve hemostasis as needed. Trim the suprahepatic cava to exclude potential leaks, but not shortening it significantly or alternatively (IVC sparing) trim the outflow channel. Place the stiches, bring the allograft into the field, and sew the back wall of the suprahepatic cava from within, following by the front wall. Alternatively (IVC sparing), sew a triangular cavo-cavo plasty connecting donor to recipient IVC).Begin cold flush through the graft portal vein, venting through IVC, and close off IVC vent. Anastomose the portal vein, taking care to avoid narrowing it, and flush this before tying it. Near the end of this anastomosis, make sure the anesthesiologists are prepared for reperfusion. Carefully restore flow, first removing the suprahepatic then portal clamps, and controlling the portal flow initially as necessary for hypotension. Once the patient is stable, inspect and control for bleeding with circuits of inspection. Dissect out the artery appropriate for a "branch patch" and then trim the donor artery and anastomose it to the recipient's, preserving proper orientation. Inspect to ensure adequacy of flow in the artery, and dissect it out further as necessary. Work on hemostasis for as long as necessary to get it well-controlled, discussing anticoagulation management with the anesthesiologists. Discontinue the bypass catheter and close the groin incision. Dissect out the bile duct orifice as necessary, and do the biliary anastomosis by first placing the back row of sutures, then placing the T-tube, then placing the front row. Irrigate to inspect for leaks. Perform cholecystectomy, if gallbladder is still present, by first dissecting down the junction with the graft with the cautery, developing the dissection as the duct narrows to avoid damage to the common duct or an accessary

right hepatic duct off the gall bladder, ligating and dividing the artery and duct at a safe level and coagulating the bed for hemostasis after the gallbladder has been removed. Perform a needle biopsy of the graft and coagulate the site. Irrigate, and inspect for residual sponges and instruments. Place the drains and the T-tube through the anterior abdominal wall and, following obtaining a correct sponge and instrument count, close the incision by sewing the fascia layers, then skin staples and stitches to the tubes.

Description of Post-Service Work:
Postoperative work—hospital: Obtain a postoperative X-ray to rule out retained foreign bodies, (eg, instruments, sponges, needles) prior to transfer of patient. Apply dressings and remove all drapes. The patient is kept under anesthesia for transfer to ICU. The patient is transferred from the operating table to a gurney, then taken directly to the ICU and without exceptions is intubated, bagged during transport, and placed on a ventilator on arrival at the ICU. Postoperative recovery care, hemodynamic and laboratory parameters, and expectations of graft function are discussed with anesthesia and nursing staff. Hourly blood gas measurement and urine output are monitored. Ventilator adjustments are made to maintain ventilation and oxygenation. More importantly, and specific to liver transplantation, serial blood tests are ordered and reviewed to confirm no evidence of bleeding and improvement of liver function. Hemodynamic instability, drop in hemoglobin, or high bloody drain outputs, which are not an uncommon occurrence may dictate aggressive correction of clotting factors and urgent assessment regarding the need for urgent re-exploration. In addition, the first few hours following liver transplantation will inform the surgeon and his/her team as to whether the liver is working, or whether return of function is sluggish. In the worst case scenario, in approximately 2-3% of cases, the liver will not function (primary non-function) and the patient will need to be re-listed urgently for a re-transplant. At that point, the patient will not survive >12 hours without a re-transplant, and therefore, the determination of liver function is an essential evaluation that must occur in the first few hours following transplantation. Although the incidence of primary non-function is relatively low, its implications, and the fact that there is approximately a 20% incidence of delayed graft function which must be differentiated from primary non-function justify the need to make this assessment early and frequently following transplantation. Finally, constant monitoring of glucose and electrolytes are essential given the nature of liver transplantation and the universal use of high dose steroids peri-operatively. The details of the procedure and an expectation of outcome are discussed with the family. A postoperative note is written. The operative report is dictated. Within a few hours of the procedure, assuming that the liver is functioning, standard assessments regarding need for mechanical ventilation, level of consciousness by neurologic assessment, and level of hemodynamic stability and need for additional fluids are carried out. The latter is particularly relevant to liver transplantation given the length of the procedure, the typical blood loss associated with the procedure, and the fact that most patients have low albumin levels and therefore low oncotic pressures, often result in a disconnect and shifts between intra-vascular and extra-vascular fluid compartments. In the typical case scenario, the patient is ready for transfer to the regular ward within 48-72 hours of extubation, requiring transfer orders and discussions of ongoing care with floor nurses, physician assistants and other physician extenders. At this point, although the function of the liver is no longer in question, a number of early postoperative complications including but not limited to hepatic artery thrombosis, bile leak, sepsis, renal insufficiency, etc. are not uncommon and must be detected and addressed quickly. Therefore, the care of these patients must be especially vigilant.

Daily rounds, led by the surgeon, are made with a multidisciplinary team including nurse coordinators, transplant pharmacist, transplant dietician and case management. Care coordination with other services, including but not limited to hepatology, infectious diseases, etc. is essential. Cardiopulmonary stability and fluid status are assessed through standard vital signs, and may include the use of non-invasive and invasive monitoring such as percutaneous oxygen monitoring, and Foley catheter and central line. These are removed as soon as no longer needed to monitor the patient. Frequent laboratory assessments of the hemogram, electrolytes, renal and liver function are obtained and the results reviewed and addressed. Chest x-rays are ordered and reviewed as needed. Standard Doppler ultrasounds are ordered and reviewed to document graft vascular patency. Deviations from standard course are investigated and addressed in a timely manner through the use of standard protocols where applicable. Prophylactic antibiotics are discontinued when deemed superfluous. Certain co-morbidities may necessitate more detailed evaluation and management and when necessary, the appropriate services are consulted. Return of bladder and bowel function are monitored. Ambulation and diet are advanced as appropriate. Wounds, drains, and indwelling catheters are monitored daily. DVT prophylaxis is continued until the patient is ambulatory. Pain scores and adequacy of analgesia are assessed several times daily in conjunction with the nursing staff. Nursing/other staff patient chart notes are reviewed. Orders for laboratory tests, films (if indicated), medications, diet, and patient activity are reviewed daily and updated. Patient progress notes are charted daily. Patient and family questions are answered. Nursing/other staff questions are answered. Prior to discharge, the patient and family will be given detailed instructions on medications and potential side-effects to look for, as well as postoperative expectations for the patient. Discharge includes appropriate paperwork, patient and family counseling, dietary instruction, provision of prescriptions, and arranging for follow-up. In cases where patients are too sick to be discharged to home, alternative discharge planning is implemented, including but not limited to acute rehabilitation or skilled nursing facilities. Direct communication with referring physician,

primary care physician and rehab medical personnel is performed. All appropriate medical records are completed, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms. Arrangements are made for outpatient follow-up with the surgeon, regardless of final disposition.

Postoperative work—office:
Please note that the following work is performed for all patients, even for the patients that are discharged to acute rehabilitation or skilled nursing facilities, who will be transported to the transplant clinic. This is because rehab and skilled nursing facilities do not have the ability to perform the extensive work necessary as will be described below.
For liver transplant recipients, surgeons almost invariably provide care in the first 3 months, and then the care is subsequently relegated to transplant hepatologists. The reason for this is that most of the aspects of care following liver transplantation are surgical in nature. These patients have big wounds that often leak ascites, get infected, and may dehisce in the first 3-4 weeks. In addition, the vast majority of patients have drains that remain in place of a few weeks draining ascites, and not infrequently detecting a bile leak that will almost certainly require intervention. When this happens, the surgeon must make sure that the bile leak is contained and not causing bile peritonitis, which if undiagnosed can cause sepsis and death. The surgeon must also be vigilant for hepatic artery thrombosis which would necessitate immediate re-listing and re-transplantation. Finally, graft function is mostly monitored through serial assessments of liver function tests. Abnormalities in these tests may be a result of graft dysfunction (rejection, infection, etc), vascular complications (hepatic artery, portal vein or hepatic vein narrowing or thrombosis), or biliary complications (bile leak or stricture). The recognition of vascular and/or biliary complications requires a deep technical understanding of the types of anastomoses performed (hepatic artery to hepatic artery versus arterial conduit; duct-to-duct versus Roux-en-Y) as well as the surgical approach to addressing them, both from a diagnostic as well as a therapeutic perspective. Re-exploring the patient is not infrequent in order to make a final determination, as is angiography, and either percutaneous or endoscopic biliary procedures (separately reported). Treatment of rejection can be accomplished empirically in some patients, once technical causes for test abnormalities are ruled out, but not for all patients. For instance, if the primary diagnosis is HCV, empiric treatment for rejection may cause significant harm and therefore a biopsy will be needed prior to treatment. In summary, the 90 days of post-transplant care of the liver transplant recipient falls squarely on the shoulders of the surgeon. In contrast, once the patient is out of this critical period, the care is may be transitioned to a transplant hepatologist.

More specifically, office visits for posttransplant patients require complex chronic care, where the primary goal of short-term and long-term medical follow-up is to enable surveillance for signs and symptoms of liver allograft dysfunction. At the first postdischarge visit, a comprehensive review of systems and a physical examination is performed, concentrating on potential complications from the surgery. Management of the operative wound, assessment for surgical site infection, and drain management are all performed. All discharge medications, including those for pain, hypertension, diabetes, and antimicrobial therapy, are reviewed and adjusted as appropriate.

Postoperative office visits (after the initial visit) include a complete review of the patient's medical record and review of interval chart notes. This is important because the patient will likely have been seen and/or monitored by other transplant team providers (eg, pharmacists, home health care, therapy, dietician) who have entered notes in the medical record. The transplant surgeon will continue assessment of the patient for medical or surgical complications, including but not limited to bleeding, infection, wound complications, venous thrombosis, and pulmonary complications. Removal of skin staples is delayed to at least three weeks because the surgeon has to be certain that the wound is well healed, which is complicated by immunosuppressive drugs.

Postoperative office visits also include assessment of graft function including reviewing volume status, evidence of jaundice, ascites, uremia/azotemia using serum renal and liver function tests. Careful monitoring is necessary because, although a graft may have great initial function, there are a number of reasons why liver and renal function may decline, including drug nephrotoxicity, acute tubular necrosis, recurrent disease, and, obviously, acute rejection. Review of drugs and laboratory studies is an important component of each visit, requiring complex medical decision making and considerable time. In combination with medication-adherence history and physical examination, laboratory results and imaging assist the transplant surgeon in assessment of graft function. Postoperatively, comorbid diseases are typical and need to be aggressively managed. Both traditional and nontraditional cardiovascular risk factors, including the concurrent presence of peripheral vascular disease, contribute to cardiovascular disease (CVD) morbidity and mortality in liver transplant recipients. Therefore, aggressive treatment of hypertension and hyperlipidemia is necessary because these diseases are established risk factors for CVD mortality in liver transplant recipients. Similarly, new-onset diabetes after transplantation has been identified as one of the most important factors associated with reduced graft function and patient and graft survival. The transplant surgeon will write orders for a multifaceted approach of weight control, diet and exercise, oral medication, and insulin as necessary for tight glycemic control. In addition to CVD-related evaluation and

management, the transplant surgeon will monitor for infections, which remain the second most common cause of death in liver transplant recipients.

At the end of each encounter, the surgeon will write orders for further evaluation, dictate progress notes for the medical chart, and communicate with referring physicians and consultants as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014				
Presenter(s):	Michael Abecassis, MD FACS; Charles Mabry, MD FACS				
Specialty(s):	transplant surgery, general surgery				
CPT Code:	47135				
Sample Size:	510	**Resp N:**	102	**Response:** 20.0 %	
Description of Sample:	membership database				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	16.00	**25.00**	34.00	60.00
Survey RVW:	85.00	90.00	**91.78**	97.47	120.00
Pre-Service Evaluation Time:			**120.00**		
Pre-Service Positioning Time:			**30.00**		
Pre-Service Scrub, Dress, Wait Time:			**30.00**		
Intra-Service Time:	300.00	360.00	**420.00**	480.00	720.00

Immediate Post Service-Time:	**75.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**170.00**	99291x **2.00** 99292x **1.00**
Other Hospital time/visit(s):	**470.00**	99231x **1.00** 99232x **3.00** 99233x **6.00**
Discharge Day Mgmt:	**55.00**	99238x **0.00** 99239x **1.00** 99217x **0.00**
Office time/visit(s):	**318.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **6.00** 15x **1.00**
Prolonged Services:	**0.00**	99354x **0.00** 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:	47135	**Recommended Physician Work RVU: 91.78**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**90.00**	**40.00**	**50.00**
Pre-Service Positioning Time:		**20.00**	**3.00**	**17.00**
Pre-Service Scrub, Dress, Wait Time:		**30.00**	**20.00**	**10.00**
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:	**75.00**	**33.00**	**42.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**170.00**	99291x **2.00** 99292x **1.00**
Other Hospital time/visit(s):	**470.00**	99231x **1.00** 99232x **3.00** 99233x **6.00**
Discharge Day Mgmt:	**55.00**	99238x **0.0** 99239x **1.0** 99217x **0.00**
Office time/visit(s):	**318.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **6.00** 15x **1.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
47142	090	79.44	**RUC Time**

CPT Descriptor Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)

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**	1,764

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
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 16 **% of respondents:** 15.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 47135**	**Key Reference CPT Code:** 47142	**Source of Time RUC Time**
Median Pre-Service Time	140.00	135.00	

Median Intra-Service Time	420.00	480.00
Median Immediate Post-service Time	75.00	60.00
Median Critical Care Time	170.0	0.00
Median Other Hospital Visit Time	470.0	400.00
Median Discharge Day Management Time	55.0	38.00
Median Office Visit Time	318.0	108.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**1648.00**	**1,221.0**
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	4.50	2.63
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.56	2.94
Urgency of medical decision making	4.63	2.44
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.81	4.25
Physical effort required	4.75	3.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.88	4.31
Outcome depends on the skill and judgment of physician	4.88	4.50
Estimated risk of malpractice suit with poor outcome	4.19	4.38

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.56	3.25
Intra-Service intensity/complexity	4.75	3.81
Post-Service intensity/complexity	4.50	2.69

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

WHY IS THIS CODE BEING REVIEWED

Code 47135 *Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age* was identified by the RUC's screen of 90-day global codes with more than 6 office visits. The ASTS and ACS indicated that although the number of office visits can be justified, a RUC survey would be conducted because the severity of illness of the patients, and the overall quality of the grafts have changed, and the procedure has evolved since 47135 was reviewed in 1993. Separately, a CPT coding change proposal has been submitted to the CPT Editorial Panel for deletion of code 47136 *Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age.*

TYPICAL PATIENT VIGNETTE

For the current survey, a revised vignette was used that describes the typical patient in current practice. This revised vignette was submitted to the Research Subcommittee and it was reviewed via email by Subcommittee members. Some members of the Subcommittee who reviewed the proposed new vignette questioned whether age, sex and/or comorbidities were necessary to include. Others indicated that for liver transplantation, details may be necessary. It is our understanding a typical patient is described so that survey respondents can provide information based on a national typical patient and not their personal patient(s), especially given that there exist geographic disparities in organ allocation, availability of organs, and therefore in severity of illness of the patients and in the quality of grafts. Providing a description of the typical national patient in current practice also allows a historical record when considering whether there has been a change in the patient.

REFERENCE SERVICE LIST

When developing the reference service list, we found no codes familiar to liver transplant surgeons at or above the current value for 47135 and therefore included codes that may not be performed by liver transplant surgeons to provide a "range" of work RVUs for magnitude estimation. We note that the survey instrument provides background instructions for Question 1 that state it is important to consider a global period and the total work included in a global period and then instructs respondents to choose a reference code that is most similar to the survey code. This may have lead survey respondents to choose codes with work RVUs that they believed to be similar to the *total work* of 47135, even if they are not familiar with the procedure.

COMPELLING EVIDENCE

1. Change in Donor Graft Allocation

Liver allocation has changed significantly since 1993, when the dominant determinant of access to organs was time on the waiting list, with very few exceptions. In 1998, the DHHS and Secretary Shalala determined, through the Final Rule, that liver grafts should go to the 'sickest first,' leading to a priority score and status determination based on the Child-Turcotte-Pugh score (CTP score - degree of encephalopathy and ascites, bilirubin, albumin, and pro-thrombin time). This score however was felt to be too subjective, especially given that the scoring of hepatic encephalopathy and ascites depend on a clinical assessment rather than a laboratory value.[1]

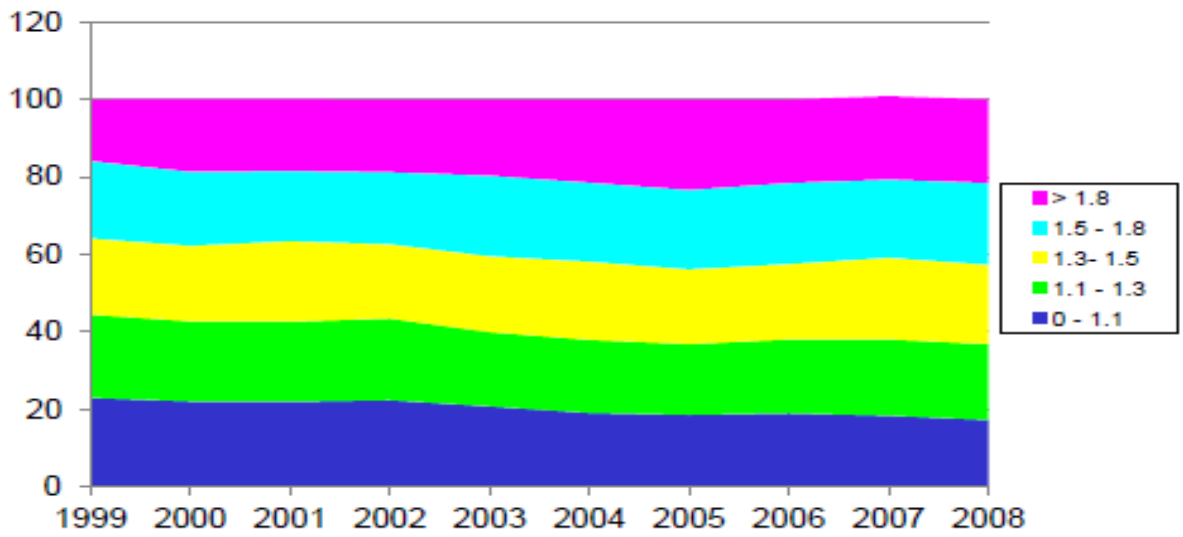
[1] Chiao H, Yang C, Frenette C. Review on liver transplant for hepatocellular carcinoma. Translational Cancer Research. Vol 2, No. 6 December 2013.

The introduction in 2002 of the Model for End-stage Liver Disease (MELD) and Pediatric Model for End-stage Liver Disease (PELD) as the basis for allocation of deceased donor livers for transplantation in the United States transformed the type of patient most likely to receive an organ, identifying the true 'sickest patient.' These scores were validated as being able to identify patients based on the likelihood of death without a transplant within 3 months. The use of this urgency-based allocation system allows more objective, less subjective evaluation and organ allocation based on risk of the 3-month waiting list mortality.[2] It is calculated based on the relative weights of three objective variables: international normalized ratio (INR), bilirubin, and serum creatinine. Currently, the national average MELD score for liver transplant is 27.[3] In addition to this *calculated* MELD score, MELD points can also be obtained through a number of *exceptions* reflective of conditions that also affect 3-month survival, including but not limited to cancer, hepato-pulmonary syndrome. and porto-pulmonary hypertension.

2. Change in Donor Graft Characteristics

There are several characteristics of a liver graft that are known to affect transplant outcomes. These have been factored into models that predict graft and patient survival. One of these, the Liver Donor Risk Index (LDRI) allows a greater appreciation of the importance of donor factors, which is in turn associated with differential outcomes based on recipient characteristics. As the table below shows, the LDRI is increasing. The result is that using higher risk grafts results in worse outcomes, and this effect is magnified in the higher risk recipients.[4]

Figure IV-11: Donor Risk Index for Primary Liver Transplants from 1999-2008



In response to the increasing and unrelenting organ shortage, transplant surgeons continue their efforts to increase the donor pool, including accepting organs from marginal deceased donors, including increasingly older donors, a characteristic known to influence LDRI and transplant outcomes. In addition, the proportion of Donation after Cardiac Death (DCD) organs versus Donation after Brain Death (DBD) has increased dramatically compared with the 1990s, further compounding the effect of LDRI. Marginal organs result not only in lower graft and patient survival following transplantation, but in the process, increase the resource utilization both during and after the transplant procedure. For instance, marginal livers require more blood

[2] OPTN/SRTR 2008 Annual Report

[3] OPTN/SRTR 2012 Annual Report.

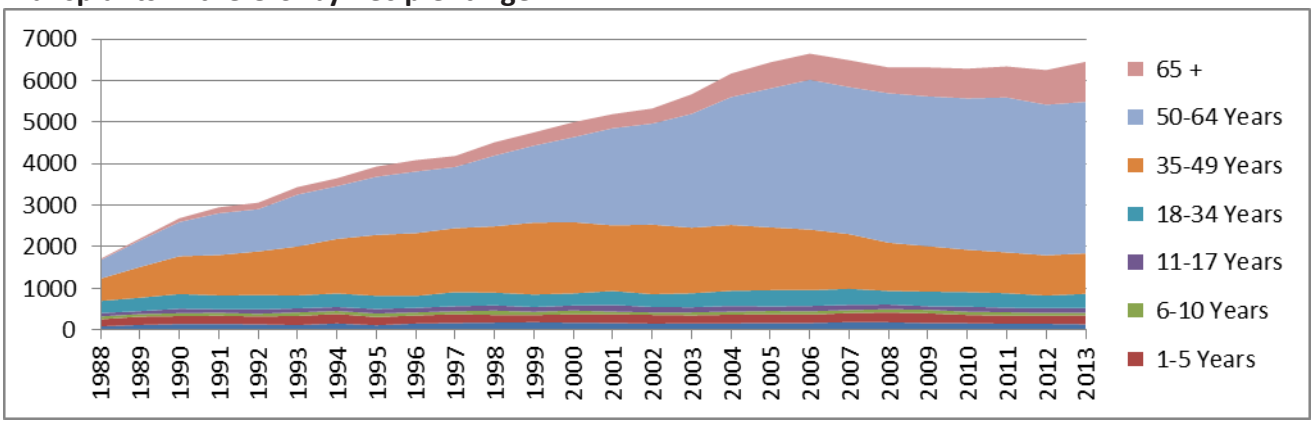
[4] Akkina S, et. al. Development of Organ-Specific Donor Risk Indices. Liver Transpl 18:395-404, 2012

product transfusion and longer OR times, and are associated with more complications, including graft dysfunction, renal insufficiency, longer periods of ventilator support, higher infection rates, all resulting in longer ICU stays and longer overall hospitalizations. Moreover, these patients are often discharged to acute rehabilitation and skilled nursing facilities making post-discharge care coordination more difficult. The impact of the increased use of marginal donors since 1993, outlined above, is magnified significantly when considering that the recipients have also gotten sicker in the same time period.

3. Change in Patient (Recipient)

The 1993 RUC survey indicated the typical patient as an "otherwise healthy 45-year-old male." Several recipient factors need to be considered when defining today's typical recipient compared to one in 1993, as illustrated by the chart below. First, the median age for liver transplant has increased significantly since the previous review in 1993 and the number performed annually in patients aged 65 years or older quadrupled between 1993 and 2013. Second, the severe shortage of organs due primarily to the increase in numbers of liver transplants performed, which has doubled since 1993, with a disproportionately low increase in organs donors, resulting in the 1998 Final Rule prescribing the federal mandate to transplant the 'sickest first,' with the evolution of the MELF/PELD scores.

Transplants in the U.S. by Recipient Age[5]



In addition, consistent and in line with the trend in the general population toward increasing prevalence of obesity, the proportion of recipients with body mass index (BMI) 30 kg/m2 or higher increased from 29.0% in 2002 to 35.4% in 2012. This same trend is seen in increasing prevalence of diabetes during the same time period (18.2% to 24.6%).[6] The effects of obesity and diabetes have resulted in a higher prevalence of peripheral vascular disease, coronary artery disease, and cerebrovascular disease at the time of transplant. These comorbidities and prior interventions translate into more complex and intense work in the pre-, intra-, and postoperative transplant period.

4. Flawed Methodology Related to Postoperative Visits

In the November 1991 Final Rule for CY 1992, CMS noted that Harvard did not perform a special investigation of transplant surgeons so transplant services were studied within the context of larger specialties. Harvard agreed that their treatment of transplantation did not produce as accurate a scale as was produced for other specialties. Based on this information, CMS decided not to establish a national work value for heart and liver transplantation services. The codes were designated carrier-priced until better data were available.

The July 1992 Proposed Rule for CY 1993 solicited RUC recommendations for carrier-priced codes. A RUC survey of 47135 was conducted. The survey instrument was designed to ask for estimates of total pre-, intra- and post-time. The survey did not request number and level of hospital visits. In 1997, a CMS contractor was

[5] http://optn.transplant.hrsa.gov/latestData/rptData.asp (Accessed August 2014)
[6] http://optn.transplant.hrsa.gov/latestData/rptData.asp (Accessed August 2014)

tasked with transforming the postoperative time estimates into visits. This was undertaken so that changes in the work RVUs for E/M codes after the first five-year-review could be incorporated into codes with a global period of 10 or 90 days. The median survey total post-time was converted to the visits that appear in the current RUC database.

Therefore, the current assessment of postoperative visits is not based on an actual assessment/survey of services provided.

RECOMMENDATION

Work RVU
The survey median work RVU of 91.78 is recommended for code 47135.

Pre-time Package 4 is appropriate with additional time as discussed below.

Evaluation: Add 50 minutes to package time of 40 minutes (total = 90 minutes).
Liver transplantation requires significant pre-operative work prior to surgery. As described in the pre-service work description on the first page of this SoR, the surgeon is required to thoroughly evaluate both the patient and the graft prior to surgery, and more importantly, to "match" the graft with the donor not only from the standard transplant compatibility perspective, but also from a risk/benefit perspective. For each graft, a surgeon must decide whether the quality of the graft and the condition of the recipient it is allocated to will result in a good outcome. The surgeon may turn down a graft offer for that particular recipient, while potentially accepting the same graft for another recipient. In addition, patients with high MELD scores are often labile in their condition. They have often had recent infections or other events leading to further decompensation of their liver function baseline (it is for this reason that UNOS requires more frequent MELD score updates for higher MELD scores). The candidacy of a recipient for transplantation often changes rapidly several times while they are waiting for a liver with a high MELD score. Therefore, the surgeon must evaluate the recipient's candidacy at the time the offer is made, and subsequently when the donor team is removing the liver to make sure the condition has not changed, and again, when the liver arrives to the recipient hospital prior to taking the recipient to the OR.

With respect to the deceased donor graft, this involves evaluation of the donor's medical history electronically to confirm suitability for the intended transplant recipient. If the donor is deemed suitable for the intended recipient, the donor team is dispatched. However, there will be many other times where the decision has to be confirmed, especially as more marginal donors are considered. For instance, a donor's hemodynamic state may be different when the donor team arrives at the donor hospital compared to what it might have been during the original offer. This can occur for a number of reasons, including the fact that several hours will have elapsed between the original offer and when the donor team is on site. Also, a donor liver biopsy is often needed to make a final determination. This biopsy is sometimes done at the donor's bedside prior to the donor team being dispatched, and sometimes it is done by the donor team intra-operatively. Availability of a pathologist varies greatly between donor hospitals and therefore, the recipient surgeon will need to wait regardless until the result of the biopsy are obtained prior to making the final determination to use the liver. In the case of a marginal liver, the surgeon may want to 'eyeball' the liver prior to making the final decision requiring the liver to arrive at the recipient hospital.

With respect to the recipient, the transplant surgeon contacts the patient to explain the nature of the donor graft and any inherent risks associated with the particular donor graft. There is a federal requirement that the recipient must be informed of any factors that might define the graft as *marginal*. Once the patient agrees to the transplant, in addition to making sure no changes in status have occurred

since the last evaluation, there needs to be a multi-disciplinary evaluation of the patient that includes consultation with various services that will be involved in the immediate peri-operative care and the surgeon must wait for these to occur prior to making his/her own determination. This process is carried out with great attention to the fact that cold ischemic time must be minimized. Because of the nature of liver transplantation, and the various aspects of donor and recipient evaluation, this work exceeds the standard pre-service work associated with most major procedures.

Positioning: Add 17 minutes to package time of 3 minutes (total = 20 minutes).
The patient is positioned, prepped and draped for a midline and both left and right subcostal incisions and axilla and groin incisions for venous access for partial (systemic) bypass during the anhepatic portion of the operation. Positioning must take into account all lines and monitors to allow access to operative sites by the operating team. Padding requires special attention for the long operation. Also special care is taken in view of the recognized incidence of brachial nerve injury due to positioning with both arms out to allow access to both axillae.

Scrub, Dress, Wait: Add 10 minutes to the package time of 20 minutes (total = 30 minutes).
This additional time accounts for the frequent delays necessitated while trying to optimize minimization of donor ischemic time with minimization of intra-operative delays while waiting for organ arrival and backbench preparation. In addition, the surgeon must be present for the 'sign in' as required by most if not all institutions. Yet the insertion of invasive monitoring lines cannot occur until the 'sign in' occurs. Most liver transplant recipients require 1 or 2 arterial lines, and typically 2 central venous lines including a Swan-Ganz catheter. Also anesthesia often inserts a trans-esophageal echo. The surgeon must wait for all this to happen prior to being able to prep and drape the patient. This time is consistent with other transplant procedures recently reviewed by the RUC.

Post-Service Time Package 9b is appropriate with an additional 42 minutes (total = 75 min).
The survey indicated that a hospital "visit" was not typical on the day of surgery, but that 75 minutes of postoperative time is typical. This may be a nuance of the survey process due to the fact that the patient is transported still under anesthesia directly from the operating room to the ICU, and without exception is intubated, bagged during transport, and placed on a ventilator on arrival to the ICU. Postoperative recovery care (in the ICU instead of a recovery room), hemodynamic and laboratory parameters, and expectations of graft function are discussed with anesthesia and nursing staff. Hourly blood gas measurement and urine output are monitored. Ventilator adjustments are made to maintain ventilation and oxygenation. More importantly, and specific to liver transplantation, serial blood tests are ordered and reviewed to confirm no evidence of bleeding and improvement of liver function. Hemodynamic instability, drop in hemoglobin, or high bloody drain outputs, which are not an uncommon occurrence may dictate aggressive correction of clotting factors and urgent assessment regarding the need for urgent re-exploration. In addition, the first few hours following liver transplantation will inform the surgeon and his/her team as to whether the liver is working, or whether return of function is sluggish. In the worst case scenario, in approximately 2-3% of cases, the liver will not function (primary non-function) and the patient will need to be re-listed urgently for a re-transplant. At that point, the patient will not survive >12 hours without a retransplant, and therefore, the determination of liver function is an essential evaluation that must occur in the first few hours following transplantation. Although the incidence of primary non-function is relatively low, its implications, and the fact that there is approximately a 20% incidence of delayed graft function which must be differentiated from primary non-function justify the need to make this assessment early and frequently following transplantation. Finally, constant monitoring of glucose and electrolytes are essential given the nature of liver transplantation and the universal use of high dose steroids peri-operatively. In addition, the details of the procedure, and an expectation of outcome are discussed with the family. A postoperative note is written. The operative report is dictated. Within a few hours of the procedure, assuming that the liver is functioning, standard assessments regarding need for mechanical ventilation, level of consciousness by neurologic

assessment, and level of hemodynamic stability and need for additional fluids are carried out. The latter is particularly relevant to liver transplantation given the length of the procedure, the typical blood loss associated with the procedure, and the fact that most patients have low albumin levels and therefore low oncotic pressures, often result in a disconnect and shifts between intra-vascular and extra-vascular fluid compartments. In the best case scenario, the patient is ready for transfer to the regular ward within 48-72 hours of extubation, requiring transfer orders and discussions of ongoing care with floor nurses, physician assistants and other physician extenders. At this point, although the function of the liver is no longer in question, a number of early postoperative complications including but not limited to hepatic artery thrombosis, bile leak, sepsis, renal insufficiency, etc. are not uncommon and must be detected and addressed quickly. Therefore, the care of these patients must be especially vigilant.

Length of Stay

The survey median length of stay for the typical patient (day of surgery plus 13 days, with visits starting the day after the operation) is consistent with median Medicare data for MS-DRG 005 and less than the median length of stay of 21 days from the UHC database.

Medicare FY 2013 MedPAR Update - March 2014 Grouper V32.0 MS-DRGs[7]

MS-DRG	Medicare Number of Discharges	Median LOS	Geometric mean LOS	Arithmetic mean LOS
005	1,039	14	15.1	20.7

Comparison to Key Reference Code

Key Reference Code 47142 *Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)* was chosen by 16 respondents as a reference. For this subset of 16 responses, the median estimated survey work RVU was 92.18. This magnitude estimation value, which is greater than 47142, recognizes the increased and more involved total work for liver transplantation versus a donor liver right lobe resection.

CPT	IWPUT	RVW	TOT TIME	EVAL	POSIT	SDW	INTRA	SD-POST	99291	99292	99233	99232	99231	99238	99239	99215	99214	99213	99212
47135	0.108	91.78	1648	90	20	30	420	75	2	1	6	3	1		1	1	6	1	
47142	0.115	79.44	1221	105	15	15	480	60			4	2	5	1				4	1

Comparison to MPC Codes

There are no multispecialty points of comparison codes near the recommended work RVU of 91.78. The MPC code with the highest work RVU is 33863 *Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)*.

CPT	IWPUT	RVW	TOT TIME	EVAL	POSIT	SDW	INTRA	SD-POST	99291	99292	99233	99232	99231	99238	99239	99215	99214	99213	99212
47135	0.108	91.78	1648	90	20	30	420	75	2	1	6	3	1		1	1	6	1	
33863	0.121	58.79	905	60	15	20	287	40	2		3	2	1	1			1		

Comparison to Other RUC Reviewed Codes

The recommended work RVU of 91.78 (IWPUT=0.108) compares well with other RUC reviewed codes. The table below compares data for 47135 with other codes reviewed by the RUC since 2005, including other

[7] Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2015 Rates. Federal Register Vol. 79 (August 22, 2014). Online.

transplant codes. This group of codes represents procedures with the highest total physician work in the fee schedule. These data show that these similarly demanding surgical procedures also have a similar intraoperative intensity, further supporting the work RVU recommendation of 91.78 for 47135

RUC	CPT	Descriptor	RVW	IWPUT	Time	PRE	INTRA	POST
2005	**43116**	Partial esophagectomy, w-free intestinal graft	92.99	0.112	1,403	95	561	747
2014	**47135**	**Liver transplant**	**91.78**	**0.108**	**1,648**	**140**	**420**	**1,088**
2010	**33935**	Heart-lung transplant	91.78	0.108	1,713	160	380	1,173
2010	**32854**	Lung transplant, double with CPB	90.00	0.108	1,600	130	400	1,070
2005	**33945**	Heart transplant, with or w/o recipient cardiectomy	89.50	0.117	1,716	272	325	1,119
2010	**32853**	Lung transplant, double w/o CPB	84.48	0.113	1,440	130	375	935
2005	**43123**	Partial esophagectomy, t/a or abdom approach	83.12	0.109	1,419	95	442	882
2005	**43108**	Total or near total esophagectomy, w/o thoracotomy	82.87	0.110	1,358	95	461	802
2005	**43113**	Total or near total esophagectomy, w- thoracotomy	80.06	0.111	1,358	95	391	872
2010	**33916**	Pulmonary endarterectomy	78.00	0.112	1,259	63	360	836

SUMMARY

Based on compelling evidence and comparison to the key reference code and other RUC reviewed services, we recommend the survey median work RVU of 91.78 for code 47135.

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 2012 Medicare 5% file indicates that code 47143 was reported 55% of the time with code 47135. Code 47143 is backbench graft preparation; work that may be performed by the transplant surgeon or by a surgeon at the donor site. Who performs this work and IF this work is necessary will vary year to year. This work has an XXX global and has a work RVU of 0.00.

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) 47135

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 (transplant surgeons) 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? 6256
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. From the UNOS annual report for adult liver transplants in 2012. In addition, the report sites approximately 1,000 pediatric transplants from the years 2010-2012, but does not break down the data by year.

Specialty general surgery (transplant surgeons) Frequency 6256 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,115
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2013 (early) Medicare data per RUC database. Please note that frequency data in the RUC database for any specialty other than general surgery (tranplant surgery) is erroneous.

Specialty general surgery (transplant surgeons) Frequency 1115 Percentage 100.00 %

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 47135

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: **Liver Allotransplantation**

TAB: **14**

					RVW					Total	HV	POV	PRE	PRE			INTRA						POST	Hospital Visits							Office Visits				
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	time	time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	91	92	33	32	31	38	39	15	14	13	12	11
Key Ref	**47142**	Donor hepatectomy (incluc	16	**0.115**			**79.44**			**1221**	**400**	**108**	**4**	105	15	15			480			60				4	2	5	1				4	1	
RUC-93	**47135**	Liver allotransplantation; o		**0.105**			**83.64**			**1345**	**460**	**161**		120					520			46						23	1				7		
SVY	**47135**	Liver allotransplantation; o	**102**	**0.106**	**85.00**	**90.00**	**91.78**	**97.47**	**120.00**	**1688**	**640**	**318**		**120**	**30**	**30**	**300**	**360**	**420**	**480**	**720**	**75**		**2**	**1**	**6**	**3**	**1**		**1**	**1**	**6**	**1**		
REC	**47135**	**Liver allotransplantation**		**0.108**			**91.78**			**1648**	**640**	**318**	**4**	90	20	30			420			75	**9B**	2	1	6	3	1		1	1	6	1		

14
Tab Number

Liver Allotransplantation
Issue

47135
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 Abecassis, MD, FACS
Printed Signature

American Society of Transplant Surgeons
Specialty Society

August 25, 2014
Date

14
Tab Number

Liver Allotransplantation
Issue

47135
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

Charles Mabry, MD, FACS
Printed Signature

American College of Surgeons
Specialty Society

August 25, 2014
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
47135 Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age

Global Period: 090 Meeting Date: September 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: Representatives of the American Society of Transplant Surgeons and the American College of Surgeons reviewed the practice expense details accepted by the RUC and CMS in 2004 for 47135.

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: In addition to utilizing current code 47135 (reviewed in 2004) as a reference, code 50360 was just reviewed in 2013 and is considered appropriate as a comparison for pre-service clinical staff work.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: An additional 30 minutes has been added to the typical 60 minutes assigned to 90-day global procedures. All work performed once the patient is admitted to the hospital relevant to the recipient procedure falls under Medicare Part B. This is in sharp contrast to all work performed prior to admission, including evaluation, listing, maintenance on waiting list, up to and including organ offer, which fall under Medicare Part A. While the latter non-physician work is typically performed by hospital staff, the former is typically performed by nurse coordinators involved in the post transplant care and commonly the responsibility of the surgical team. This transition of care is highly regulated and has been and continues to be the topic of OIG investigations and therefore most programs are acutely aware of the need to abide by these regulatory directives.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: Supplies: a staple removal kit is recommended instead of suture and staple removal kit. Increase in discharge management time and POVs is consistent with physician work survey data.

5. Please describe in detail the clinical activities of your staff:
CLINICAL STAFF TYPE: It has previously been accepted that transplant surgeons will have an RN as their typical staff type; therefore, "RN" is indicated for all clinical staff activities.

Pre-Service Clinical Labor Activities:

Standard time of 60 minutes for major surgical procedures (90-day global) is indicated. An additional 30 minutes has been added to the typical 60 minutes assigned to 90-day global procedures. All work performed once the patient is admitted to the hospital relevant to the recipient procedure falls under Medicare Part B. This is in sharp contrast to all work performed prior to admission, including evaluation, listing, maintenance on waiting list, up to and including organ offer, which fall under Medicare Part A. While the latter non-physician work is typically performed by hospital staff, the former is typically performed by nurse coordinators involved in the post transplant care and commonly the responsibility of the surgical team. This transition of care is highly regulated and has been and continues to be the topic of OIG investigations and therefore most programs are acutely aware of the need to abide by these regulatory directives. A total of 90 minutes has recently been approved by the RUC and CMS (50360).

Intra-Service Clinical Labor Activities:

The survey indicates discharge day management at 99239 level. The PEAC standard 15 minutes of clinical staff activity for 99239 is shown on the spreadsheet.

Post-Service Clinical Labor Activities:
Standard times for each office visit.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
47135 Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age

Global Period: 090 Meeting Date: September 2014

THIS IS A FACILITY-ONLY PROCEDURE. THERE ARE NO NONFACILITY INPUTS RECOMMENDED.

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1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G	H	I
1				PE-04/2013		PEAC-03/2004		Recommend	
2				50360		47135		47135	
3	**Meeting Date: September 2014** **Tab: 14** **Specialty: ASTS, ACS**	**CMS Code**	**Staff Type**	Renal allotransplantation, implantation of graft; without recipient nephrectomy		Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age		Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**90**	**90**	**90**	**90**	**90**	**90**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**N/A**	**426**	**N/A**	**354**	**N/A**	**522**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L051A**	**RN**	**0**	**90**	**0**	**90**	**0**	**90**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L051A**	**RN**	**0**	**12**	**0**	**12**	**0**	**15**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L051A**	**RN**	**0**	**324**	**0**	**252**	**0**	**417**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms				**5**		**5**		**5**
13	Coordinate pre-surgery services	L051A	RN		**20**		**20**		**20**
14	Schedule space and equipment in facility	L051A	RN		**8**		**8**		**8**
15	Provide pre-service education/obtain consent	L051A	RN		**20**		**20**		**20**
16	Follow-up phone calls & prescriptions	L051A	RN		**7**		**7**		**7**
17	*Other Clinical Activity - *specify:* Complex multidisciplinary coordination of care	L051A	RN		**30**		**30**		**30**
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
39	*Other Clinical Activity - *specify:*								
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L051A	RN	**n/a**	**12**	**n/a**	**12**	**n/a**	
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)	L051A	RN	**n/a**		**n/a**		**n/a**	**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**
48	99211 16 minutes		16						
49	99212 27 minutes		27						
50	99213 36 minutes		36		**9**		**7**		**1**
51	99214 53 minutes		53						**6**
52	99215 63 minutes		63						**1**
53	**Total Office Visit Time**	*L051A*	RN	**0**	**324**	**0**	**252**	**0**	**417**
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		**9**		**7**		**8**
58	pack, post-op incision care (suture & staple)	SA053	pack				**1**		
59	pack, post-op incision care (staple)	SA052	pack		**1**				**1**
60	**EQUIPMENT**	**CODE**							
61	exam table	E11001			**324**		**252**		**417**
62	exam lamp	E30006			**324**		**252**		**417**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
010-Day Global Post-Operative Visits Screen

September 2014

Dilation and Probing of Lacrimal and Nasolacrimal Duct

In January 2014, the RUC reviewed 010-day global services (based on 2012 Medicare utilization data) and identified 18 services with >1.5 office visits and 2012 Medicare utilization data over 1,000. The RUC requested these services be surveyed for work and review the practice expense for the September 2014 RUC meeting.

The RUC agreed that CPT codes 68811 and 68816 are also part of this code family and were left off in error. Therefore, the RUC recommendations for physician work and time are interim. The RUC requested that the specialty re-survey with the appropriate survey instrument for the January 2015 RUC meeting.

68801 ***Dilation of lacrimal punctum, with or without irrigation***
The RUC reviewed the survey results from 76 ophthalmologists and optometrists and agreed on the following physician time components: pre-service time of 4 minutes (with 17 minutes less evaluation time, 1 minute of additional positioning time and 3 minutes less scrub, dress and wait time relative to the standard 6A pre-time package), intra-service time of 5 minutes and immediate post-service time of 5 minutes (post-service package 7A minus 13 minutes). The pre-time was reduced relative to the standard package, as this service is typically done in the office setting in conjunction with a separate E/M visit. The pre-service time includes 2 minutes to allow for positioning of the conscious patient and 2 minutes for the administration of topical anesthesia. The RUC agreed with the specialty that one 99212 office visit during the 010-day global period is justified in order to examine the patient and see if there is patency of the lacrimal system.

The RUC reviewed the survey 25th percent work RVU of 1.04 and agreed with the specialty societies that the current value of 1.00 is appropriate for this service. The RUC compared the survey code to CPT code 64611 *Chemodenervation of parotid and submandibular salivary glands, bilateral* (work RVU= 1.03, 5 minutes of intra-service time, 36 minutes of total time) and noted that since the codes have identical intra-service times, the same number and level of office visits, and similar total times, the similar work values are justified. Additionally, the RUC compared the survey code to CPT code 65778 *Placement of amniotic membrane on the ocular surface; without sutures* (work RVU= 1.19, 5 minutes of intra-service time and 31 minutes of total time) and noted that the survey code has identical intra-service times, the same number and level of

office visits, and a similar total time, and is therefore, correctly valued similarly to 65778. **The RUC recommends an interim work RVU of 1.00 for CPT code 68801.**

68810 ***Probing of nasolacrimal duct, with or without irrigation;***
The RUC reviewed the survey results from 46 ophthalmologists and ocular plastic surgeons and agreed with the specialty on the following physician time components: pre-service time of 17 minutes, with 7 minutes less evaluation time and 1 minute of additional positioning time relative to the standard 6A pre-time package, intra-service time of 15 minutes and immediate post-service time of 5 minutes (post-service package 7A minus 13 minutes). The pre-time was reduced relative to the standard package, as this service is typically done in the office setting in conjunction with a separate E/M visit. The pre-service time is greater than for 68801 because the eye and nasolacrimal system takes longer to anesthetize and position the patient to be able to pass the probe comfortably. The pre-service time includes 2 minutes to allow for positioning of the conscious patient and 5 minutes for the administration of topical anesthesia. The RUC agreed with the specialty that one 99212 office visit during the 010-day global period is justified in order to examine the patient and see if there is patency of the lacrimal system.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 1.95 is appropriate. The RUC compared the survey code to MPC code 11641 *Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm* (work RVU= 2.17, pre-service time of 15 minutes, intra-service time of 20 minutes and post-service time of 5 minutes) and noted that the survey code has lower intra-service time and total time, and is therefore, appropriately valued somewhat lower than 11641. Additionally, the RUC compared the survey code to CPT code 64615 *Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)* (work RVU= 1.85, pre-service time of 15 minutes, intra-service time of 15 minutes and post-service time of 5 minutes) and noted that both codes have identical intra-service time, whereas the survey code has a longer total time, justifying a somewhat higher RVU. **The RUC recommends an interim work RVU of 1.95 for CPT code 68810.**

68815 ***Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent***
The RUC reviewed the survey results from 45 ophthalmologists and ocular plastic surgeons and agreed with the specialty on the following physician time components: pre-service time of 25 minutes (standard pre-time package 1B), intra-service time of 25 minutes and post-service time of 15 minutes (post-time package 8A minus 10 minutes). The RUC acknowledged that unlike the other survey codes in the family, this service is typically done in a facility, not with a separate E/M visit and under general anesthesia. The societies subtracted 10 minutes from the standard post-time package in order to match the survey results. The RUC agreed with the specialty that a ½ day discharge visit (99238) is appropriate for this procedure that is typically performed in a facility. The RUC also concurred that two 99212 office visit during the 010-day global period are justified in order to reflect the increased complexity of managing the patient with the stent in place. The patient is typically a young child, which also contributes to the added complexity.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 3.06 is appropriate. The RUC compared the survey code to CPT code 58120 *Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)* (work RVU= 3.59, intra-service time of 25 minutes and total time of 129 minutes) and noted that since both services have identical intra-service time and the survey code has less total time (116 minutes vs. 129 minutes), a somewhat lower work RVU for the survey code is justified. Additionally, the RUC compared the survey code to MPC code 11623 *Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm* (work RVU= 3.11, intra-service time of 30 minutes and total time of 93 minutes) and noted that with less intra-service time, though more total time, the survey code is appropriately valued comparably to MPC code 11623. **The RUC recommends an interim work RVU of 3.06 for CPT code 68815.**

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense
The RUC reviewed and approved the interim direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee.

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
68801	Dilation of lacrimal punctum, with or without irrigation	010	1.00 (Interim) (No Change)
68810	Probing of nasolacrimal duct, with or without irrigation;	010	1.95 (Interim)
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	010	3.06 (Interim)

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code: 68801 Tracking Number Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **1.00**
Global Period: 010 RUC Recommended RVU: **1.00**

CPT Descriptor: Dilation of lacrimal punctum, with or without irrigation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old patient presents with chronic tearing. Examination reveals stenotic lacrimal punctae. Topical anesthesia is administered. The inferior and superior punctae are dilated with a punctal dilator.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 1%, In the office 99%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The surgeon reviews the preoperative workup, including history, physical examination and laboratory studies. The operative eye is marked by the surgeon. The patient's questions are addressed and informed consent is obtained. The patient is positioned. A surgical time-out is taken. Topical and/or local anesthesia are given around the punctae and lacrimal sac areas.

Description of Intra-Service Work: Commercially available lacrimal dilators of various sizes are pushed gently into the upper and lower punctae. The lacrimal system can be irrigated with a lacrimal cannula placed in one of the puncta to demonstrate patency.

Description of Post-Service Work: The surgeon discusses the procedure with the patient. Instructions on activity limitations and follow-up are given and explained. A note is placed in the patient's medical record and an operative report is completed. Correspondence for the referring doctor is prepared. Prescriptions are written for postoperative medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014		
Presenter(s):	AAO-Stephen A. Kamenetzky, MD, and David B. Glasser, MD AOA-Charlie Fitzpatrick. OD		
Specialty(s):	Ophthalmology/Optometry		
CPT Code:	68801		
Sample Size: 785	**Resp N:** 76	**Response:** 9.6 %	
Description of Sample:	Random sample of U.S. members from the membership database of both the Academy, and the AOA		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	6.00	**19.00**	50.00	300.00
Survey RVW:	0.45	1.04	**1.25**	1.30	5.40
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**2.00**		
Intra-Service Time:	1.00	5.00	**5.00**	10.00	30.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**16.00**	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	68801	**Recommended Physician Work RVU: 1.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**17.00**	**-17.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**2.00**	**5.00**	**-3.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**18.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**16.00**	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
68840	010	1.30	**RUC Time**

CPT Descriptor Probing of lacrimal canaliculi, with or without irrigation

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11400	010	0.90	**RUC Time**	42,262

CPT Descriptor 1 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11440	010	1.05	**RUC Time**	39,977

CPT Descriptor 2 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less

Other Reference CPT Code	Global	Work RVU	Time Source
64611	010	1.03	**RUC Time**

CPT Descriptor Chemodenervation of parotid and submandibular salivary glands, bilateral

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 61 **% of respondents:** 80.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 68801**	**Key Reference CPT Code: 68840**	**Source of Time RUC Time**
Median Pre-Service Time	4.00	8.00	
Median Intra-Service Time	5.00	10.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	16.0	16.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**30.00**	**39.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.93	3.07
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.82	2.93
Urgency of medical decision making	2.10	2.16
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.15	3.39
Physical effort required	2.48	2.69
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.31	2.54
Outcome depends on the skill and judgment of physician	2.85	3.20
Estimated risk of malpractice suit with poor outcome	2.26	2.36

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.52	2.62
Intra-Service intensity/complexity	2.90	3.15

Post-Service intensity/complexity	2.23	2.36

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code is one member of a family of 10-day global lacrimal system codes targeted for review because of two visits during the postoperative global period.

This code describes dilation of a lacrimal punctum to improve tear drainage. The procedure is typically performed in the office setting under topical anesthesia. The AAO and AOA jointly surveyed for this code. There were 76 respondents, 89% of whom found the vignette to accurately describe the typical patient. The 50th percentile WRVU was 1.25 and the 25th percentile was 1.04. Median IST was 5 minutes. There was one 99212 visit in the 10-day global period. The code is typically performed with an EM service. The current value of the code is 1.00 WRVU. The primary reference service was CPT 68840 *Probing of lacrimal canaliculi, with or without irrigation* (RUC Aug 2005) with a WRVU of 1.30. This reference procedure includes deeper passage of the probe compared with 68801. The intensity and complexity metrics for the reference code were consistently higher than for the surveyed code. It has a single 99212 postoperative visit.

The expert panel of the AAO-AOA, which is familiar with the procedure and the RUC process, reviewed the survey findings. There was a robust response and an excellent performance rate. The work of the procedure has not changed for many years. The current code has a negative IWPUT with two office visits in the 10-day global period (one 99211 and one 99212). The panel supports the survey result of one 99212 visit. The survey indicated 20 minutes of pre-service time for evaluation. We have removed that time to avoid overlap with the EM service. We are recommending a total of 7 minutes of pre-service time; 2 minutes to allow for positioning of the patient and 5 minutes for the administration of topical anesthesia. Additionally, we have subtracted 13 minutes of time from post-service package 7A for a total of 5 minutes of post-service work to monitor the patient and prepare an operative report. **We recommend the current value of the code (1.00 WRVU) be maintained. This is just below the 25th percentile of the survey.**

In addition to the reference code, there are codes from other specialties that support the recommended value. CPT 64611 *Chemodenervation of parotid and submandibular salivary glands, bilateral, (RUC OCT 2009)* has an RVU of 1.03 and similar times. CPT 64632 *Destruction by neurolytic agent; plantar common digital nerve (RUC April 2008)* has a WRVU of 1.23 with times of 10/5/5 and a single 99212 visit in the global period. 68801 is less complex and intense than that procedure which requires an injection into the foot. Code 64640 *Destruction by neurolytic agent; other peripheral nerve or branch RUC Sept 2011)* has the same work value and times.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.

☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
☐ Multiple codes are used to maintain consistency with similar codes.
☐ Historical precedents.
☒ Other reason (please explain) This service is typically billed with an office visit; either E/M or eye visit code.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmalogic exam codes.

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.	99213	3	15	5	23	.97	XXX
9.	9.	99214	5	25	10	40	1.50	XXX

FREQUENCY INFORMATION

How this service was previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty Optometry How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 65000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 43,863 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Eye procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 68801

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:68810 Tracking Number

Original Specialty Recommended RVU: **2.15**
Presented Recommended RVU: **1.95**
RUC Recommended RVU: **1.95**

Global Period: 010

CPT Descriptor: Probing of nasolacrimal duct, with or without irrigation;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 48 year old male patient presents with chronic tearing and crusting. Examination and diagnostic studies suggest obstruction of the nasolacrimal duct. The patient undergoes probing of the nasolacrimal duct.

Percentage of Survey Respondents who found Vignette to be Typical: 63%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 17% , In the ASC 35%, In the office 48%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: This procedure is typically performed on adults in the office. The surgeon reviews the preoperative workup, including history, physical examination and laboratory studies. The operative eye is marked by the surgeon. The patient's questions are addressed and informed consent is obtained. The patient is positioned. A surgical time-out is taken. Topical and/or local anesthesia are given around the punctae and lacrimal sac areas.

Description of Intra-Service Work: The superior and inferior punctae are dilated with a lacrimal dilator. A lacrimal probe is introduced into a punctum, passed through the canaliculus, the common canaliculus, and the lacrimal sac. It is then rotated into the nasolacrimal duct and pushed forward into the nasopharynx. The probe is withdrawn. A lacrimal cannula is placed through the canaliculus and lacrimal sac, positioned in the nasolacrimal duct and fluorescein containing saline is irrigated through the duct into the nasopharynx, where the dye is retrieved to confirm patency.

Description of Post-Service Work: The surgeon discusses the procedure with the patient and family. Instructions on activity limitations and follow-up are given and explained. A note is placed in the patient's medical record and an operative report is completed. Correspondence for the referring doctor is prepared. Prescriptions are written for postoperative medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014				
Presenter(s):	Stephen A. Kamenetzky, MD, and David B. Glasser, MD				
Specialty(s):	Ophthalmology				
CPT Code:	68810				
Sample Size:	680	**Resp N:** 46	**Response:** 6.7 %		
Description of Sample:	A random sample of participants was pulled from the Academy and American Society of Ophthalmic Plastic and Reconstructive Surgeons member database.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.75	**25.00**	57.50	1000.00
Survey RVW:	1.11	1.95	**2.50**	3.00	7.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	0.00	6.50	**15.00**	20.00	30.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**16.00**	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	68810	**Recommended Physician Work RVU: 1.95**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**17.00**	**-7.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**18.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**16.00**	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
68816	010	3.06	**RUC Time**

CPT Descriptor Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11440	010	1.05	**RUC Time**	39,977

CPT Descriptor 1 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11641	010	2.17	**RUC Time**	54,442

CPT Descriptor 2 Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm

Other Reference CPT Code	Global	Work RVU	Time Source
64615	010	1.85	**RUC Time**

CPT Descriptor Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 20 **% of respondents:** 43.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 68810	Key Reference CPT Code: 68816	Source of Time RUC Time
Median Pre-Service Time	17.00	10.00	
Median Intra-Service Time	15.00	25.00	
Median Immediate Post-service Time	5.00	15.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	19.00	
Median Office Visit Time	16.0	32.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**53.00**	**101.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)

(of those that selected Key Reference code)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.35	3.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.10	3.15
Urgency of medical decision making	2.30	2.40

Technical Skill/Physical Effort (Mean)

Technical skill required	3.60	3.95
Physical effort required	3.20	3.40

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.05	3.30
Outcome depends on the skill and judgment of physician	3.55	3.75
Estimated risk of malpractice suit with poor outcome	2.50	2.75

INTENSITY/COMPLEXITY MEASURES

CPT Code

Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.35	3.40
Intra-Service intensity/complexity	3.20	3.65

Post-Service intensity/complexity	2.65	2.75

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code CPT 68810 *Probing of nasolacrimal duct, with or without irrigation* is one of the codes in a family chosen for frequency of visits during the 10-day global period. The family of codes describes procedures for reducing obstruction in the nasolacrimal duct. Commonly this is seen unilaterally and the procedure performed in the office. Included in 68810 is the work of 68801 as the dilation of at least one punctum is needed before the lacrimal probe can be introduced into the lacrimal system.

The survey of ophthalmologists and ocular plastic surgeons had 46 respondents, 63 % of whom felt the vignette was typical. The median WRVU was 2.5 and the 25th percentile 1.95. The median IST was 15 minutes. There is one 99212 postoperative visit. The code is typically done with an EM visit on the same day. The current value of the code is 2.15 WRVU. The reference code chosen CPT *68816 Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation* was reviewed by the RUC in 2007. It has a WRVU of 3.06, which includes a 0.5 WRVU discharge day examination and 2-99212 visits.

The expert panel of the AAO and American Society of Ocular Plastic and Reconstructive Surgeons, which was familiar with the code and the RUC process, reviewed the results of the survey which had a tight distribution about the median. The work of this code has not changed for many years. The intensity and complexity of the reference code was felt to be greater than the surveyed code across all metrics, reflecting the need to probe, remove the probe, then place and manipulate the balloon probe, when compared with a standard single passage of a probe used in the office. The survey indicated 25 minutes for preservice evaluation but this was reduced to 10 minutes to avoid duplication of time with the EM service. The preservice time here is greater than for 68801 because the eye and nasolacrimal system takes longer to anesthetize and position the patient to be able to pass the probe comfortably. Post service time was 5 minutes to allow for monitoring of the patient and preparation of the operative report. **The societies recommend the 25th percentile of the survey - 1.95 WRVU, which is less than the current value of 2.15.**

There are codes from other specialties that support this value. CPT 64615 *Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (RUC Feb 2012)* has a value of 1.85, times of 10/5/5 and no postoperative visits during the global period. Also, CPT 17821 *Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm (RUC Oct 2010)* has times of 9/17/5 and a WRVU of 1.77 and a WRVU of 1.77. It also has one 99212 postoperative visit.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.

☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
☐ Multiple codes are used to maintain consistency with similar codes.
☐ Historical precedents.
☒ Other reason (please explain) This service is typically billed with an office visit; either E/M or eye visit codes.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmalogic exam codes.

3.	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
4.	92002	5	15	5	25	.88	XXX
5.	92004	5	25	10	40	1.82	XXX
6.	92012	5	15	5	25	.92	XXX
7.	92014	5	24	8	37	1.42	XXX
8.	99213	3	15	5	23	.97	XXX
9.	99214	5	25	10	40	1.50	XXX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 65000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This procedure is performed more often in the non-Medicare population and we used current RUC database to estimate the overall usage.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 29,630 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Eye procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 68810

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:68815 Tracking Number Original Specialty Recommended RVU: **3.06**
Presented Recommended RVU: **3.06**
Global Period: 010 RUC Recommended RVU: **3.06**

CPT Descriptor: Probing of nasolacrimal duct, with or without irrigation;with insertion of tube or stent

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 4-year-old presents with a 3-year history of crusting, tearing, and frequent episodes of conjunctivitis.

Percentage of Survey Respondents who found Vignette to be Typical: 78%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 40% , In the ASC 58%, In the office 2%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 33%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 33%

Description of Pre-Service Work: This procedure is done in both adults and children. The vignette describes a child under general anesthesia. This procedure is also used in conjunction with other lacrimal and/or eyelid reconstructive procedures in adults under local anesthesia or monitored anesthetic care.

The surgeon reviews the preoperative workup, including history, physical examination and laboratory studies. The operative eye is marked by the surgeon. The patient's and family's questions are addressed and informed consent is obtained. The patient is positioned. A surgical time-out is taken. Topical and/or local anesthesia are given around the punctae and lacrimal sac areas if under local anesthesia. Otherwise, the patient is placed under general anesthesia.

Description of Intra-Service Work: The superior and inferior punctae are dilated with a lacrimal dilator. A lacrimal probe is introduced into a punctum, passed through the canaliculus, the common canaliculus, and the lacrimal sac. It is then rotated into the nasolacrimal duct and pushed forward into the nasopharynx. Presence in the nose is confirmed by touch or visualization. The probe is withdrawn. The lacrimal drainage system is then probed with probes attached to silicone tubing through both the upper and lower lacrimal passages and into the nose beneath the inferior turbinate. The end of each metal rod is retrieved from the nose and the length of silicone tubing is withdrawn. The procedure is performed in both the upper and lower canalicular systems. The tubing is knotted inside the nostril. The knotted ends are sutured to the inside of the alae of the nose for removal at a later date.

Description of Post-Service Work: The surgeon discusses the procedure with the patient and family. Instructions on activity limitations and follow-up are given and explained. A note is placed in the patient's medical record and an operative report is completed. Correspondence for the referring doctor is prepared. Prescriptions are written for postoperative medications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014		
Presenter(s):	Stephen A. Kamenetzky, MD, and David B. Glasser, MD		
Specialty(s):	Ophthalmology		
CPT Code:	68815		
Sample Size:	680	**Resp N:** 45	**Response:** 6.6 %
Description of Sample:	A random sample of participants was pulled from the Academy and American Society of Ophthalmic Plastic and Reconstructive Surgeons member database.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**20.00**	50.00	200.00
Survey RVW:	1.52	3.06	**3.20**	3.50	8.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	20.00	**25.00**	30.00	70.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**32.00**	99211x **0.00** 12x **2.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	68815	**Recommended Physician Work RVU: 3.06**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**25.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**32.00**	99211x **0.00** 12x **2.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
68816	010	3.06	**RUC Time**

CPT Descriptor Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catherter dilation

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11642	010	2.62	**RUC Time**	124,178

CPT Descriptor 1 Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11623	010	3.11	**RUC Time**	26,350

CPT Descriptor 2 11623 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm

Other Reference CPT Code	Global	Work RVU	Time Source
58120	010	3.59	**RUC Time**

CPT Descriptor Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 38 **% of respondents:** 84.4 **%**

TIME ESTIMATES (Median)	**CPT Code: 68815**	**Key Reference CPT Code:** 68816	**Source of Time RUC Time**

Median Pre-Service Time	25.00	15.00
Median Intra-Service Time	25.00	25.00
Median Immediate Post-service Time	15.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	19.0	19.00
Median Office Visit Time	32.0	32.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**116.00**	**106.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.50	3.47
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.21	3.16
Urgency of medical decision making	2.66	2.58
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.13	3.95
Physical effort required	3.42	3.37
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.50	3.37
Outcome depends on the skill and judgment of physician	4.08	3.84
Estimated risk of malpractice suit with poor outcome	2.95	2.76

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.32	3.37
Intra-Service intensity/complexity	3.82	3.74
Post-Service intensity/complexity	3.18	3.18

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT 66815 *Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent* is one of the codes in a family chosen for review because of the number of visits during the 10-day global period. The code describes a procedure for reducing obstruction in the nasolacrimal duct and then leaving a stent (usually a silicone tube) in place to keep the passage open while healing. This is typically performed unilaterally and in a facility. Included in the procedure is the work of both 66801and 68810 as both dilation of the punctum and probing of the system are required before a stent can be placed.

The AAO surveyed 45 respondents; 78% felt that the vignette was typical. The median performance rate was 20. The median WRVU was 3.20 and the 25th percentile 3.06. The median IST was 25 minutes. Preservice package 1B was used which has less time than the surveyed time. We subtracted 10 minutes from the standard post-time package to match the survey. There are two 99212 visits reflecting the increased complexity of managing the patient with the stent in place. The current value of the code is 3.30 WRVU, not including a half-day discharge exam. The IST is 40 minutes with 2 99212 visits. The reference code chosen CPT 68816 *Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation* was reviewed by the RUC in 2007. It has a WRVU of 3.06, which includes a 0.5 WRVU discharge day examination and 2-99212 postoperative visits.

The expert panel of the AAO, which was familiar with the procedure and the RUC process, reviewed the survey which had a reasonable distribution around the median. There have been no major changes in the work of the procedure over many years. The intensity and complexity metrics for this code were slightly higher than the reference code due to the additional work of placing and securing the stent, which typically involves passage through both the upper and lower systems. **The panel was comfortable recommending the 25th percentile of the survey - 3.06 WRVU, which is identical to the value of the reference code and less than the current value of the code (3.30 WRVU).**

There are codes from procedures performed by other specialties that support this value. CPT 11623 *Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm (RUC AUG 2005)* has a WRVU of 3.11 with 30 minutes of IST and a single 99213 visit in the global period. This code is also on the MPC list. CPT *11752 Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx (RUC AUG 95)* has a value of 3.63 which includes 3 visits in the global period. The IST for this code is 25 minutes which is identical to the surveyed code. Finally CPT 58120 *Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical) (RUC SEPT 2005)* has a WRVU of 3.59, IST of 25 minutes and one 99213 visit. All of these codes have higher values than the surveyed code with very similar ISTs and postoperative work.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.

☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. N/A

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 700
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 312
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Eye procedure

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 68815

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

REF = Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Probling/dilation nasalacrimal duct

TAB: 15

						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	68840	Explore/ Irriga	67	0.053			1.30			39	5	3				10			5															1				
CURRENT	68801	Dilate Tear Du	12	-0.026			1.00			62	18					11			10															1	1				
SVY	68801	Dilate Tear Du	76	-0.103	0.45	1.04	1.25	1.30	5.40	70	20	3	2	1	5	5	10	30	5						0.5									1				
REC			76	0.069			1.00			30	0	2	2			5			5						0.0									1				

						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	68816	Probe NL Duc	33	0.027			3.06			121	10	5	15			25			15						0.5									2				
CURRENT	68810	Probe Nasolac	33	0.070			2.15			67	10	5	5			10			5															2				
SVY	68810	Probe Nasolac	46	0.037	1.11	1.95	2.50	3.00	7.00	90	25	5	5	0	7	15	20	30	5						0.5									1				
REC				0.070			1.95			53	10	2	5			15			5						0.0									1				

						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	68816	Probe NL Duc	33	0.027			3.06			121	10	5	15			25			15						0.5									2				
CURRENT	68815	Probe Nasolac	38	0.025			3.30			132	40					40			20															2				
SVY	68815	Probe Nasolac	45	0.011	1.52	3.06	3.20	3.50	8.00	141	30	10	10	5	20	25	30	70	15						0.5									2				
REC				0.025			3.06			116	19	1	5			25			15						0.5									2				

Tab 15
Tab Number

Probing/Dilation nasolacrimal duct
Issue

68810-68815
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

David B. Glasser, M.D.
Printed Signature

American Academy of Ophthalmology
Specialty Society

August 25, 2014
Date

15
Tab Number

Probing/Dilation Nasolacrimal Duct
Issue

68801-68815
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Steve Kamentzky

Signature

Stephan A. Kamentskzy, M.D.
Printed Signature

American Academy Ophthalmology
Specialty Society

August 21, 2014
Date

CPT Code: 68801
Specialty Society('s) AAO and AOA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Dilation of lacrimal punctum, with or without irrigation

Global Period: 010 Meeting Date: Sept. 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise as needed. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment. We then work with the representatives of the American Optometric Association to ensure accuracy and consensus regarding the PE inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Staff completes pre-service diagnostic & referral forms
- Pre-surgery services are coordinated
- Schedule space and equipment in facility
- Provide pre-service education and consent of the patient
- Follow up phone calls and prescriptions

Intra-Service Clinical Labor Activities: When this service is performed in the facility, no intra-service clinical activities are included in the physician practice expense.

Post-Service Clinical Labor Activities: The majority of immediate post-service clinical labor activities are included with the office visit except for time for discharge management of the patient.

CPT Code: 68801
Specialty Society('s) AAO and AOA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Dilation of lacrimal punctum, with or without irrigation

Global Period: 010 Meeting Date: Sept. 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise as needed. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment. We then work with the representatives of the American Optometric Association to ensure accuracy and consensus regarding the PE inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Staff completes pre-service diagnostic & referral forms
Pre-surgery services are coordinated
Provide pre-service education and consent of the patient
Follow up phone calls and prescriptions

Intra-Service Clinical Labor Activities: Because this service is performed typically with an E/M visit, intra-service clinical activities except those associated with the intra-service portion of the procedure are included as part of the office visit.

Post-Service Clinical Labor Activities: All post-service clinical labor activities are included with the office visit.

CPT Code: 68810
Specialty Society('s) AAO

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Probing of nasolacrimal duct, with or without irrigation

Global Period: 010 Meeting Date: Sept. 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise as needed. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: N/A

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Staff completes pre-service diagnostic & referral forms
- Pre-surgery services are coordinated
- Schedule space and equipment in facility
- Provide pre-service education and consent of the patient
- Follow up phone calls and prescriptions

Intra-Service Clinical Labor Activities: When this service is performed in the facility, no intra-service clinical activities are included in the physician practice expense.

Post-Service Clinical Labor Activities: The majority of immediate post-service clinical labor activities are included with the office visit except for time for discharge management of the patient.

CPT Code: 68815
Specialty Society('s) AAO

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent

Global Period: 010 Meeting Date: Sept. 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise as needed. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: N/A

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Staff completes pre-service diagnostic & referral forms
- Pre-surgery services are coordinated
- Schedule space and equipment in facility
- Provide pre-service education and consent of the patient
- Follow up phone calls and prescriptions

Intra-Service Clinical Labor Activities:
When this service is performed in the facility, no intra-service clinical activities are included in the physician practice expense.

Post-Service Clinical Labor Activities:
The majority of immediate post-service clinical labor activities in the facility are included with the office visit except for time for discharge management of the patient.

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**68801**		**68801**	
3	**Meeting Date: Sept 17, 2014 Tab: 15 Specialty:Ophthalmology & Optometry**	**CMS Code**	**Staff Type**	Dilate tear Duct Opening		Dilate Tear Duct Opening	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**10**	**10**	**10**	**10**
6	**TOTAL CLINICAL LABOR TIME**	**L038A**		**86.0**	**73.0**	**54.0**	**63.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L038A**	**)MT/COT/RN/C**	**18.0**	**30.0**	**12.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L038A**	**)MT/COT/RN/C**	**25.0**	**0.0**	**15.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L038A**	**)MT/COT/RN/C**	**43.0**	**43.0**	**27.0**	**27.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	**L038A**	**)MT/COT/RN/C**	**5**	**5**	**5**	**5**
13	Coordinate pre-surgery services	**L038A**	**)MT/COT/RN/C**	**3**	**10**	**0**	**10**
14	Schedule space and equipment in facility	**L038A**	**)MT/COT/RN/CST**		**5**		**5**
15	Provide pre-service education/obtain consent	**L038A**	**)MT/COT/RN/C**	**7**	**7**	**7**	**7**
16	Follow-up phone calls & prescriptions	**L038A**	**)MT/COT/RN/C**	**3**	**3**	**0**	**3**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	**L038A**	**)MT/COT/RN/C**	**3**			
22	Obtain vital signs	**L038A**	**)MT/COT/RN/C**	**3**			
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies	L038A	**)MT/COT/RN/CST**				
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure	L038A	**)MT/COT/RN/C**	**6**		**5**	
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff	L038A	**)MT/COT/RN/C**	**3**			
36	Clean Scope						
37	Clean Surgical Instrument Package	L038A	**)MT/COT/RN/C**	**10**		**10**	
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L038A	**)MT/COT/RN/C**				**6**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)						
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)						
45	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**68801**		**68801**	
3	**Meeting Date: Sept 17, 2014 Tab: 15 Specialty:Ophthalmology & Optometry**	**CMS Code**	**Staff Type**	Dilate tear Duct Opening		Dilate Tear Duct Opening	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**10**	**10**	**10**	**10**
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes	L038A	16	**1**	**1**		
51	99212 27 minutes	L038A	27	**1**	**1**	**1**	**1**
52	99213 36 minutes		36				
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**43.0**	**43.0**	**27.0**	**27.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	Ophthalmology visit package w/o dilation	SA050	pack	**3**	**2**	**1**	**1**
60	Betadine cc	SJ041					
61	Surgical mask w/ face shield	SB034					
62	gown, staff, impervious, disposable	SB027					
63	surgical cap	SB001					
64	gloves, sterile (pair)	SB024					
65	shoe co ers (pair)	SB039					
66	Drape, sterile, For Mayo Stand	SB012					
67	Drape, sterile, U	SB015					
68	Drape/cover, sterile, For O.R.Light Handle	SB016					
69	Betadine Swabstick (3 pack)	SJ043					
70	Syringe, 5cc	SC057					
71	Needle, 18 to 24 gauge	SC029					
72	Needle 27 to 30 gauge	SC031					
73	Lidocaine 2% w epi Inj 20ml	SH049					
74	Cocaine 4%, 10cc	SH025					
75	BSS Irrigation 15cc	SH078					
76	Gauze, Sterile 4" x 4" (10 pack)	SG056					
77	Cotton tip applicators, sterile	SG081		**6**		**6**	
78	Erythromycin ointment (half tube)	SH032					
79	Tape, Surgical 1" Width (eg Miropore)/in	SG079					
80	Strabismus eye pads	SG046					
81	Lacrimal tubing or stent	SD179					
82	Afrin nasal spray, 15 cc	SJ037					
83	Pack, cleaning surgical Instruments	SA043		**1**		**1**	
84	cottonoids	SG031					
85	**EQUIPMENT**	**CODE**					
86	Screening Lane (# uses)	EL006		**68**	**43**	**32**	**27**
87	Basic Surgical Pack	EQ137		**25**		**15**	
88	Design for Vision Loupes	EQ176		**25**		**5**	
89	Fiberopic Exam Light w/ source	EQ170					
90	Suction machine (Gomco)	EQ235					

	A	B	C	H	I	J	K
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**68810**		**68810**	
3	**Meeting Date: Sept 17, 2014 Tab: 15 Specialty:Ophthalmology & Optometry**	**CMS Code**	**Staff Type**	Probe Nasolacrimal duct		Probe Nasolacrimal duct	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**10**	**10**	**10**	**10**
6	**TOTAL CLINICAL LABOR TIME**	**L038A**		**106.0**	**84.0**	**64.0**	**63.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L038A**	**)MT/COT/RN/C**	**18.0**	**30.0**	**12.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L038A**	**)MT/COT/RN/C**	**34.0**	**0.0**	**25.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L038A**	**)MT/COT/RN/C**	**54.0**	**54.0**	**27.0**	**27.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	**L038A**	**)MT/COT/RN/C**	**5**	**5**	**5**	**5**
13	Coordinate pre-surgery services	**L038A**	**)MT/COT/RN/C**	**3**	**10**	**0**	**10**
14	Schedule space and equipment in facility	**L038A**	**)MT/COT/RN/C**		**5**		**5**
15	Provide pre-service education/obtain consent	**L038A**	**)MT/COT/RN/C**	**7**	**7**	**7**	**7**
16	Follow-up phone calls & prescriptions	**L038A**	**)MT/COT/RN/C**	**3**	**3**	**0**	**3**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	**L038A**	**)MT/COT/RN/C**	**3**			
22	Obtain vital signs	**L038A**	**)MT/COT/RN/C**	**3**			
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies	L038A	**)MT/COT/RN/C**				
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure	L038A	**)MT/COT/RN/C**	**15**		**15**	
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff	L038A	**)MT/COT/RN/C**	**3**			
36	Clean Scope						
37	Clean Surgical Instrument Package	L038A	**)MT/COT/RN/C**	**10**		**10**	
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L038A	**)MT/COT/RN/C**				**6**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)						
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)						
45	**End: Patient leaves office**						

	A	B	C	H	I	J	K
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**68810**		**68810**	
3	**Meeting Date: Sept 17, 2014 Tab: 15 Specialty:Ophthalmology & Optometry**	**CMS Code**	**Staff Type**	Probe Nasolacrimal duct		Probe Nasolacrimal duct	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**10**	**10**	**10**	**10**
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes	L038A	16				
51	99212 27 minutes	L038A	27	**2**	**2**	**1**	**1**
52	99213 36 minutes		36				
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**54.0**	**54.0**	**27.0**	**27.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	Ophthalmology visit package w/o dilation	SA050	pack	**3**	**2**	**1**	**1**
60	Betadine cc	SJ041		**5**			
61	Surgical mask w/ face shield	SB034					
62	gown, staff, impervious, disposable	SB027					
63	surgical cap	SB001					
64	gloves, sterile (pair)	SB024		**1**		**1**	
65	shoe co ers (pair)	SB039					
66	Drape, sterile, For Mayo Stand	SB012					
67	Drape, sterile, U	SB015					
68	Drape/cover, sterile, For O.R.Light Handle	SB016					
69	Betadine Swabstick (3 pack)	SJ043		**1**		**1**	
70	Syringe, 5cc	SC057		**1**		**1**	
71	Needle, 18 to 24 gauge	SC029				**1**	
72	Needle 27 to 30 gauge	SC031					
73	Lidocaine 2% w epi Inj 20ml	SH049		**1**			
74	Cocaine 4%, 10cc	SH025					
75	BSS Irrigation 15cc	SH078		**1**		**1**	
76	Gauze, Sterile 4" x 4" (10 pack)	SG056		**1**		**1**	
77	Cotton tip applicators, sterile	SG081		**6**		**6**	
78	Erythromycin ointment (half tube)	SH032		**1**		**1**	
79	Tape, Surgical 1" Width (eg Miropore)/in	SG079					
80	Strabismus eye pads	SG046					
81	Lacrimal tubing or stent	SD179					
82	Afrin nasal spray, 15 cc	SJ037				**1**	
83	Pack, cleaning surgical Instruments	SA043		**1**		**1**	
84	cottonoids	SG031				**3**	
85	**EQUIPMENT**	**CODE**					
86	Screening Lane (# uses)	EL006		**116**	**54**	**42**	**27**
87	Basic Surgical Pack	EQ137		**29**		**25**	
88	Design for Vision Loupes	EQ176		**29**		**15**	
89	Fiberopic Exam Light w/ source	EQ170		**29**		**15**	
90	Suction machine (Gomco)	EQ235					

	A	B	C	L	M	N	O
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**68815**		**68815**	
3	**Meeting Date: Sept 17, 2014 Tab: 15 Specialty:Ophthalmology & Optometry**	**CMS Code**	**Staff Type**	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent		Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**10**	**10**	**10**	**10**
6	**TOTAL CLINICAL LABOR TIME**	**L038A**		**131.0**	**84.0**	**108.0**	**90.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L038A**	**)MT/COT/RN/C**	**18.0**	**30.0**	**18.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L038A**	**)MT/COT/RN/C**	**59.0**	**0.0**	**36.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L038A**	**)MT/COT/RN/C**	**54.0**	**54.0**	**54.0**	**54.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	**L038A**	**)MT/COT/RN/C**	**5**	**5**	**5**	**5**
13	Coordinate pre-surgery services	**L038A**	**)MT/COT/RN/C**	**3**	**10**	**3**	**10**
14	Schedule space and equipment in facility	**L038A**	**)MT/COT/RN/C**		**5**		**5**
15	Provide pre-service education/obtain consent	**L038A**	**)MT/COT/RN/C**	**7**	**7**	**7**	**7**
16	Follow-up phone calls & prescriptions	**L038A**	**)MT/COT/RN/C**	**3**	**3**	**3**	**3**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	**L038A**	**)MT/COT/RN/C**	**3**		**3**	
22	Obtain vital signs	**L038A**	**)MT/COT/RN/C**	**3**		**3**	
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies	L038A	**)MT/COT/RN/C**			**2**	
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure	L038A	**)MT/COT/RN/C**	**40**		**25**	
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff	L038A	**)MT/COT/RN/C**	**3**		**3**	
36	Clean Scope						
37	Clean Surgical Instrument Package	L038A	**)MT/COT/RN/C**	**10**		**0**	
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L038A	**)MT/COT/RN/C**				**6**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)						
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)						
45	**End: Patient leaves office**						

	A	B	C	L	M	N	O
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**68815**		**68815**	
3	**Meeting Date: Sept 17, 2014 Tab: 15 Specialty:Ophthalmology & Optometry**	**CMS Code**	**Staff Type**	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent		Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**10**	**10**	**10**	**10**
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes	L038A	16				
51	99212 27 minutes	L038A	27	**2**	**2**	**2**	**2**
52	99213 36 minutes		36				
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**54.0**	**54.0**	**54.0**	**54.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	Ophthalmology visit package w/o dilation	SA050	pack	**3**	**2**	**2**	**2**
60	Betadine cc	SJ041		**5**			
61	Surgical mask w/ face shield	SB034		**1**		**1**	
62	gown, staff, impervious, disposable	SB027		**1**		**1**	
63	surgical cap	SB001		**1**		**1**	
64	gloves, sterile (pair)	SB024		**1**		**1**	
65	shoe co ers (pair)	SB039		**1**		**1**	
66	Drape, sterile, For Mayo Stand	SB012		**1**		**1**	
67	Drape, sterile, U	SB015		**1**		**1**	
68	Drape/cover, sterile, For O.R.Light Handle	SB016		**1**		**1**	
69	Betadine Swabstick (3 pack)	SJ043		**1**		**1**	
70	Syringe, 5cc	SC057		**1**		**1**	
71	Needle, 18 to 24 gauge	SC029		**1**		**1**	
72	Needle 27 to 30 gauge	SC031		**1**		**1**	
73	Lidocaine 2% w epi Inj 20ml	SH049		**1**		**1**	
74	Cocaine 4%, 10cc	SH025		**1**			
75	BSS Irrigation 15cc	SH078		**1**		**1**	
76	Gauze, Sterile 4" x 4" (10 pack)	SG056		**1**		**1**	
77	Cotton tip applicators, sterile	SG081		**10**		**10**	
78	Erythromycin ointment (half tube)	SH032		**1**		**1**	
79	Tape, Surgical 1" Width (eg Miropore)/in	SG079		**12**		**12**	
80	Strabismus eye pads	SG046		**2**		**2**	
81	Lacrimal tubing or stent	SD179		**1**		**1**	
82	Afrin nasal spray, 15 cc	SJ037				**1**	
83	Pack, cleaning surgical Instruments	SA043		**1**		**1**	
84	cottonoids	SG031				**3**	
85	**EQUIPMENT**	**CODE**					
86	Screening Lane (# uses)	EL006		**113**	**54**	**90**	**54**
87	Basic Surgical Pack	EQ137		**59**		**54**	
88	Design for Vision Loupes	EQ176		**59**		**54**	
89	Fiberopic Exam Light w/ source	EQ170		**59**		**54**	
90	Suction machine (Gomco)	EQ235				**54**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request Final Rule for 2014

September 2014

Laminectomy

In 2011, CMS identified CPT code 63047 as potentially misvalued through the CMS High Expenditure Procedural Codes screen. The specialty societies added CPT code 63048 to be reviewed as part of this family of services. The RUC submitted recommendations for codes 63047 and 63048 for CY 2014. In the Final Rule for 2014, CMS requested that CPT codes 63045 and 63046 be reviewed in concert with 63047 and 63048 and valued these services as interim until 63045 and 63046 are reviewed.

No specialty societies indicated an interest to survey these services. The specialty societies who typically perform these services, and the RUC, commented that CMS should have requested that these services be reviewed when the Agency initially identified CPT code 63047. Nevertheless, the specialty societies indicated that these two sets of services are not in the same family. The specialty societies noted that 63045 and 63046 represent very different physician work; the spinal cord is present at these levels, and the techniques for bone removal as well as physician stress and risk of complications are very different as a result. In addition, 63045 and 63046 represent a small proportion (<15%) of the aggregate volume of what CMS has now declared to be the "family" of codes.

The RUC agreed that it would have been less burdensome on the specialty societies if all of these services were identified and surveyed at the same time. However, the RUC noted that the Medicare utilization is slowly increasing for these Harvard-valued services and both codes should be surveyed. The RUC recommended that CPT codes 63045 and 63046 be surveyed for September 2014.

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***
The RUC reviewed the survey results from 75 physicians for CPT code 63045 and determined that the current work RVU of 17.95, slightly below the survey 25th percentile work RVU of 18.00, appropriately accounts for the work required to perform this service. The RUC noted that the current physician time is Harvard extrapolated time and therefore recommends the surveyed time: 40 minutes pre-service evaluation, 18 minutes positioning, 20 minutes scrub/dress/wait, 120 minutes intra-service time and 30 minutes immediate post-service time. The RUC compared 63045 to key reference service 63015 *Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical* (work RVU = 20.85 and 150 minutes intra-service time) and determined that 63045 requires 30 minutes less intra-service time and less physician work to complete. Therefore, 63045 is appropriately valued lower than key reference service 63015. For additional support the RUC referenced MPC codes 33249 *Insertion or*

replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber (work RVU 15.17 and 120 minutes intra-service time) and 58150 *Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);* (work RVU 17.31 and 120 minutes intra-service time). **The RUC recommends a work RVU of 17.95 for CPT code 63045.**

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***

The RUC reviewed the survey results from 75 physicians for CPT code 63046 and determined that the current work RVU of 17.25, slightly below the survey 25th percentile work RVU of 17.78, appropriately accounts for the work required to perform this service. The RUC noted that the current physician time is Harvard extrapolated time and therefore recommends the surveyed time: 40 minutes pre-service evaluation, 18 minutes positioning, 20 minutes scrub/dress/wait, 120 minutes intra-service time and 30 minutes immediate post-service time. The RUC compared 63046 to key reference service 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* (work RVU = 15.37 and 90 minutes intra-service time) and determined that 63046 requires 30 minutes more intra-service time and more physician work to complete. Therefore, 63046 is appropriately valued higher than key reference service 63047. For additional support the RUC referenced MPC codes 33249 *Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber* (work RVU 15.17 and 120 minutes intra-service time) and 58150 *Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);* (work RVU 17.31 and 120 minutes intra-service time). **The RUC recommends a work RVU of 17.25 for CPT code 63046.**

Practice Expense

The RUC recommends the direct practice expense inputs as submitted by the specialty societies and approved by the Practice Expense Subcommittee.

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
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	090	17.95 (No Change)
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	090	17.25 (No Change)

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:63045 Tracking Number Original Specialty Recommended RVU: **17.95**
Presented Recommended RVU: **17.95**
Global Period: 090 RUC Recommended RVU: **17.95**

CPT Descriptor: 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

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old male presents with right arm pain associated with bilateral upper extremity numbness and paresthesia, upper and lower extremity weakness, and gait imbalance. Imaging studies reveal C5-6 spinal canal stenosis with cord compression. The patient undergoes C5-6 decompressive laminectomy with medial facetectomies and bilateral foraminotomies.

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 3% , Overnight stay-less than 24 hours 35% , 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 47%

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: Preoperative laboratory work-up is reviewed. Preoperative orders for perioperative medications are written. MRI and/or other spinal imaging studies are located, reviewed, and placed on the view box in the operating room. The planned incisions and procedure are reviewed. The patient is greeted in the holding area, and the surgical procedure, postoperative recovery in and out of the hospital, and expected outcome(s) are reviewed with the patient and family. The operative site is signed and marked. Informed consent is obtained. It is verified that all necessary surgical instruments, supplies, and devices are available in the operative suite. The length and type of anesthesia are reviewed with the anesthesiologist. The initial patient positioning for induction of anesthesia is monitored. Following the induction of anesthesia, the patient is repositioned and padded to prevent pressure on neurovascular structures. Leads for intraoperative neuromonitoring, if used, are positioned and secured; baseline neuromonitoring values are obtained prior to positioning (intraoperative monitoring is coded separately when performed by a neurologist). The patient's head is secured with the 3-point head holder and the patient is carefully rolled off of his hospital bed and onto the OR table, keeping the neck in neutral lordosis. The head is affixed to the OR frame using the head holder. Neuromonitoring recording, if used, are repeated to verify no change in recordings with patient positioning. A time out is completed, and patient and procedure factors confirmed with the OR staff. The physician scrubs and gowns for the procedure. The physician marks the incisions and supervises prepping/draping of the patient.

Description of Intra-Service Work: A midline posterior cervical incision is made and the paraspinous muscles are reflected out to the facet joints, exposing the laminae, spinous processes and facet joins from C5 to C6. A high speed drill and rongeurs are used to resect the lamina and medial facet joints of C5-6. The ligamentum flavum is removed, exposing the

dura overlying the spinal cord. A foraminotomy is performed for the compressed nerve roots. The region is examined to ensure no spinal instability after the decompression. Hemostasis is achieved and the incision is closed in layers.

Description of Post-Service Work:
Post-service Work - Hospital
The patient is turned into the supine position; care is taken to maintain the cervical spine in neutral lordosis for turning. The 3-pin head holder is removed. If bleeding from the pin sites occurs, direct pressure is applied and, when necessary, the pin sites may require separate closure with staples or suture. When anesthesia is reversed, the patient is transferred to the recovery room. An operative note is written in the patient's record. The patient is examined, checking wound(s) and patient progress and monitoring for abnormal neurological findings. Operating room forms are signed, including pre- and postoperative diagnosis and operations performed. The procedure outcome is discussed with family. A postoperative report is dictated. The procedure outcome is discussed with the referring physician. The procedure outcome and expected recovery letter is dictated for the referring physician and/or insurance company.

Post-service Work - Office
Write orders for medications and follow-up films. Review post-discharge films. Examine patient - perform periodic neurological exams. Monitor wounds and remove sutures/staples. Review use and proper fit of collar with patient. Review physical therapy progress and revise orders as needed. Dictate patient progress notes for medical chart. Answer patient/family questions, insurance staff questions. Discuss patient progress with referring physician (verbal and written).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014					
Presenter(s):	Alexander Mason, MD; John Ratliff, MD; Henry Woo, MD; Karin Swartz, MD; William Creevy, MD; John Heiner, MD					
Specialty(s):	AANS/CNS, AAOS, NASS					
CPT Code:	63045					
Sample Size:	1056	**Resp N:**	75	**Response:** 7.1 %		
Description of Sample:	random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	2.00	6.00	**14.00**	25.00	100.00	
Survey RVW:	15.37	18.00	**20.00**	22.05	45.00	
Pre-Service Evaluation Time:			**75.00**			
Pre-Service Positioning Time:			**30.00**			
Pre-Service Scrub, Dress, Wait Time:			**20.00**			
Intra-Service Time:	45.00	90.00	**120.00**	120.00	180.00	
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):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**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:	63045	**Recommended Physician Work RVU: 17.95**		
		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:		**18.00**	**3.00**	**15.00**
Pre-Service Scrub, Dress, Wait Time:		**20.00**	**20.00**	**0.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

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):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63015	090	20.85	**RUC Time**

CPT Descriptor Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; 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
58150	090	17.31	**RUC Time**	9,022

CPT Descriptor 1 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215	090	19.68	**RUC Time**	7,452

CPT Descriptor 2 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 25 **% of respondents:** 33.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 63045**	**Key Reference CPT Code:** 63015	**Source of Time RUC Time**
Median Pre-Service Time	78.00	90.00	
Median Intra-Service Time	120.00	150.00	
Median Immediate Post-service Time	30.00	38.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	60.0	80.00	
Median Discharge Day Management Time	38.0	38.00	
Median Office Visit Time	69.0	69.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**395.00**	**465.00**	
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	3.72	3.64
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.84	3.80
Urgency of medical decision making	3.96	3.88
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.76	3.96
Physical effort required	4.24	3.68
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.20	4.20
Outcome depends on the skill and judgment of physician	4.20	4.08
Estimated risk of malpractice suit with poor outcome	3.68	4.16

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.56	3.56
Intra-Service intensity/complexity	3.92	3.88

Post-Service intensity/complexity	3.44	3.44

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.*

BACKGROUND

In the Final Rule for 2014, CMS requested that CPT codes 63045 and 63046 be reviewed as related codes to previously surveyed codes 63047 and 63048. Code 63045 and 63046 are Harvard valued. Code 63045 was surveyed jointly by AANS/CNS, AAOS, and NASS.

RECOMMENDATION

We recommend the current work RVU of 17.95 which is slightly lower than the survey 25th percentile.

Pre-Time Package 4 is appropriate with additional time for positioning: Add 15 minutes (total = 18 minutes) for SS3 positioning [Posterior Thoracic/Lumbar (Prone) (eg laminectomy)] which occurs after patient is placed supine and lines /anesthesia are placed.

Post-Time Package 9B is appropriate with 3 minutes subtracted to correspond to survey median time.

Code Comparison

Key reference code 63015 requires more work than 63045 and is ranked appropriately greater.

CPT	SHORT DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	SD-POST	HV	OV
63045	Laminectomy, cervical, 1 segment	**17.95**	**0.079**	**395**	**78**	**120**	**30**	**3**	**3**
63015	Laminectomy, cervical, >2 segments	20.85	0.073	465	90	150	38	4	3

MPC comparison

	CPT	SHORT DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	SD-POST	HV	OV
MPC	**33249**	Nsert pace-defib w/lead	15.17	0.091	249	60	120	0	0	3
	63046	Remove spine lamina 1 thrc	17.25	0.073	395	78	120	30	3	3
MPC	**58150**	Total hysterectomy	17.31	0.071	394	60	120	30	5	2
	63045	Remove spine lamina 1 crvl	17.95	0.079	395	78	120	30	3	3
MPC	**37215**	Transcath stent cca w/eps	19.68	0.122	347	90	103	30	2	2

The table below supports appropriate total physician work magnitude ranking for these four similar laminectomy codes. (cervical > thoracic > lumbar).

CPT	SHORT DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	SD-POST	HV	OV
63045	Laminectomy, cervical, 1 segment	17.95	0.079	395	78	120	30	3	3
63046	Laminectomy, thoracic, 1 segment	17.25	0.073	395	78	120	30	3	3
63047	Laminectomy, lumbar, 1 segment	15.37	0.077	365	75	90	30	3	3
63048	each add'l segment	3.47	0.077	45	0	0	45	0	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) 63045

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 neurosurgery How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national estimate 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? 8,182
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2013e RUC database

Specialty neurosurgery Frequency 6136 Percentage 74.99 %

Specialty orthopaedic surgery Frequency 2045 Percentage 24.99 %

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:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 63045

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:63046 Tracking Number Original Specialty Recommended RVU: **17.25**
Presented Recommended RVU: **17.25**
Global Period: 090 RUC Recommended RVU: **17.25**

CPT Descriptor: 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

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old male presents with bilateral intercostal radicular pain, bilateral lower extremity paresthesia and weakness, and gait imbalance. Imaging studies reveal T9-10 spinal canal stenosis with cord compression. The patient undergoes T9-10 decompressive laminectomy with medial facetectomies and bilateral foraminotomies.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 1% , Overnight stay-less than 24 hours 28% , Overnight stay-more than 24 hours 71%

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 47%

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: Preoperative laboratory work-up is reviewed. Preoperative orders for perioperative medications are written. MRI and/or other spinal imaging studies are located, reviewed, and placed on the view box in the operating room. The planned incisions and procedure are reviewed. The patient is greeted in the holding area, and the surgical procedure, postoperative recovery in and out of the hospital, and expected outcome(s) are reviewed with the patient and family. The operative site is signed and marked. Informed consent is obtained. It is verified that all necessary surgical instruments, supplies, and devices are available in the operative suite. The length and type of anesthesia are reviewed with the anesthesiologist. The initial patient positioning for induction of anesthesia is monitored. Following the induction of anesthesia, the patient is repositioned and padded to prevent pressure on neurovascular structures. Leads for intraoperative neuromonitoring, if used, are positioned and secured; baseline neuromonitoring values are obtained prior to positioning (intraoperative monitoring is coded separately when performed by a neurologist). The patient is carefully rolled off of his hospital bed and onto the OR table, keeping the spine in neutral position. Neuromonitoring recording, if used, are repeated to verify no change in recordings with patient positioning. A time out is completed, and patient and procedure factors confirmed with the OR staff. The physician scrubs and gowns for the procedure. The physician marks the incisions and supervises prepping/draping of the patient.

Description of Intra-Service Work: A midline posterior cervical incision is made and the paraspinous muscles are reflected out to the facet joints, exposing the laminae, spinous processes and facet joins from T9 to T10. A high speed drill and rongeurs are used to resect the lamina and medial facet joints of T9-T10. The underlying ligamentum flavum is sectioned with micro Kerrison rongeurs. The medial T9 and T10 facets are removed with a drill or bone-biting instruments, exposing the exiting nerve roots. A foraminotomy is performed for the compressed nerve roots. The wound is irrigated and closed in layers (over a drain if placed). Sterile dressings are applied.

Description of Post-Service Work:
Post-service Work - Hospital
Sterile dressings are applied. Return patient to supine position. Write an OP note in the patient's record. Monitor for abnormal neurological findings. Sign OR forms, including pre- and postoperative diagnosis, operations performed. Discuss procedure outcome with family. Dictate postop report. Discuss procedure outcome with referring physician. Dictate procedure outcome and expected recovery letter for referring physician and/or insurance company. Films are ordered and reviewed to check alignment of spine. Orders are written daily, as necessary, for medications, diet, and patient activity. The patient is examined daily, checking wounds and patient progress. Nursing/other staff patient chart notes are reviewed. Patient progress notes are charted. Patient progress is discussed with the referring physician (verbal and written). Patient/family questions, nursing/other staff questions (verbal and written), and insurance staff questions are answered. At discharge, postdischarge wound care, use and proper fit of brace, and activity limitations are reviewed, including planned physical therapy. Orders are written for postdischarge films and medications. Patient discharge notes are written.

Post-service Work - Office
Orders are written for medications and follow-up films. Postdischarge films are reviewed. The patient is examined, performing periodic neurological exams. Wounds are monitored and sutures/staples removed. Use and proper fit of brace are reviewed with the patient. Physical therapy progress is reviewed and orders revised as needed. Patient progress notes are dictated for the medical chart. Patient/family questions and insurance staff questions are answered. Patient progress is discussed with the referring physician (verbal and written).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014				
Presenter(s):	Alexander Mason, MD; John Ratliff, MD; Henry Woo, MD; Karin Swartz, MD; William Creevy, MD; John Heiner, MD				
Specialty(s):	AANS/CNS, AAOS, NASS				
CPT Code:	63046				
Sample Size:	1056	**Resp N:**	75	**Response:**	7.1 %
Description of Sample:	random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**6.00**	14.00	100.00
Survey RVW:	14.00	17.78	**20.00**	22.93	45.00
Pre-Service Evaluation Time:			**75.00**		
Pre-Service Positioning Time:			**30.00**		
Pre-Service Scrub, Dress, Wait Time:			**20.00**		
Intra-Service Time:	50.00	90.00	**120.00**	120.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**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:	63046	**Recommended Physician Work RVU: 17.25**		
		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:		**18.00**	**3.00**	**15.00**
Pre-Service Scrub, Dress, Wait Time:		**20.00**	**20.00**	**0.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

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):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63047	090	15.37	**RUC Time**

CPT Descriptor 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

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
33249	090	15.17	**RUC Time**	50,493

CPT Descriptor 1 Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
58150	090	17.31	**RUC Time**	9,022

CPT Descriptor 2 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 24 **% of respondents:** 32.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 63046**	**Key Reference CPT Code:** 63047	**Source of Time RUC Time**

Median Pre-Service Time	78.00	75.00
Median Intra-Service Time	120.00	90.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	60.0	60.00
Median Discharge Day Management Time	38.0	38.00
Median Office Visit Time	69.0	69.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**395.00**	**362.00**
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	4.04	4.08
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.88	3.46
Urgency of medical decision making	4.00	3.29
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.79	3.71
Physical effort required	4.08	3.63
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.13	3.63
Outcome depends on the skill and judgment of physician	4.29	3.75
Estimated risk of malpractice suit with poor outcome	3.63	3.67

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.42	3.38
Intra-Service intensity/complexity	3.79	3.67
Post-Service intensity/complexity	3.04	3.21

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.*

BACKGROUND

In the Final Rule for 2014, CMS requested that CPT codes 63045 and 63046 be reviewed as related codes to previously surveyed codes 63047 and 63048. Code 63045 and 63046 are Harvard valued. Code 63046 was surveyed jointly by AANS/CNS, AAOS, and NASS.

RECOMMENDATION

We recommend the current work RVU of 17.25 which is slightly lower than the survey 25th percentile.

Pre-Time Package 4 is appropriate with additional time for positioning: Add 15 minutes (total = 18 minutes) for SS3 positioning [Posterior Thoracic/Lumbar (Prone) (eg laminectomy)] which occurs after patient is placed supine and lines /anesthesia are placed.

Post-Time Package 9B is appropriate with 3 minutes subtracted to correspond to survey median time.

Code Comparison

Key reference code 63047 requires less work than 63046 and is ranked appropriately less.

CPT	SHORT DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	SD-POST	HV	OV
63046	Laminectomy, thoracic, 1 segment	**17.25**	**0.073**	**395**	**78**	**120**	**30**	**3**	**3**
63047	Laminectomy, lumbar, 1 segment	15.37	0.077	365	75	90	30	3	3

MPC comparison

	CPT	SHORT DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	SD-POST	HV	OV
MPC	**33249**	Nsert pace-defib w/lead	15.17	0.091	249	60	120	0	0	3
	63046	Remove spine lamina 1 thrc	17.25	0.073	395	78	120	30	3	3
MPC	**58150**	Total hysterectomy	17.31	0.071	394	60	120	30	5	2
	63045	Remove spine lamina 1 crvl	17.95	0.079	395	78	120	30	3	3
MPC	**37215**	Transcath stent cca w/eps	19.68	0.122	347	90	103	30	2	2

The table below supports appropriate total physician work magnitude ranking for these four similar laminectomy procedures. (cervical > thoracic > lumbar).

CPT	SHORT DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	SD-POST	HV	OV
63045	Laminectomy, cervical, 1 segment	17.95	0.079	395	78	120	30	3	3
63046	Laminectomy, thoracic, 1 segment	17.25	0.073	395	78	120	30	3	3
63047	Laminectomy, lumbar, 1 segment	15.37	0.077	365	75	90	30	3	3
63048	each add'l segment	3.47	0.077	45	0	0	45	0	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) 63046

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 neurosurgery How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,901
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2013e RUC database

Specialty neurosurgery Frequency 1667 Percentage 57.46 %

Specialty orthopaedic surgery Frequency 1189 Percentage 40.98 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 63046

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: Laminectomy

TAB: 16

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 day 91	92	33	32	31	38	39	Office 15	14	13	12	11
REF	63015	Laminectomy wi	25	0.073			20.85			465		90					150			38					1	2	1					3		
Hvd	63045	Laminectomy, fa		0.060			17.95			442		36	10	25			137			28						5.5	1					2.5		
SVY	63045	Laminectomy, fa	75	0.087	15.37	18.00	20.00	22.05	45.00	442		75	30	20	45	90	120	120	180	30					1	1	1					3		
REC	63045	maintain		0.079			17.95			395	4	40	18	20			120			30	9B				1	1	1					3		
REF	63047	Laminectomy, fa	24	0.069			15.37			382	4	40	15	20			90			30					1	2	1					3		
Hvd	63046	Laminectomy, fa		0.055			17.25			439		35	9	25			137			27						5.5	1					2.5		
SVY	63046	Laminectomy, fa	75	0.087	14.00	17.78	20.00	22.93	45.00	442		75	30	20	50	90	120	120	240	30					1	1	1					3		
REC	63046	maintain		0.073			17.25			395	4	40	18	20			120			30	9B				1	1	1					3		

SS Rec Summary

ISSUE: Laminectomy

TAB: 16-Summary of Laminectomy Codes

Source	CPT	DESC	Global	Resp	IWPUT	RVW			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 day 91	92	33	32	31	38	39	Office 15	14	13	12	11
REC	63045	Laminectomy, facetectomy and foramir	90	75	0.079	17.95			395	4	40	18	20			120			30	9B				1	1	1				3		
REC	63046	Laminectomy, facetectomy and foramir	90	75	0.073	17.25			395	4	40	18	20			120			30	9B				1	1	1				3		
RUC 2013	63047	Laminectomy, facetectomy and foramir	90		0.077	15.37			362	4	40	15	20			90			30					1	2	1				3		
RUC 2013	63048	Laminectomy, facetectomy and foramir	XXX		0.071	3.47			45							45														2.5		

16
Tab Number

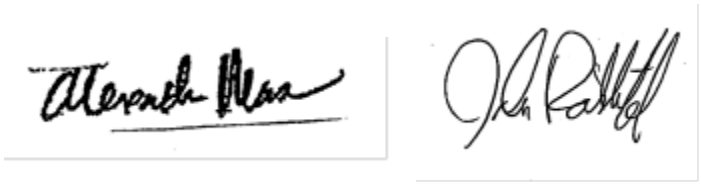
Laminectomy
Issue

63045, 63046
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

Alexander Mason, MD John Ratliff, MD

Printed Signature

American Association of Neurological Surgeons / Congress of Neurological Surgeons
Specialty Society

August 21, 2014
Date

16
Tab Number

Laminectomy
Issue

63045, 63046
Code Range

Attestation Statement

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_____
Signature

Karin Swartz, MD
Printed Signature

North American Spine Society
Specialty Society

August 25, 2014
Date

16
Tab Number

Laminectomy
Issue

63045, 63046
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

William Creevy, MD
Printed Signature

American Academy of Orthopaedic Surgeons
Specialty Society

August 21, 2014
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
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
63046 thoracic

Global Period: 090 Meeting Date: September 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: Advisors from AAOS, NASS, and AANS/CNS reviewed the current practice expense details for 63045 and 63046.

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. Current codes 63045 and 63046 are listed as reference codes.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Equipment time is updated to reflect current survey office visits.

5. Please describe in detail the clinical activities of your staff:
Pre-Service Clinical Labor Activities:

Standard time of 60 minutes for major surgical procedures (90-day global) is indicated.

Intra-Service Clinical Labor Activities:

Standard 12 minutes of clinical staff activity for 99238 is shown on the spreadsheet.

Post-Service Clinical Labor Activities:

Standard times for each office visit.

	A	B	C	D	E	F	G	H	I	J	K
1				PEAC 03/2002		Recommend		PEAC 03/2002		Recommend	
2	*Please note: If a supply has a purchase price of $100 or			63045		63045		63046		63046	
3	Meeting Date: September 2014 Tab: 16 Specialty: AANS/CNS, AAOS, NASS	CMS Code	Staff Type	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of		Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of		Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of		Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			90	90	90	90	90	90	90	90
6	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	N/A	162	N/A	180	N/A	162	N/A	180
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	60	0	60	0	60	0	60
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	12	0	12	0	12	0	12
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	90	0	108	0	90	0	108
10	PRE-SERVICE										
11	Start: Following visit when decision for surgery or procedure made										
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5		5		5		5
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		20		20		20		20
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		8		8		8
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		20		20		20		20
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		7		7		7		7
18	End: When patient enters office/facility for surgery/procedure										
19	SERVICE PERIOD										
20	Start: When patient enters office/facility for surgery/procedure:										
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	n/a	12	n/a	12	n/a	12	n/a	12
43	End: Patient leaves office										
44	POST-SERVICE Period										
45	Start: Patient leaves office/facility										
47	*Office visits: List Number and Level of Office Visits*			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
48	99211 16 minutes		16								
49	99212 27 minutes		27								
50	99213 36 minutes		36		2.5		3		2.5		3
51	99214 53 minutes		53								
52	99215 63 minutes		63								
53	Total Office Visit Time	L037D	RN/LPN/MTA	0	90	0	108	0	90	0	108
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		3		3
58	pack, post-op incision care (staple)	SA052	pack		1		1		1		1
59	EQUIPMENT	CODE									
60	table, power	EF031			90		108		90		108

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedural Codes Screen

January 2013

Laminectomy

In the July 19, 2011 Proposed Rule, CPT code 63047 was identified by CMS through the High Expenditure Procedure Code screen. At the January 2012 RUC Meeting, the Relativity Assessment Workgroup (RAW) recommended a survey of physician work and practice expense for the January 2013 RUC Meeting.

The specialty societies indicated that they considered that the work of these procedures has increased due to the changing patient characteristics. With the growing frequency of non-surgical spine intervention, patients are increasingly presenting for surgery having had prior procedures and studies are beginning to show an increase in the work and length of stay for these patients. Many Medicare and private payors are beginning to require longer waiting periods before spine surgery and during this time patients often receive other intervention, making the patients who do receive surgery more difficult. The specialty societies decided to recommend the current value rather than the survey 25th percentile, although monitoring the trend in patient characteristics is warranted as the work involved in this procedure has already changed since 2005 and is likely to continue to evolve as the patients become more complex and the physician work greater. The RUC was sympathetic to the potential of compelling evidence and notes this for any future review.

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***
The RUC reviewed the survey results from 96 physicians who perform this service and determined that the current work RVU of 15.37 and 75 minutes of pre-time, 90 minutes of intra-service time and 30 minutes of immediate post-service time appropriately accounts for the physician work and time required to perform this service. The current value is below the survey 25th percentile work RVU of 16.00. It was also noted by several reviewers that there was considerable evidence the recommended work RVU may have been too low and that an increase may have been warranted. The specialty societies agreed with the commenters but noted the current literature did not quite support a request for compelling evidence; however the societies expect there may be compelling evidence in the near future of a change in work and therefore may nominate the codes for re-review at that time. The RUC compared the surveyed code to key reference service 63042 *Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar* (work RVU = 18.76 and 120 minutes intra-service time) and determined that 63042 requires 30 minutes more intra-service time, and therefore, the survey code is appropriately valued lower. For further support, the RUC compared the surveyed service to similar service 63620 *Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion* (work RVU = 15.60 and 90 minutes intra-service time) and MPC code 58150 *Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without*

removal of ovary(s); (work RVU = 17.31 and 120 minutes intra-service time) and determined that maintaining the current work RVU supported relativity among similar services. **The RUC recommends a work RVU of 15.37 for CPT code 63047.**

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)***
The RUC reviewed the survey results from 96 physicians who perform this service and determined that the current work RVU of 3.47 with 45 minutes of intra-service time appropriately accounts for the work required to perform this service. The current value is below the survey 25th percentile work RVU of 5.00. It was also noted by several reviewers that there was considerable evidence the recommended work RVU may have been too low and that an increase may have been warranted. The specialty societies agreed with the commenters but noted the current literature did not quite support a request for compelling evidence; however the societies expect there may be compelling evidence in the near future of a change in work and therefore may nominate the codes for re-review at that time. The RUC compared the surveyed code to key reference service 22328 *Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment* (work RVU = 4.60 and 45 minutes intra-service time) and determined that the surveyed service is slightly less intense and complex to perform. For further support, the RUC compared the surveyed service to similar MPC services 57267 *Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach* (work RVU = 4.88 and 45 minutes intra-service time) and 99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes* (work RVU = 2.25) and determined that maintaining the current work RVU supported relativity among similar services. **The RUC recommends a work RVU of 3.47 for CPT code 63048.**

Practice Expense:
The RUC recommends the standard 090-day global direct practice expense inputs as approved by the Practice Expense Subcommittee for CPT code 63047.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
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	090	15.37 (No Change)

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)	ZZZ	3.47 (No Change)

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:63047 Tracking Number Original Specialty Recommended RVU: **15.37**
Presented Recommended RVU: **15.37**
Global Period: 090 RUC Recommended RVU: **15.37**

CPT Descriptor: 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

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old woman presents with five months of neurogenic claudication, unresponsive to physical therapy or epidural cortisone injections. Imaging studies reveal L4/5 spinal stenosis. She undergoes L4/5 decompressive laminectomy with medial facetectomies and bilateral L5 foraminotomies.

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 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 1 , Overnight stay-less than 24 hours 25 , Overnight stay-more than 24 hours 73

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

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 pre-operative lab work-up; Write pre-operative orders for peri-operative medications; Locate, review, and place MRI and/or other spinal imaging studies on the view box in the operating room; Review planned incisions and procedure; Greet patient in holding area and review the surgical procedure, post-op recovery in and out of the hospital, and expected outcome(s) with patient and family; Sign and mark operative site; Obtain informed consent; Verify that all necessary surgical instruments, supplies, and devices are available in the operative suite; Review length and type of anesthesia with anesthesiologist; Monitor initial patient positioning for induction of anesthesia; Following the induction of anesthesia, assist with repositioning of patient; verify/assist with padding of the patient to prevent pressure on neurovascular structures; Scrub and gown; Mark the incisions and supervise prepping/draping of the patient

Description of Intra-Service Work: midline incision is made in the skin and subcutaneous tissue. The L4 spinous process and lamina are exposed with subperiosteal dissection. The spinous process and lamina of L4 is removed with a drill or bone biting instruments. The ligamentum flavum is removed exposing the thecal sac and nerve roots. The medial L4-5 facets are removed with a drill or bone biting instruments exposing the L5 nerve roots. A foraminotomy is performed for the L5 nerve root. If a discectomy is performed to complete the foraminotomy, it is performed. The wound is irrigated and closed in layers (over a drain if placed). Sterile dressings are applied.

Description of Post-Service Work: Hospital: Turn patient into the supine position; When anesthesia is reversed, transfer to recovery room; Write an OP note in the patient's record; Examine patient, check wound(s) and patient progress, monitor for abnormal neurological findings; Sign OR forms, including pre- and postoperative diagnosis, operations performed; Discuss procedure outcome with family; Dictate postop report; Discuss procedure outcome with referring physician; Dictate procedure outcome and expected recovery letter for referring physician and/or insurance company; Order and review films

to check alignment of lumbar spine; Write orders daily, as necessary, for medications, diet, and patient activity; Examine patient daily, check wounds and patient progress; Review nursing/other staff patient chart notes; Chart patient progress notes; Discuss patient progress with referring physician (verbal and written); Answer patient/family questions, nursing/other staff questions (verbal and written), insurance staff questions; At discharge, review post-discharge wound care, use and proper fit of brace, and activity limitations, including planned physical therapy; Answer patient/family questions, nursing/other staff questions; Write orders for post-discharge films, and medications; Chart patient discharge notes Office: Write orders for medications and follow-up films; Review post-discharge films; Examine patient - perform periodic neurological exams; Monitor wounds and remove sutures/staples; Review use and proper fit of brace with patient; Review physical therapy progress and revise orders as needed; Dictate patient progress notes for medical chart; Answer patient/family questions, insurance staff questions; Discuss patient progress with referring physician (verbal and written).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2013		
Presenter(s):	Alexander Mason, MD; Willam Creevy, MD;William Sullivan, MD		
Specialty(s):	neurosurgery, orthopaedic surgery, spine surgery		
CPT Code:	63047		
Sample Size:	800	**Resp N:** 96	**Response:** 12.0 %
Description of Sample:	random selection from membership roster		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	3.00	25.00	**50.00**	96.00	300.00
Survey RVW:	13.00	16.00	**19.50**	21.00	27.75
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**20.00**		
Intra-Service Time:	45.00	79.00	**90.00**	120.00	200.00

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):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**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: 4 - FAC Difficult Patient/Difficult Procedure

CPT Code:	63047	**Recommended Physician Work RVU: 15.37**		
		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:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**20.00**	**20.00**	**0.00**
Intra-Service Time:		**90.00**		

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63042	090	18.76	**RUC Time**

CPT Descriptor Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; 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
33249	090	15.17	**RUC Time**	50,309

CPT Descriptor 1 Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
58150	090	17.31	**RUC Time**	11,828

CPT Descriptor 2 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);

Other Reference CPT Code	Global	Work RVU	Time Source
63620	090	15.60	**RUC Time**

CPT Descriptor Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion

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: 36 **% of respondents:** 37.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 63047**	**Key Reference CPT Code:** 63042	**Source of Time RUC Time**
Median Pre-Service Time	75.00	83.00	
Median Intra-Service Time	90.00	120.00	
Median Immediate Post-service Time	30.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	60.0	60.00	
Median Discharge Day Management Time	38.0	38.00	
Median Office Visit Time	69.0	69.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	

Median Total Time	**362.00**	**400.00**
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	3.44	3.32
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.50	3.62
Urgency of medical decision making	2.89	2.85
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.58	3.65
Physical effort required	3.47	3.29
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.75	3.71
Outcome depends on the skill and judgment of physician	3.75	3.76
Estimated risk of malpractice suit with poor outcome	3.75	3.82

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.51	3.59
Intra-Service intensity/complexity	3.51	3.65
Post-Service intensity/complexity	3.00	3.03

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT Code 63047 was identified by the CMS High Expenditure Procedure Codes not surveyed since 2006 screen. A new RUC survey was conducted jointly by the AANS/CNS, AAOS, and NASS, with 96 survey responses. A majority of the respondents appropriately indicated that the patient was typically admitted.

The multi-specialty expert panel reviewing 63047 recommend pre-time package 4 difficult patient/difficult procedure with an additional 12 minutes of positioning time for spine surgery. The expert panel discussed the survey results and considered possible compelling evidence that the work of this procedure has increased due to changing patient characteristics. With the growing frequency of non-surgical spine intervention, patients are increasingly presenting for surgery having had prior procedures and studies are beginning to show an increase in the work and length of stay for these patients. Many Medicare and private payors are beginning to require longer waiting periods before spine surgery and during this time patients often receive other intervention, making the patient who do receive surgery more difficult.

Ultimately the expert panel decided to recommend the current value, rather than the 25 percentile of the survey, although a monitoring of the trend in patient characteristics is warranted as the work involved in this procedure has already clearly changed since 2005 and is likely to continue to evolve as the patients become more complex and the physician work greater.

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) 63047

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 neurosurgery How often? Commonly

Specialty orthopaedic surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. national frequency is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 85,531 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 neurosurgery Frequency 46000 Percentage 53.78 %

Specialty orthopaedic surgery Frequency 38000 Percentage 44.42 %

Specialty Frequency Percentage %

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 63047

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:63048 Tracking Number Original Specialty Recommended RVU: **3.47**
Presented Recommended RVU: **3.47**
Global Period: ZZZ RUC Recommended RVU: **3.47**

CPT Descriptor: 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)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old woman presents with five months of neurogenic claudication, unresponsive to physical therapy or epidural cortisone injections. Imaging studies reveal L3/4 and L4/5 spinal stenosis. After an L3/4 decompressive laminectomy with medial facetectomies and bilateral L4 foraminotomies are completed, she undergoes the additional work of a L4/5 decompressive laminectomy with medial facetectomies and bilateral L5 foraminotomies.
[NOTE - THIS IS AN ADD-ON CODE: For this survey only consider the additional intra-operative physician work related to the additional level laminectomy. The first level laminectomy will be reported separately with code 63047.]

Percentage of Survey Respondents who found Vignette to be Typical: 97

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: After completion of the first vertebral level treated, the physician proceeds to the next level. The incision and subperiosteal dissection is carried rostrally exposing the L3 spinous process and lamina. The spinous process and lamina of L3 is removed with a drill or bone biting instruments exposing the dura and ligamentum flavum of the L3-4 interspace. The ligamentum flavum is removed exposing the lateral recess of the spinal canal. Medial facetectomy (unilateral or bilateral) is performed with a drill, osteotome, or bone biting instruments. The L3 nerve root is exposed and decompressed via foraminotomy and discectomy (if necessary).

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2013		
Presenter(s):	Alexander Mason, MD; Willam Creevy, MD;William Sullivan, MD		
Specialty(s):	neurosurgery, orthopaedic surgery, spine surgery		
CPT Code:	63048		
Sample Size:	800	**Resp N:** 96	**Response:** 12.0 %
Description of Sample:	random selection from membership roster		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	18.00	**40.00**	70.00	250.00
Survey RVW:	3.00	5.00	**6.00**	6.50	6.50
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	30.00	**45.00**	60.00	180.00

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: ZZZ Global Code

CPT Code:	63048	**Recommended Physician Work RVU: 3.47**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**45.00**		

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 **0.0** 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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22328	ZZZ	4.60	**RUC Time**

CPT Descriptor Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (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**	427463

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**	21,302

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
22525	ZZZ	4.30	**RUC Time**

CPT Descriptor 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)

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:** 28.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 63048**	**Key Reference CPT Code:** 22328	**Source of Time RUC Time**
Median Pre-Service Time	0.00	0.00	
Median Intra-Service Time	45.00	45.00	
Median Immediate Post-service Time	0.00	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 Subsequent Observation Care Time	0.0	0.00
Median Total Time	**45.00**	**45.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.93	2.89
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.07	3.00
Urgency of medical decision making	2.67	3.37
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.19	3.37
Physical effort required	3.07	3.11
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.22	3.56
Outcome depends on the skill and judgment of physician	3.44	3.44
Estimated risk of malpractice suit with poor outcome	3.15	3.44

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	3.11	3.30
Post-Service 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.*

CPT Code 63048 was surveyed because of its relationship to CPT Code 63047, which was identified by the CMS High Expenditure Procedure Codes not surveyed since 2006 screen. A new RUC survey was conducted jointly by the AANS/CNS, AAOS, and NASS, with 96 survey responses.

CPT Code 63048 is a ZZZ code, with intra-service work only. As with CPT Code 63047, the expert panel discussed the survey results and considered possible compelling evidence that the work of this procedure has increased due to changing patient characteristics. With the growing frequency of non-surgical spine intervention, patients are increasingly presenting for surgery having had prior procedures and studies are beginning to show an increase in the work. Many Medicare and private payors are beginning to require longer waiting periods before spine surgery and during this time patients often receive other intervention, making the patient who do receive surgery more difficult.

Ultimately the expert panel decided to recommend the current value, rather than the 25 percentile of the survey, although a monitoring of the trend in patient characteristics is warranted as the work involved in this procedure has likely changed since 2005 and is likely to continue to evolve as the patients become more complex and the physician work greater.

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. 63048 is an add-on code to 63047

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 63047

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 neurosurgery How often? Commonly

Specialty orthopaedic surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. national frequency 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? 124,208 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 neurosurgery Frequency 70000 Percentage 56.35 %

Specialty orthopaedic surgery Frequency 53500 Percentage 43.07 %

Specialty Frequency Percentage %

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 63048

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Laminectomy
TAB: 24

					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	32	31	38	39	15	14	13	12	11
REF	63042	Laminotomy (hemilaminec	36	0.081			18.76			400		83					120			30		3.0	1.0				3			
RUC-05	63047	Laminectomy, facetectomy		0.080			15.37			362		60	20	15			90			30	1		1.0				3			
SVY	63047	Laminectomy, facetectomy	96	0.118	13.00	16.00	19.50	21.00	27.75	382		60	15	20	45	79	90	120	200	30	1	1	1.0				3			
REC		CURRENT RVW		0.077			15.37			362	4	40	15	20			90			30	1	1	1.0				3			
REF	22328	Open treatment and/or rec	27	0.102			4.60			45		0					45			0									
RUC-05	63048	Laminectomy, facetectomy		0.077			3.47			45		0					45			0									
SVY	63048	Laminectomy, facetectomy	96	0.133	3.00	5.00	6.00	6.50	6.50	45		0			15	30	45	60	180	0									
REC		CURRENT RVW		0.077			3.47			45		0					45			0									

6,7, 20, 24____
Tab Number

Shoulder Prosthesis Removal, Elbow Prosthesis Removal, Arthroplasty, Laminectomy__
Issue

233X1-233X3, 24160 and 24164, 27446 27447 and 27130, 63047-63048___
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

William Creevy, MD
Printed Signature

AAOS
Specialty Society

1-8-13
Date

24
Tab Number

Laminectomy
Issue

63047-63048
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

William Sullivan, MD
Printed Signature

North American Spine Society
Specialty Society

1/8/13
Date

CPT Code: 63047, 63048
Specialty Society('s): AAOS, AANS/CNS, NASS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non-Facility Direct Inputs

Meeting Date: January 2013

NO RECOMMENDATION – FACILITY ONLY CODES

CPT Long Descriptor:
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 Period: 090

CPT Long Descriptor:
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 Period: ZZZ

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

Meeting Date: January 2013

CPT Long Descriptor:
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 Period: 090

CPT Long Descriptor:
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 Period: ZZZ

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 RUC Advisors from AAOS, AANS/CNS, and NASS reviewed the current PE details for 63047 and 63048 and determined that the standard assignment of times approved by the PEAC in 2002 have not changed and are 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 codes used for comparison

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

63047 Standard 90-day global pre-service times are appropriate for clinical staff to: complete pre-service diagnostic & referral forms; coordinate pre-surgery services; schedule space and equipment in facility; provide pre-service education/obtain consent; and follow-up phone calls & prescriptions.

63048 No additional clinical staff time.

Intra-Service Clinical Labor Activities:

63047 Standard time of 12 minutes related to 99238 discharge related clinical staff work.

63048 No additional clinical staff time.

Post-Service Clinical Labor Activities:

63047 Standard time to assist physician at three post-op office visits.

63048 No additional clinical staff time.

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
2	**Note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**PEAC 2002 63047**		**REC 63047**		**PEAC 2002 63048**		**REC 63048**	
3	**Meeting Date: January 2013 Tab: 24 Specialty: AAOS, AANS/CNS, NASS**	**CMS Code**	**Staff Type**	**Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or**		**Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or**		**.....each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)**		**.....each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)**	
4	**LOCATION**			**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**n/a**	**180**	**n/a**	**180**	**n/a**	**0**	**n/a**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**n/a**	**60**	**n/a**	**60**	**n/a**	**0**	**n/a**	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**n/a**	**12**	**n/a**	**12**	**n/a**	**0**	**n/a**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**n/a**	**108**	**n/a**	**108**	**n/a**	**0**	**n/a**	**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**		**0**		**0**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**		**20**		**0**		**0**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**		**8**		**0**		**0**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**		**20**		**0**		**0**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**		**7**		**0**		**0**
18	**End: When patient enters office/facility for surgery/procedure**										
19	**SERVICE PERIOD**										
20	**Start: When patient enters office/facility for surgery/procedure:**										
40	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**12**	**n/a**	**12**	**n/a**	**0**	**n/a**	**0**
42	**End: Patient leaves office**										
43	**POST-SERVICE Period**										
44	**Start: Patient leaves office/facility**										
46	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
47	99211 16 minutes		16								
48	99212 27 minutes		27								
49	99213 36 minutes		36		**3**		**3**				
50	99214 53 minutes		53								
51	99215 63 minutes		63								
52	**Total Office Visit Time**	*L037D*	RN/LPN/MTA	**0**	**108**	**0**	**108**	**0**	**0**	**0**	**0**
54	**End: with last office visit before end of global period**										
55	**MEDICAL SUPPLIES**	**CODE**	**UNIT**								
56	pack, minimum multi-specialty visit	SA048	pack		**3**		**3**				
57	pack, post-op incision care (staple)	SA052	pack		**1**		**1**				
58	NO SUPPLIES	SX007							**0**		**0**
59	**EQUIPMENT**	**CODE**									
60	table, power	EF031			**108**		**108**				
61	NO EQUIPMENT	EZ007							**0**		**0**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS-Other – Utilization over 250,000

September 2014

X-Ray Exams

In April 2013, the RUC identified six of these services through the CMS/Other Source – Utilization over 250,000 screen. In October 2013, the RUC noted that these services were never RUC reviewed but are frequently reported. The RUC recommended that these services be surveyed for physician work and develop direct practice expense inputs for the January 2014 RUC meeting. At the January meeting the specialty societies provided specific crosswalks to existing RUC surveyed x-ray codes to support the existing values of these six services. However, the RUC indicated they requested that these services be surveyed for physician work and direct practice expense inputs for April 2014. Anticipating the volume of radiology codes that were scheduled to be reviewed at the April 2014 RUC meeting, the specialty requested that review of these services be postponed to the September 2014 RUC meeting. The 2015 NPRM included 3 additional codes in the knee anatomic region, which were also surveyed by the specialty societies.

71100 ***Radiologic examination, ribs, unilateral; 2 views***
The RUC reviewed the survey results from 54 radiologists and agreed with the specialty society that the following physician time components are appropriate for this service: pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute.

The RUC reviewed the survey respondents' estimated physician work values for CPT code 71100 and determined that the survey 25th percentile and current work RVU of 0.22 is appropriate for this service. The RUC compared the surveyed code to key reference service 72100 *Radiologic examination, spine, lumbosacral; 2 or 3 views* (work RVU = 0.22 and total time = 6 minutes) and determined that both services require the same total physician time and should be valued identically. For additional support, the RUC referenced CPT code 72040 *Radiologic examination, spine, cervical; 2 or 3 views* (work RVU = 0.22 and total time = 6 minutes) and 72120 *Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views* (work RVU = 0.22 and total time = 6 minutes). **The RUC recommends a work RVU of 0.22 for CPT code 71100.**

72070 ***Radiologic examination, spine; thoracic, 2 views***
The RUC reviewed the survey results from 105 radiologists, neuroradiologists and orthopaedic surgeons and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

The RUC reviewed the survey respondents' estimated physician work values for CPT code 72070 and determined that the survey 25th percentile and current work RVU of 0.22 is appropriate for this service. The RUC had a robust discussion about the number of views for radiologic

examination codes and clarified that it is not the number of views, but rather the region of the body that determines the intensity and complexity of a service. Therefore the surveyed code examining the thoracic spine has the same number of views and surveyed physician time as various extremity codes included in this recommendation, such as, 73060 *Radiologic examination; humerus, minimum of 2 views,* 73560 *Radiologic examination, knee; 1 or 2 views,* and 73600 *Radiologic examination, ankle; 2 views,* yet, appropriately has a higher physician work value. The RUC compared the surveyed code to key reference service 72100 *Radiologic examination, spine, lumbosacral; 2 or 3 views* (work RVU = 0.22) and determined that both services require similar physician time, intensity and complexity to perform and should be valued similarly. **The RUC recommends a work RVU of 0.22 for CPT code 72070.**

73060 ***Radiologic examination; humerus, minimum of 2 views***
The RUC reviewed the survey results from 59 radiologists and orthopaedic surgeons and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

The RUC reviewed the survey respondents' estimated physician work values for CPT code 73060 and determined that the survey 25th percentile work RVU of 0.16 is appropriate for this service. The RUC compared the surveyed code to MPC code 73120 *Radiologic examination, hand; 2 views* (work RVU = 0.16 and total time = 5 minutes) and determined that both services require the same physician time components and should be valued identically. For additional support, the RUC referenced CPT code 73100 *Radiologic examination, wrist; 2 views* (work RVU = 0.16 and total time = 5 minutes) and 73620 *Radiologic examination, foot; 2 views* (work RVU = 0.16 and total time = 5 minutes). **The RUC recommends a work RVU of 0.16 for CPT code 73060.**

73560 ***Radiologic examination, knee; 1 or 2 views***
The RUC reviewed the survey results from 80 radiologists and orthopaedic surgeons and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

The RUC reviewed the survey respondents' estimated physician work values for CPT code 73560 and determined that the survey 25th percentile work RVU of 0.16 is appropriate for this service. The RUC compared the surveyed code to MPC code 73120 *Radiologic examination, hand; 2 views* (work RVU = 0.16 and total time = 5 minutes) and determined that both services require the same physician time components and should be valued identically. For additional support, the RUC referenced CPT code 72170 *Radiologic examination, pelvis; 1 or 2 views* (work RVU = 0.17 and total time = 7 minutes) and determined that the surveyed code had the same number of views, but required less physician time and was appropriately valued lower. The RUC also compared the surveyed code to 73620 *Radiologic examination, foot; 2 views* (work RVU = 0.16 and total time = 5 minutes). **The RUC recommends a work RVU of 0.16 for CPT code 73560.**

73562 ***Radiologic examination, knee; 3 views***
The RUC reviewed the survey results from 75 radiologists and orthopaedic surgeons and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute.

The RUC reviewed the survey respondents' estimated physician work values for CPT code 73562 and determined that the current work RVU of 0.18, below the survey 25th percentile, is appropriate for this service. The RUC compared the surveyed code to key reference service 72100 *Radiologic examination, spine, lumbosacral; 2 or 3 views* (work RVU = 0.22 and total time = 6 minutes) which is also an MPC code and determined that both services require the same total physician time; however, lumbosacral spine is a more intense and complex region of the body to view and interpret relative to the knee and, therefore, the comparator code is appropriately valued somewhat higher. For additional support, the RUC referenced CPT code 73030 *Radiologic examination, shoulder; complete, minimum of 2 views* (work RVU = 0.18), with identical intra-service time, 4 minutes, and determined that the codes should be valued identically. **The RUC recommends a work RVU of 0.18 for CPT code 73562.**

73564 ***Radiologic examination, knee; complete, 4 or more views***
The RUC reviewed the survey results from 78 radiologists and orthopaedic surgeons and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 1 minute, intra-service time of 5 minutes and post-service time of 1 minute.

The RUC reviewed the survey respondents' estimated physician work values for CPT code 73564 and determined that the survey 25th percentile and current work RVU of 0.22 is appropriate for this service. The RUC compared the surveyed code to MPC code 72100 *Radiologic examination, spine, lumbosacral; 2 or 3 views* (work RVU = 0.22 and intra-service time = 3 minutes) and determined that the survey code requires more intra-service physician time to account for the additional views; however, the comparison code has a more intense and complex region of the body to view and interpret, and, therefore the codes should be valued similarly. For additional support, the RUC referenced MPC code 72110 *Radiologic examination, spine, lumbosacral; minimum of 4 views* (work RVU = 0.31) and 70355 *Orthopantogram (eg, panoramic x-ray)* (work RVU = 0.22). **The RUC recommends a work RVU of 0.22 for CPT code 73564.**

73565 ***Radiologic examination, knee; both knees, standing, anteroposterior***
The RUC reviewed the survey results from 121 radiologists and orthopaedic surgeons and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

The RUC reviewed the survey respondents' estimated physician work values for CPT code 73565 and determined that the survey 25th percentile work RVU of 0.16 is appropriate for this service. The RUC compared the surveyed code to MPC code 73120 *Radiologic examination, hand; 2 views* (work RVU = 0.16 and total time = 5 minutes) and determined that both services require the same physician time components and should be

valued identically. For additional support, the RUC referenced CPT code 73100 *Radiologic examination, wrist; 2 views* (work RVU = 0.16 and total time = 5 minutes) and 73620 *Radiologic examination, foot; 2 views* (work RVU = 0.16 and total time = 5 minutes). **The RUC recommends a work RVU of 0.16 for CPT code 73565.**

73590 *Radiologic examination; tibia and fibula, 2 views*
The RUC reviewed the survey results from 59 radiologists and orthopaedic surgeons and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

The RUC reviewed the survey respondents' estimated physician work values for CPT code 73590 and determined that the survey 25th percentile work RVU of 0.16 is appropriate for this service. The RUC compared the surveyed code to key reference service 73620 *Radiologic examination, foot; 2 views* (work RVU = 0.16 and total time = 5 minutes) and determined that both services require the same physician time components and should be valued identically. For additional support, the RUC referenced MPC code 73120 *Radiologic examination, hand; 2 views* (work RVU = 0.16 and total time = 5 minutes) and CPT code 73100 *Radiologic examination, wrist; 2 views* (work RVU = 0.16 and total time = 5 minutes). **The RUC recommends a work RVU of 0.16 for CPT code 73590.**

73600 *Radiologic examination, ankle; 2 views*
The RUC reviewed the survey results from 179 radiologists, podiatrists and orthopaedic surgeons and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

The RUC reviewed the survey respondents' estimated physician work values for CPT code 73600 and determined that the current work RVU of 0.16, below the survey 25th percentile, is appropriate for this service. The RUC compared the surveyed code to key reference service 73620 *Radiologic examination, foot; 2 views* (work RVU = 0.16 and total time = 5 minutes) and determined that both services require the same physician time components and should be valued identically. For additional support, the RUC referenced MPC code 73120 *Radiologic examination, hand; 2 views* (work RVU = 0.16 and total time = 5 minutes) and CPT code 73100 *Radiologic examination, wrist; 2 views* (work RVU = 0.16 and total time = 5 minutes). **The RUC recommends a work RVU of 0.16 for CPT code 73600.**

Practice Expense
The RUC reviewed and approved the direct practice expense inputs as submitted by the specialty society and recommended by the Practice Expense Subcommittee.

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
71100	Radiologic examination, ribs, unilateral; 2 views	XXX	0.22 (No Change)
72070	Radiologic examination, spine; thoracic, 2 views	XXX	0.22 (No Change)
73060	Radiologic examination; humerus, minimum of 2 views	XXX	0.16
73560	Radiologic examination, knee; 1 or 2 views	XXX	0.16
73562	Radiologic examination, knee; 3 views	XXX	0.18 (No Change)
73564	Radiologic examination, knee; complete, 4 or more views	XXX	0.22 (No Change)
73565	Radiologic examination, knee; both knees, standing, anteroposterior	XXX	0.16

73590	Radiologic examination; tibia and fibula, 2 views	XXX	0.16
73600	Radiologic examination, ankle; 2 views	XXX	0.16 (No Change)

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:71100 Tracking Number Original Specialty Recommended RVU: **0.22**
Presented Recommended RVU: **0.22**
Global Period: XXX RUC Recommended RVU: **0.22**

CPT Descriptor: Radiologic examination, ribs, unilateral; 2 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female has a chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.

Percentage of Survey Respondents who found Vignette to be Typical: 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? 4%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the reason for the exam and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the radiographs of the ribs and compare the exam findings to previous studies, if applicable. Dictate report for the medical record.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD				
Specialty(s):	American College of Radiology				
CPT Code:	71100				
Sample Size:	1000	**Resp N:**	54	**Response:** 5.4 %	
Description of Sample:	Random Sample5				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	5.00	50.00	**100.00**	288.00	6600.00
Survey RVW:	0.18	0.22	**0.26**	0.33	0.50
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	3.00	**4.00**	5.00	12.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	71100	**Recommended Physician Work RVU: 0.22**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**4.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72100	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, spine, lumbosacral; 2 or 3 views

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72100	XXX	0.22	**RUC Time**	1,841,033

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; 2 or 3 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO 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: 21 **% of respondents:** 38.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 71100**	**Key Reference CPT Code:** 72100	**Source of Time** **RUC Time**
Median Pre-Service Time	1.00	1.00	

Median Intra-Service Time	4.00	3.00
Median Immediate Post-service Time	1.00	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 Subsequent Observation Care Time	0.0	0.00
Median Total Time	**6.00**	**6.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.29	2.43
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.05	2.14
Urgency of medical decision making	2.48	2.57
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.48	2.52
Physical effort required	2.00	2.05
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.52	2.67
Outcome depends on the skill and judgment of physician	2.57	2.67
Estimated risk of malpractice suit with poor outcome	2.43	2.67

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	1.86	1.86
Intra-Service intensity/complexity	2.81	2.76
Post-Service intensity/complexity	1.90	2.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

BACKGROUND

Six plain film X-ray codes were identified by the CMS/Other, greater than 250K screen. The specialty societies presented potential crosswalks to the RUC in January of 2014; however, the RUC did not accept these crosswalks. The RUC requested that the specialties survey these six codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73600	X-Ray, ankle; 2 views	0.16	5	n/a – CMS/other		
73590	X-Ray; tibia and fibula, 2 views	0.17	5	n/a – CMS/other		
73060	X-Ray; humerus, minimum 2 views	0.17	5	n/a – CMS/other		
73565	X-Ray; both knees	0.17	5	n/a – CMS/other		
71100	X-Ray, ribs, unilateral; 2 views	0.22	6	n/a – CMS/other		
72070	X-Ray, thoracic spine; 2 views	0.22	6	n/a – CMS/other		

The list of survey codes was expanded to include three additional codes in the knee x-ray family which were identified by CMS in the CY2015 NPRM.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73560	X-Ray, knee; 1 or 2 views	0.17	3		3	
73562	X-Ray, knee; 3 views	0.18	4		4	
73564	X-Ray, knee; 4 or more views	0.22	5		5	

SURVEY PROCESS

The American College of Radiology (ACR) surveyed all nine codes.
The American Society of Neuroradiology (ASNR) surveyed 72070.
The American Podiatric Medical Association (APMA) surveyed 73600.
The American Academy of Orthopaedic Surgeons (AAOS) surveyed all of the codes except 71100.
All four specialties performed a random survey of its members, and an expert panel of physicians familiar with these services reviewed the data and developed physician work and practice expense recommendations.

SUMMARY OF RECOMMENDATIONS FOR ALL NINE CODES

We recommend maintaining the current wRVUs for each code.
We recommend one minute for pre-service time and one minute for post-service time for each code.
We recommend the survey median intra-service time for all of the codes except 73600 for which we recommend less than survey median for consistency across the family.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73600	X-Ray, ankle; 2 views	0.16	5	1	3	1
73590	X-Ray; tibia and fibula, 2 views	0.17	5	1	3	1
73060	X-Ray; humerus, minimum 2 views	0.17	5	1	3	1
73560	X-Ray, knee; 1 or 2 views	0.17	5	1	3	1
73565	X-Ray; both knees	0.17	5	1	3	1
73562	X-Ray, knee; 3 views	0.18	6	1	4	1
72070	X-Ray, thoracic spine; 2 views	0.22	5	1	3	1
71100	X-Ray, ribs, unilateral; 2 views	0.22	6	1	4	1
73564	X-Ray, knee; 4 or more views	0.22	7	1	5	1

CPT 71100 (Radiologic examination, ribs, unilateral; 2 views)

Work RVU Recommendation
We recommend the current work RVU of 0.22, which is equal to the survey 25th percentile.

Time Recommendation
We recommend the median survey times: 1 minute pre-service, 4 minutes intra-service, and 1 minute post-service.

Key Reference Service and MPC Comparison
The KRS chosen by 39% of the survey respondents is 72100 *(Radiologic examination, spine, lumbosacral; 2 or 3 views)*. This code is also an MPC code. Codes 71100 and 72100 have the same wRVU and similar service period times. Although positioning for ribs may take longer, review and interpretation of the spine is more complex. Total physician work is the same for both services.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
71100	**X-Ray, ribs; 2 views**	**0.22**	**6**	**1**	**4**	**1**	**0.044**
72100	X-Ray, lumbosacral spine; 2 or 3 views	0.22	6	1	3	2	0.051

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 71100

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 709593
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 71100 provided nationally in a one-year period is estimated to be 709,593.

Specialty Diagnostic Radiology Frequency 449800 Percentage 63.38 %

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? 236,531 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2013 Medicare data estimates that CPT code 71100 was billed approximately 236,531 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 149900 Percentage 63.37 %

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:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 71100

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72070 Tracking Number Original Specialty Recommended RVU: **0.22**
Presented Recommended RVU: **0.22**
Global Period: XXX RUC Recommended RVU: **0.22**

CPT Descriptor: Radiologic examination, spine; thoracic, 2 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old female with back pain and no recent history of trauma. Frontal and lateral views of the thoracic spine are obtained to evaluate for degenerative osteoarthritis.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 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? 1%

Description of Pre-Service Work: Review the reason for the exam and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret radiographs of the thoracic spine and compare the exam findings to previous studies, if applicable. Dictate report for the medical record.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014		
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Greg Nicola, MD; Joshua Hirsch, MD; William Creevy, MD; John Heiner, MD		
Specialty(s):	American College of Radiology, American Society of Neuroradiology, American Academy of Orthopaedic Surgeons		
CPT Code:	72070		
Sample Size:	3886	**Resp N:** 105	**Response:** 2.7 %
Description of Sample:	Random Sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	50.00	**100.00**	300.00	6600.00
Survey RVW:	0.15	0.22	**0.22**	0.30	0.50
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	2.00	**3.00**	5.00	15.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72070	**Recommended Physician Work RVU: 0.22**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72100	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, spine, lumbosacral; 2 or 3 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72100	XXX	0.22	**RUC Time**	1,841,033

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; 2 or 3 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO 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: 66 **% of respondents:** 62.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 72070**	**Key Reference CPT Code:** 72100	**Source of Time** **RUC Time**
Median Pre-Service Time	1.00	1.00	

Median Intra-Service Time	3.00	3.00
Median Immediate Post-service Time	1.00	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 Subsequent Observation Care Time	0.0	0.00
Median Total Time	**5.00**	**6.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.65	2.67
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.38	2.44
Urgency of medical decision making	2.47	2.50
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.64	2.59
Physical effort required	1.91	1.91
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.88	2.79
Outcome depends on the skill and judgment of physician	2.98	3.05
Estimated risk of malpractice suit with poor outcome	3.00	2.97

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	1.82	1.82
Intra-Service intensity/complexity	2.70	2.73
Post-Service intensity/complexity	1.98	2.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

BACKGROUND

Six plain film X-ray codes were identified by the CMS/Other, greater than 250K screen. The specialty societies presented potential crosswalks to the RUC in January of 2014; however, the RUC did not accept these crosswalks. The RUC requested that the specialties survey these six codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73600	X-Ray, ankle; 2 views	0.16	5	n/a – CMS/other		
73590	X-Ray; tibia and fibula, 2 views	0.17	5	n/a – CMS/other		
73060	X-Ray; humerus, minimum 2 views	0.17	5	n/a – CMS/other		
73565	X-Ray; both knees	0.17	5	n/a – CMS/other		
71100	X-Ray, ribs, unilateral; 2 views	0.22	6	n/a – CMS/other		
72070	X-Ray, thoracic spine; 2 views	0.22	6	n/a – CMS/other		

The list of survey codes was expanded to include three additional codes in the knee x-ray family which were identified by CMS in the CY2015 NPRM.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73560	X-Ray, knee; 1 or 2 views	0.17	3		3	
73562	X-Ray, knee; 3 views	0.18	4		4	
73564	X-Ray, knee; 4 or more views	0.22	5		5	

SURVEY PROCESS

The American College of Radiology (ACR) surveyed all nine codes.
The American Society of Neuroradiology (ASNR) surveyed 72070.
The American Podiatric Medical Association (APMA) surveyed 73600.
The American Academy of Orthopaedic Surgeons (AAOS) surveyed all of the codes except 71100.
All four specialties performed a random survey of its members, and an expert panel of physicians familiar with these services reviewed the data and developed physician work and practice expense recommendations.

SUMMARY OF RECOMMENDATIONS FOR ALL NINE CODES

We recommend maintaining the current wRVUs for each code.
We recommend one minute for pre-service time and one minute for post-service time for each code.
We recommend the survey median intra-service time for all of the codes except 73600 for which we recommend less than survey median for consistency across the family.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73600	X-Ray, ankle; 2 views	0.16	5	1	3	1
73590	X-Ray; tibia and fibula, 2 views	0.17	5	1	3	1
73060	X-Ray; humerus, minimum 2 views	0.17	5	1	3	1
73560	X-Ray, knee; 1 or 2 views	0.17	5	1	3	1

73565	X-Ray; both knees	0.17	5	1	3	1
73562	X-Ray, knee; 3 views	0.18	6	1	4	1
72070	X-Ray, thoracic spine; 2 views	0.22	5	1	3	1
71100	X-Ray, ribs, unilateral; 2 views	0.22	6	1	4	1
73564	X-Ray, knee; 4 or more views	0.22	7	1	5	1

CPT 72070 (Radiologic examination, spine; thoracic, 2 views)

Work RVU Recommendation
We recommend the current work RVU of 0.22, which is equal to the survey 25th percentile.

Time Recommendation
We recommend the median survey times: 1 minute pre-service, 3 minutes intra-service, and 1 minute post-service.

Key Reference Service and MPC Comparison
The KRS chosen by 63% of the survey respondents is 72100 *(Radiologic examination, spine, lumbosacral; 2 or 3 views)*. This code is also an MPC code. Codes 72070 and 72100 have the same wRVU and similar service period times.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72070	**X-Ray, thoracic spine; 2 views**	**0.22**	**5**	**1**	**3**	**1**	**0.058**
72100	X-Ray, lumbosacral spine; 2 or 3 views	0.22	6	1	3	2	0.051

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72070

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 951303
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 72070 provided nationally in a one-year period is estimated to be 951,303.

Specialty Diagnostic Radiology Frequency 518400 Percentage 54.49 %

Specialty Orthopedic Surgery Frequency 143300 Percentage 15.06 %

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? 317,101 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2013 Medicare data estimates that CPT code 72070 was billed approximately 317,101 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 172800 Percentage 54.49 %

Specialty Orthopedic Surgery Frequency 47800 Percentage 15.07 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72070

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:73060 Tracking Number Original Specialty Recommended RVU: **0.17**
Presented Recommended RVU: **0.16**
Global Period: XXX RUC Recommended RVU: **0.16**

CPT Descriptor: Radiologic examination; humerus, minimum of 2 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old female suffers a fall onto her side with pain in the right upper arm. Two view radiographs of the humerus are performed to evaluate for 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? 4%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the reason for the exam and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the radiographs of the humerus and compare the exam findings to previous studies, if applicable. Dictate report for the medical record.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; William Creevy, MD; John Heiner, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons				
CPT Code:	73060				
Sample Size:	1200	**Resp N:**	59	**Response:** 4.9 %	
Description of Sample:	Random Sample				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	10.00	50.00	**100.00**	300.00	6600.00
Survey RVW:	0.13	0.16	**0.18**	0.20	0.35
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	2.00	**3.00**	5.00	10.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	73060	**Recommended Physician Work RVU: 0.16**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73030	XXX	0.18	**RUC Time**

CPT Descriptor Radiologic examination, shoulder; complete, minimum of 2 views

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
73120	XXX	0.16	**RUC Time**	263,886

CPT Descriptor 1 Radiologic examination, hand; 2 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	34,052

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 31 **% of respondents:** 52.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 73060**	**Key Reference CPT Code:** 73030	**Source of Time RUC Time**
Median Pre-Service Time	1.00	1.00	

Median Intra-Service Time	3.00	4.00
Median Immediate Post-service Time	1.00	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 Subsequent Observation Care Time	0.0	0.00
Median Total Time	**5.00**	**7.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.45	2.58
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.35	2.35
Urgency of medical decision making	2.84	2.81
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.58	2.71
Physical effort required	2.03	2.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.90	2.90
Outcome depends on the skill and judgment of physician	3.06	3.06
Estimated risk of malpractice suit with poor outcome	2.81	2.90

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	1.74	1.74
Intra-Service intensity/complexity	2.68	2.74
Post-Service intensity/complexity	1.74	1.77

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

BACKGROUND

Six plain film X-ray codes were identified by the CMS/Other, greater than 250K screen. The specialty societies presented potential crosswalks to the RUC in January of 2014; however, the RUC did not accept these crosswalks. The RUC requested that the specialties survey these six codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73600	X-Ray, ankle; 2 views	0.16	5	n/a – CMS/other		
73590	X-Ray; tibia and fibula, 2 views	0.17	5	n/a – CMS/other		
73060	X-Ray; humerus, minimum 2 views	0.17	5	n/a – CMS/other		
73565	X-Ray; both knees	0.17	5	n/a – CMS/other		
71100	X-Ray, ribs, unilateral; 2 views	0.22	6	n/a – CMS/other		
72070	X-Ray, thoracic spine; 2 views	0.22	6	n/a – CMS/other		

The list of survey codes was expanded to include three additional codes in the knee x-ray family which were identified by CMS in the CY2015 NPRM.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73560	X-Ray, knee; 1 or 2 views	0.17	3		3	
73562	X-Ray, knee; 3 views	0.18	4		4	
73564	X-Ray, knee; 4 or more views	0.22	5		5	

SURVEY PROCESS

The American College of Radiology (ACR) surveyed all nine codes.
The American Society of Neuroradiology (ASNR) surveyed 72070.
The American Podiatric Medical Association (APMA) surveyed 73600.
The American Academy of Orthopaedic Surgeons (AAOS) surveyed all of the codes except 71100.
All four specialties performed a random survey of its members, and an expert panel of physicians familiar with these services reviewed the data and developed physician work and practice expense recommendations.

SUMMARY OF RECOMMENDATIONS FOR ALL NINE CODES

We recommend maintaining the current wRVUs for each code.
We recommend one minute for pre-service time and one minute for post-service time for each code.
We recommend the survey median intra-service time for all of the codes except 73600 for which we recommend less than survey median for consistency across the family.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73600	X-Ray, ankle; 2 views	0.16	5	1	3	1
73590	X-Ray; tibia and fibula, 2 views	0.17	5	1	3	1
73060	X-Ray; humerus, minimum 2 views	0.17	5	1	3	1
73560	X-Ray, knee; 1 or 2 views	0.17	5	1	3	1
73565	X-Ray; both knees	0.17	5	1	3	1
73562	X-Ray, knee; 3 views	0.18	6	1	4	1
72070	X-Ray, thoracic spine; 2 views	0.22	5	1	3	1
71100	X-Ray, ribs, unilateral; 2 views	0.22	6	1	4	1
73564	X-Ray, knee; 4 or more views	0.22	7	1	5	1

CPT 73060 (Radiologic examination; humerus, minimum of 2 views)

Work RVU Recommendation
We recommend the current work RVU of 0.17, which is between the survey 25th percentile and median.

Time Recommendation
We recommend the median survey times: 1 minute pre-service, 3 minutes intra-service, and 1 minute post-service.

Key Reference Service
The KRS chosen by 53% of the survey respondents is 73030 *(Radiologic examination, shoulder; complete, minimum of 2 views)*. Both the surveyed code and the KRS involve 2 views of the respective body part, and have similar wRVUs and times.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73060	**X-Ray; humerus, minimum 2 views**	**0.17**	**5**	**1**	**3**	**1**	**0.042**
73030	X-Ray, shoulder; minimum 2 views	0.18	7	1	4	2	0.028

MPC Comparison
The recommendation of 0.17 wRVUs is bracketed by two plain film codes: 73120 *(Radiologic examination, hand; 2 views)* and 70355 *(Orthopantogram (eg, panoramic x-ray))*, which have comparable wRVUs and times

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73120	X-Ray, hand; 2 views	0.16	**5**	1	3	1	**0.038**
73060	**X-Ray; humerus, minimum 2 views**	**0.17**	**5**	**1**	**3**	**1**	**0.042**
70355	Panoramic x-ray	0.20	6		5	1	0.036

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) 73060

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgeons How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1021713
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 73060 provided nationally in a one-year period is estimated to be 1,021,713.

Specialty Diagnostic Radiology Frequency 475300 Percentage 46.51 %

Specialty Orthopedic Surgery Frequency 309900 Percentage 30.33 %

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? 340,571 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2013 Medicare data estimates that CPT code 73060 was billed approximately 340,571 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 158400 Percentage 46.51 %

Specialty Orthopedic Surgery Frequency 103300 Percentage 30.33 %

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:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 73060

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:73560 Tracking Number

Original Specialty Recommended RVU: **0.17**
Presented Recommended RVU: **0.16**
RUC Recommended RVU: **0.16**

Global Period: XXX

CPT Descriptor: Radiologic examination, knee; 1 or 2 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old female presents with left knee pain and no history of trauma. Two views obtained of the left knee to evaluate for osteoarthritis.

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? 3%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 3%

Description of Pre-Service Work: Review the reason for the exam and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the radiographs of the knee and compare the exam findings to previous studies, if applicable. Dictate report for the medical record.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; William Creevy, MD; John Heiner, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons				
CPT Code:	73560				
Sample Size:	1200	**Resp N:**	80	**Response:** 6.6 %	
Description of Sample:	Random Sample				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	39.00	**100.00**	200.00	4000.00
Survey RVW:	0.13	0.16	**0.18**	0.21	0.40
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	2.00	**3.00**	5.00	25.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	73560	**Recommended Physician Work RVU: 0.16**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73030	XXX	0.18	**RUC Time**

CPT Descriptor Radiologic examination, shoulder; complete, minimum of 2 views

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
73120	XXX	0.16	**RUC Time**	263,886

CPT Descriptor 1 Radiologic examination, hand; 2 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	34,052

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 38 **% of respondents:** 47.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 73560**	**Key Reference CPT Code:** 73030	**Source of Time** **RUC Time**
Median Pre-Service Time	1.00	1.00	

Median Intra-Service Time	3.00	4.00
Median Immediate Post-service Time	1.00	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 Subsequent Observation Care Time	0.0	0.00
Median Total Time	**5.00**	**7.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.42	2.53
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.39	2.39
Urgency of medical decision making	2.42	2.42
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.42	2.47
Physical effort required	1.95	1.92
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.00	2.18
Outcome depends on the skill and judgment of physician	2.55	2.61
Estimated risk of malpractice suit with poor outcome	2.32	2.34

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.03	2.08
Intra-Service intensity/complexity	2.29	2.34
Post-Service intensity/complexity	2.18	2.21

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.*

BACKGROUND

Six plain film X-ray codes were identified by the CMS/Other, greater than 250K screen. The specialty societies presented potential crosswalks to the RUC in January of 2014; however, the RUC did not accept these crosswalks. The RUC requested that the specialties survey these six codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73600	X-Ray, ankle; 2 views	0.16	5	n/a – CMS/other		
73590	X-Ray; tibia and fibula, 2 views	0.17	5	n/a – CMS/other		
73060	X-Ray; humerus, minimum 2 views	0.17	5	n/a – CMS/other		
73565	X-Ray; both knees	0.17	5	n/a – CMS/other		
71100	X-Ray, ribs, unilateral; 2 views	0.22	6	n/a – CMS/other		
72070	X-Ray, thoracic spine; 2 views	0.22	6	n/a – CMS/other		

The list of survey codes was expanded to include three additional codes in the knee x-ray family which were identified by CMS in the CY2015 NPRM.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73560	X-Ray, knee; 1 or 2 views	0.17	3		3	
73562	X-Ray, knee; 3 views	0.18	4		4	
73564	X-Ray, knee; 4 or more views	0.22	5		5	

SURVEY PROCESS

The American College of Radiology (ACR) surveyed all nine codes.
The American Society of Neuroradiology (ASNR) surveyed 72070.
The American Podiatric Medical Association (APMA) surveyed 73600.
The American Academy of Orthopaedic Surgeons (AAOS) surveyed all of the codes except 71100.
All four specialties performed a random survey of its members, and an expert panel of physicians familiar with these services reviewed the data and developed physician work and practice expense recommendations.

SUMMARY OF RECOMMENDATIONS FOR ALL NINE CODES

We recommend maintaining the current wRVUs for each code.
We recommend one minute for pre-service time and one minute for post-service time for each code.
We recommend the survey median intra-service time for all of the codes except 73600 for which we recommend less than survey median for consistency across the family.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73600	X-Ray, ankle; 2 views	0.16	5	1	3	1
73590	X-Ray; tibia and fibula, 2 views	0.17	5	1	3	1
73060	X-Ray; humerus, minimum 2 views	0.17	5	1	3	1
73560	X-Ray, knee; 1 or 2 views	0.17	5	1	3	1
73565	X-Ray; both knees	0.17	5	1	3	1
73562	X-Ray, knee; 3 views	0.18	6	1	4	1
72070	X-Ray, thoracic spine; 2 views	0.22	5	1	3	1
71100	X-Ray, ribs, unilateral; 2 views	0.22	6	1	4	1
73564	X-Ray, knee; 4 or more views	0.22	7	1	5	1

CPT 73560 (Radiologic examination, knee; 1 or 2 views)

Work RVU Recommendation
We recommend the current work RVU of 0.17, which is between the survey 25th percentile and median.

Time Recommendation
We recommend the median survey times: 1 minute pre-service, 3 minutes intra-service, and 1 minute post-service.

Key Reference Service
The KRS chosen by 48% of the survey respondents is 73030 *(Radiologic examination, shoulder; complete, minimum of 2 views)*. Both the surveyed code and the KRS typically involve 2 views of the respective body part, and have similar wRVUs and times.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73560	**X-Ray, knee; 1 or 2 views**	**0.17**	**5**	**1**	**3**	**1**	**0.042**
73030	X-Ray, shoulder; minimum 2 views	0.18	7	1	4	2	0.028

MPC Comparison
The recommendation of 0.17 wRVUs is bracketed by two plain film codes: 73120 *(Radiologic examination, hand; 2 views)* and 70355 *(Orthopantogram (eg, panoramic x-ray))*, which have comparable wRVUs and times

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73120	X-Ray, hand; 2 views	0.16	**5**	1	3	1	**0.038**
73560	**X-Ray, knee; 1 or 2 views**	**0.17**	**5**	**1**	**3**	**1**	**0.042**
70355	Panoramic x-ray	0.20	6		5	1	0.036

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) 73560

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 6123912
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 73560 provided nationally in a one-year period is estimated to be 6,123,912.

Specialty Diagnostic Radiology Frequency 2570800 Percentage 41.97 %

Specialty Orthopedic Surgery Frequency 2556100 Percentage 41.73 %

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? 2,041,304 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2013 Medicare data estimates that CPT code 73560 was billed approximately 2,041,304 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 857000 Percentage 41.98 %

Specialty Orthopedic Surgery Frequency 852000 Percentage 41.73 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 73560

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:73562 Tracking Number

Original Specialty Recommended RVU: **0.18**
Presented Recommended RVU: **0.18**
RUC Recommended RVU: **0.18**

Global Period: XXX

CPT Descriptor: Radiologic examination, knee; 3 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 27-year-old male presents with trauma to the left knee from auto accident. Frontal, lateral and sunrise views are obtained of the left knee to evaluate for injury.

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? 3%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 4%

Description of Pre-Service Work: Review the reason for the exam and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the radiographs of the knee and compare the exam findings to previous studies, if applicable. Dictate report for the medical record.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; William Creevy, MD; John Heiner, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons				
CPT Code:	73562				
Sample Size:	1200	**Resp N:**	75	**Response:** 6.2 %	
Description of Sample:	Random Sample				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	5.00	50.00	**100.00**	300.00	3000.00
Survey RVW:	0.16	0.20	**0.22**	0.25	0.50
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	2.00	**4.00**	6.00	20.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	73562	**Recommended Physician Work RVU: 0.18**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**4.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72100	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, spine, lumbosacral; 2 or 3 views

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
73120	XXX	0.16	**RUC Time**	263,886

CPT Descriptor 1 Radiologic examination, hand; 2 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	34,052

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 36 **% of respondents:** 48.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 73562**	**Key Reference CPT Code:** 72100	**Source of Time RUC Time**
Median Pre-Service Time	1.00	1.00	

Median Intra-Service Time	4.00	3.00
Median Immediate Post-service Time	1.00	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 Subsequent Observation Care Time	0.0	0.00
Median Total Time	**6.00**	**6.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.53	2.58
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.50	2.47
Urgency of medical decision making	2.58	2.58
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.47	2.47
Physical effort required	1.86	1.92
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.33	2.44
Outcome depends on the skill and judgment of physician	2.72	2.83
Estimated risk of malpractice suit with poor outcome	2.64	2.67

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.14	2.19
Intra-Service intensity/complexity	2.67	2.69
Post-Service intensity/complexity	2.19	2.19

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

BACKGROUND

Six plain film X-ray codes were identified by the CMS/Other, greater than 250K screen. The specialty societies presented potential crosswalks to the RUC in January of 2014; however, the RUC did not accept these crosswalks. The RUC requested that the specialties survey these six codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73600	X-Ray, ankle; 2 views	0.16	5	n/a – CMS/other		
73590	X-Ray; tibia and fibula, 2 views	0.17	5	n/a – CMS/other		
73060	X-Ray; humerus, minimum 2 views	0.17	5	n/a – CMS/other		
73565	X-Ray; both knees	0.17	5	n/a – CMS/other		
71100	X-Ray, ribs, unilateral; 2 views	0.22	6	n/a – CMS/other		
72070	X-Ray, thoracic spine; 2 views	0.22	6	n/a – CMS/other		

The list of survey codes was expanded to include three additional codes in the knee x-ray family which were identified by CMS in the CY2015 NPRM.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73560	X-Ray, knee; 1 or 2 views	0.17	3		3	
73562	X-Ray, knee; 3 views	0.18	4		4	
73564	X-Ray, knee; 4 or more views	0.22	5		5	

SURVEY PROCESS

The American College of Radiology (ACR) surveyed all nine codes.
The American Society of Neuroradiology (ASNR) surveyed 72070.
The American Podiatric Medical Association (APMA) surveyed 73600.
The American Academy of Orthopaedic Surgeons (AAOS) surveyed all of the codes except 71100.
All four specialties performed a random survey of its members, and an expert panel of physicians familiar with these services reviewed the data and developed physician work and practice expense recommendations.

SUMMARY OF RECOMMENDATIONS FOR ALL NINE CODES

We recommend maintaining the current wRVUs for each code.
We recommend one minute for pre-service time and one minute for post-service time for each code.
We recommend the survey median intra-service time for all of the codes except 73600 for which we recommend less than survey median for consistency across the family.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73600	X-Ray, ankle; 2 views	0.16	5	1	3	1
73590	X-Ray; tibia and fibula, 2 views	0.17	5	1	3	1
73060	X-Ray; humerus, minimum 2 views	0.17	5	1	3	1
73560	X-Ray, knee; 1 or 2 views	0.17	5	1	3	1
73565	X-Ray; both knees	0.17	5	1	3	1
73562	X-Ray, knee; 3 views	0.18	6	1	4	1
72070	X-Ray, thoracic spine; 2 views	0.22	5	1	3	1
71100	X-Ray, ribs, unilateral; 2 views	0.22	6	1	4	1
73564	X-Ray, knee; 4 or more views	0.22	7	1	5	1

CPT 73562 (Radiologic examination, knee; 3 views)

Work RVU Recommendation
We recommend the current work RVU of 0.18, which is below the survey 25th percentile.

Time Recommendation
We recommend the median survey times: 1 minute pre-service, 4 minutes intra-service, and 1 minute post-service.

Key Reference Service
The key reference code chosen by 48% of the survey respondents is 72100 *(Radiologic examination, spine, lumbosacral; 2 or 3 views).* Reviewing 3 views of the knee may take slightly longer time than 72100, but similar work for spine is more complex.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73562	**X-Ray, knee; 3 views**	**0.18**	**6**	**1**	**4**	**1**	**0.034**
72100	X-Ray, lumbosacral spine; 2 or 3 views	0.22	6	1	3	2	0.051

MPC Comparison
The recommendation of 0.18 wRVUs is bracketed by two plain film codes: 73120 *(Radiologic examination, hand; 2 views)* and 70355 *(Orthopantogram (eg, panoramic x-ray))*, which have comparable wRVUs and times

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73120	X-Ray, hand; 2 views	0.16	**5**	1	3	1	**0.038**
73562	**X-Ray, knee; 3 views**	**0.18**	**6**	**1**	**4**	**1**	**0.034**
70355	Panoramic x-ray	0.20	6		5	1	0.036

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) 73562

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 6144444
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 73562 provided nationally in a one-year period is estimated to be 6,144,444.

Specialty Diagnostic Radiology Frequency 2642200 Percentage 43.00 %

Specialty Orthopedic Surgery Frequency 2692000 Percentage 43.81 %

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? 2,048,148 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2013 Medicare data estimates that CPT code 73562 was billed approximately 2,048,148 times for Medicare patients nationally in a one-year period

Specialty Diagnostic Radiology Frequency 880800 Percentage 43.00 %

Specialty Orthopedic Surgery Frequency 897300 Percentage 43.81 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 73562

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:73564 Tracking Number Original Specialty Recommended RVU: **0.22**
Presented Recommended RVU: **0.22**
Global Period: XXX RUC Recommended RVU: **0.22**

CPT Descriptor: Radiologic examination, knee; complete, 4 or more views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 32-year-old female presents with trauma to the right knee from auto accident. Frontal, lateral, oblique and sunrise views are obtained of the right knee to evaluate for injury.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? 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? 2%

Description of Pre-Service Work: Review the reason for the exam and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the radiographs of the knee and compare the exam findings to previous studies, if applicable. Dictate report for the medical record.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; William Creevy, MD; John Heiner, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons				
CPT Code:	73564				
Sample Size:	1200	**Resp N:**	78	**Response:** 6.5 %	
Description of Sample:	Random Sample				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	50.00	**100.00**	200.00	6000.00
Survey RVW:	0.18	0.22	**0.26**	0.31	0.60
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	3.00	**5.00**	7.00	25.00

Immediate Post Service-Time:	**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 **0.00** 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:	73564	**Recommended Physician Work RVU: 0.22**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72110	XXX	0.31	**RUC Time**

CPT Descriptor Radiologic examination, spine, lumbosacral; minimum of 4 views

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	34,052

CPT Descriptor 1 Orthopantogram (eg, panoramic x-ray)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72100	XXX	0.22	**RUC Time**	1,841,033

CPT Descriptor 2 Radiologic examination, spine, lumbosacral; 2 or 3 views

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 38 **% of respondents:** 48.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 73564**	**Key Reference CPT Code:** 72110	**Source of Time RUC Time**
Median Pre-Service Time	1.00	1.00	

Median Intra-Service Time	5.00	5.00
Median Immediate Post-service Time	1.00	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 Subsequent Observation Care Time	0.0	0.00
Median Total Time	**7.00**	**8.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.84	2.84
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.79	2.82
Urgency of medical decision making	2.68	2.55
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.55	2.61
Physical effort required	2.00	1.95
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.55	2.61
Outcome depends on the skill and judgment of physician	3.11	3.13
Estimated risk of malpractice suit with poor outcome	2.76	2.87

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.16	2.24
Intra-Service intensity/complexity	3.00	3.05
Post-Service intensity/complexity	2.18	2.16

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

BACKGROUND

Six plain film X-ray codes were identified by the CMS/Other, greater than 250K screen. The specialty societies presented potential crosswalks to the RUC in January of 2014; however, the RUC did not accept these crosswalks. The RUC requested that the specialties survey these six codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73600	X-Ray, ankle; 2 views	0.16	5	n/a – CMS/other		
73590	X-Ray; tibia and fibula, 2 views	0.17	5	n/a – CMS/other		
73060	X-Ray; humerus, minimum 2 views	0.17	5	n/a – CMS/other		
73565	X-Ray; both knees	0.17	5	n/a – CMS/other		
71100	X-Ray, ribs, unilateral; 2 views	0.22	6	n/a – CMS/other		
72070	X-Ray, thoracic spine; 2 views	0.22	6	n/a – CMS/other		

The list of survey codes was expanded to include three additional codes in the knee x-ray family which were identified by CMS in the CY2015 NPRM.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73560	X-Ray, knee; 1 or 2 views	0.17	3		3	
73562	X-Ray, knee; 3 views	0.18	4		4	
73564	X-Ray, knee; 4 or more views	0.22	5		5	

SURVEY PROCESS

The American College of Radiology (ACR) surveyed all nine codes.
The American Society of Neuroradiology (ASNR) surveyed 72070.
The American Podiatric Medical Association (APMA) surveyed 73600.
The American Academy of Orthopaedic Surgeons (AAOS) surveyed all of the codes except 71100.
All four specialties performed a random survey of its members, and an expert panel of physicians familiar with these services reviewed the data and developed physician work and practice expense recommendations.

SUMMARY OF RECOMMENDATIONS FOR ALL NINE CODES

We recommend maintaining the current wRVUs for each code.
We recommend one minute for pre-service time and one minute for post-service time for each code.
We recommend the survey median intra-service time for all of the codes except 73600 for which we recommend less than survey median for consistency across the family.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73600	X-Ray, ankle; 2 views	0.16	5	1	3	1
73590	X-Ray; tibia and fibula, 2 views	0.17	5	1	3	1
73060	X-Ray; humerus, minimum 2 views	0.17	5	1	3	1
73560	X-Ray, knee; 1 or 2 views	0.17	5	1	3	1
73565	X-Ray; both knees	0.17	5	1	3	1
73562	X-Ray, knee; 3 views	0.18	6	1	4	1
72070	X-Ray, thoracic spine; 2 views	0.22	5	1	3	1
71100	X-Ray, ribs, unilateral; 2 views	0.22	6	1	4	1
73564	X-Ray, knee; 4 or more views	0.22	7	1	5	1

CPT 73564 (Radiologic examination, knee; complete, 4 or more views)

Work RVU Recommendation
We recommend the current work RVU of 0.22, which is equal to the survey 25th percentile.

Time Recommendation
We recommend the median pre service time of 1 minute and the median intra-service period time of 5 minutes. We recommend 1 minute of post time, less than the median, to maintain consistency across the family

Key Reference Service
The key reference code chosen by 49% of the survey respondents is 72110 (*Radiologic examination, spine, lumbosacral; minimum of 4 views*). Code 73564 scored lower on 7 of the 11 complexity measures.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73564	**X-Ray, knee; 4 or more views**	**0.22**	**7**	**1**	**5**	**1**	**0.035**
72110	X-Ray, lumbosacral spine; minimum 4 views	0.31	8	1	5	2	0.049

MPC Comparison
The recommendation of 0.22 wRVUs is bracketed by two plain film codes: 70355 *(Orthopantogram (eg, panoramic x-ray)) and 72100 (Radiologic examination, spine, lumbosacral; 2 or 3 views)*, which have comparable wRVUs and times.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
70355	Panoramic x-ray	0.20	6		5	1	0.036
73564	**X-Ray, knee; 4 or more views**	**0.22**	**7**	**1**	**5**	**1**	**0.035**
72100	X-Ray, lumbosacral spine; 2 or 3 views	0.22	6	1	3	2	0.051

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 73564

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3589194
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 73564 provided nationally in a one-year period is estimated to be 3,589,194

Specialty Diagnostic Radiology Frequency 1694500 Percentage 47.21 %

Specialty Orthopedic Surgery Frequency 1521500 Percentage 42.39 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,196,398 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2013 Medicare data estimates that CPT code 73564 was billed approximately 1,196,398 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 564800 Percentage 47.20 %

Specialty Orthopedic Surgery Frequency 507200 Percentage 42.39 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 73564

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:73565 Tracking Number Original Specialty Recommended RVU: **0.17**
Presented Recommended RVU: **0.16**
Global Period: XXX RUC Recommended RVU: **0.16**

CPT Descriptor: Radiologic examination, knee; both knees, standing, anteroposterior

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old female with bilateral knee pain and no history of trauma. Standing AP views of both knees obtained to evaluate for osteoarthritis.

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? 4%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 2%

Description of Pre-Service Work: After a history and physical is performed (separately reported), the physician reviews prior applicable imaging studies, if available, and explains to the patient that standing AP views of both knees are necessary to evaluate for osteoarthritis.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the radiographs of the knees and compare the exam findings to previous studies, if applicable. Dictate report for the medical record.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; William Creevy, MD; John Heiner, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons				
CPT Code:	73565				
Sample Size:	2400	**Resp N:**	121	**Response:** 5.0 %	
Description of Sample:	Random Sample				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	25.00	**100.00**	200.00	6600.00
Survey RVW:	0.10	0.16	**0.18**	0.22	0.95
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	2.00	**3.00**	4.00	15.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	73565	**Recommended Physician Work RVU: 0.16**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73030	XXX	0.18	**RUC Time**

CPT Descriptor Radiologic examination, shoulder; complete, minimum of 2 views

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
73120	XXX	0.16	**RUC Time**	263,886

CPT Descriptor 1 Radiologic examination, hand; 2 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	34,052

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 52 **% of respondents:** 42.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 73565**	**Key Reference CPT Code:** 73030	**Source of Time** **RUC Time**
Median Pre-Service Time	1.00	1.00	

Median Intra-Service Time	3.00	4.00
Median Immediate Post-service Time	1.00	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 Subsequent Observation Care Time	0.0	0.00
Median Total Time	**5.00**	**7.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.31	2.33
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.15	2.17
Urgency of medical decision making	2.31	2.38
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.29	2.33
Physical effort required	1.77	1.83
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.19	2.33
Outcome depends on the skill and judgment of physician	2.69	2.77
Estimated risk of malpractice suit with poor outcome	2.37	2.48

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	1.87	1.79
Intra-Service intensity/complexity	2.31	2.35
Post-Service intensity/complexity	1.87	1.90

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

BACKGROUND

Six plain film X-ray codes were identified by the CMS/Other, greater than 250K screen. The specialty societies presented potential crosswalks to the RUC in January of 2014; however, the RUC did not accept these crosswalks. The RUC requested that the specialties survey these six codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73600	X-Ray, ankle; 2 views	0.16	5	n/a – CMS/other		
73590	X-Ray; tibia and fibula, 2 views	0.17	5	n/a – CMS/other		
73060	X-Ray; humerus, minimum 2 views	0.17	5	n/a – CMS/other		
73565	X-Ray; both knees	0.17	5	n/a – CMS/other		
71100	X-Ray, ribs, unilateral; 2 views	0.22	6	n/a – CMS/other		
72070	X-Ray, thoracic spine; 2 views	0.22	6	n/a – CMS/other		

The list of survey codes was expanded to include three additional codes in the knee x-ray family which were identified by CMS in the CY2015 NPRM.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73560	X-Ray, knee; 1 or 2 views	0.17	3		3	
73562	X-Ray, knee; 3 views	0.18	4		4	
73564	X-Ray, knee; 4 or more views	0.22	5		5	

SURVEY PROCESS

The American College of Radiology (ACR) surveyed all nine codes.
The American Society of Neuroradiology (ASNR) surveyed 72070.
The American Podiatric Medical Association (APMA) surveyed 73600.
The American Academy of Orthopaedic Surgeons (AAOS) surveyed all of the codes except 71100.
All four specialties performed a random survey of its members, and an expert panel of physicians familiar with these services reviewed the data and developed physician work and practice expense recommendations.

SUMMARY OF RECOMMENDATIONS FOR ALL NINE CODES

We recommend maintaining the current wRVUs for each code.
We recommend one minute for pre-service time and one minute for post-service time for each code.
We recommend the survey median intra-service time for all of the codes except 73600 for which we recommend less than survey median for consistency across the family.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73600	X-Ray, ankle; 2 views	0.16	5	1	3	1
73590	X-Ray; tibia and fibula, 2 views	0.17	5	1	3	1
73060	X-Ray; humerus, minimum 2 views	0.17	5	1	3	1
73560	X-Ray, knee; 1 or 2 views	0.17	5	1	3	1
73565	X-Ray; both knees	0.17	5	1	3	1
73562	X-Ray, knee; 3 views	0.18	6	1	4	1
72070	X-Ray, thoracic spine; 2 views	0.22	5	1	3	1
71100	X-Ray, ribs, unilateral; 2 views	0.22	6	1	4	1
73564	X-Ray, knee; 4 or more views	0.22	7	1	5	1

CPT 73565 (Radiologic examination, knee; both knees, standing, anteroposterior)

Work RVU Recommendation
We recommend the current work RVU of 0.17, which is between the survey 25th percentile and median.

Time Recommendation
We recommend the median survey times: 1 minute pre-service, 3 minutes intra-service, and 1 minute post-service.

Key Reference Service
The KRS chosen by 43% of the survey respondents is 73030 *(Radiologic examination, shoulder; complete, minimum of 2 views).*

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73565	**X-Ray; both knees, anteroposterior**	**0.17**	**5**	**1**	**3**	**1**	**0.042**
73030	X-Ray, shoulder; minimum 2 views	0.18	7	1	4	2	0.028

MPC Comparison
The recommendation of 0.17 wRVUs is bracketed by two plain film codes: 73120 *(Radiologic examination, hand; 2 views)* and 70355 *(Orthopantogram (eg, panoramic x-ray))*, which have comparable wRVUs and times

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73120	X-Ray, hand; 2 views	0.16	**5**	1	3	1	**0.038**
73565	**X-Ray; both knees, anteroposterior**	**0.17**	**5**	**1**	**3**	**1**	**0.042**
70355	Panoramic x-ray	0.20	6		5	1	0.036

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) 73565

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 995346
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 73565 provided nationally in a one-year period is estimated to be 995,346.

Specialty Diagnostic Radiology Frequency 310100 Percentage 31.15 %

Specialty Orthopedic Surgery Frequency 554300 Percentage 55.68 %

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? 331,782 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2013 Medicare data estimates that CPT code 73565 was billed approximately 331,782 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 103300 Percentage 31.13 %

Specialty Orthopedic Surgery Frequency 184800 Percentage 55.69 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 73565

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:73590 Tracking Number Original Specialty Recommended RVU: **0.17**
Presented Recommended RVU: **0.16**
Global Period: XXX RUC Recommended RVU: **0.16**

CPT Descriptor: Radiologic examination; tibia and fibula, 2 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year old female with history of fall and pain to lower leg. AP and lateral views of the tibia/fibula obtained to evaluate for fracture.

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? 4%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the reason for the exam and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the radiographs of the tibia and fibula and compare the exam findings to previous studies, if applicable. Dictate report for the medical record.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; William Creevy, MD; John Heiner, MD				
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons				
CPT Code:	73590				
Sample Size:	1200	**Resp N:**	59	**Response:** 4.9 %	
Description of Sample:	Random Sample				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	10.00	55.00	**100.00**	288.00	6600.00
Survey RVW:	0.12	0.16	**0.18**	0.20	0.31
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	2.00	**3.00**	5.00	10.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	73590	**Recommended Physician Work RVU: 0.16**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73620	XXX	0.16	**RUC Time**

CPT Descriptor Radiologic examination, foot; 2 views

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
73120	XXX	0.16	**RUC Time**	263,886

CPT Descriptor 1 Radiologic examination, hand; 2 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	34,052

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
73030	XXX	0.18	**RUC Time**

CPT Descriptor Radiologic examination, shoulder; complete, minimum of 2 views

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: 25 **% of respondents:** 42.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 73590**	**Key Reference CPT Code:** 73620	**Source of Time RUC Time**
Median Pre-Service Time	1.00	1.00	

Median Intra-Service Time	3.00	3.00
Median Immediate Post-service Time	1.00	1.00
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	**5.00**	**5.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.12	2.44
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.08	2.16
Urgency of medical decision making	2.00	2.12
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.16	2.44
Physical effort required	1.64	1.76
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.20	2.32
Outcome depends on the skill and judgment of physician	2.28	2.52
Estimated risk of malpractice suit with poor outcome	2.12	2.32

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	1.68	1.68
Intra-Service intensity/complexity	2.24	2.44
Post-Service intensity/complexity	1.60	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.*

BACKGROUND

Six plain film X-ray codes were identified by the CMS/Other, greater than 250K screen. The specialty societies presented potential crosswalks to the RUC in January of 2014; however, the RUC did not accept these crosswalks. The RUC requested that the specialties survey these six codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73600	X-Ray, ankle; 2 views	0.16	5	n/a – CMS/other		
73590	X-Ray; tibia and fibula, 2 views	0.17	5	n/a – CMS/other		
73060	X-Ray; humerus, minimum 2 views	0.17	5	n/a – CMS/other		
73565	X-Ray; both knees	0.17	5	n/a – CMS/other		
71100	X-Ray, ribs, unilateral; 2 views	0.22	6	n/a – CMS/other		
72070	X-Ray, thoracic spine; 2 views	0.22	6	n/a – CMS/other		

The list of survey codes was expanded to include three additional codes in the knee x-ray family which were identified by CMS in the CY2015 NPRM.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73560	X-Ray, knee; 1 or 2 views	0.17	3		3	
73562	X-Ray, knee; 3 views	0.18	4		4	
73564	X-Ray, knee; 4 or more views	0.22	5		5	

SURVEY PROCESS

The American College of Radiology (ACR) surveyed all nine codes.
The American Society of Neuroradiology (ASNR) surveyed 72070.
The American Podiatric Medical Association (APMA) surveyed 73600.
The American Academy of Orthopaedic Surgeons (AAOS) surveyed all of the codes except 71100.
All four specialties performed a random survey of its members, and an expert panel of physicians familiar with these services reviewed the data and developed physician work and practice expense recommendations.

SUMMARY OF RECOMMENDATIONS FOR ALL NINE CODES

We recommend maintaining the current wRVUs for each code.
We recommend one minute for pre-service time and one minute for post-service time for each code.
We recommend the survey median intra-service time for all of the codes except 73600 for which we recommend less than survey median for consistency across the family.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73600	X-Ray, ankle; 2 views	0.16	5	1	3	1
73590	X-Ray; tibia and fibula, 2 views	0.17	5	1	3	1
73060	X-Ray; humerus, minimum 2 views	0.17	5	1	3	1
73560	X-Ray, knee; 1 or 2 views	0.17	5	1	3	1
73565	X-Ray; both knees	0.17	5	1	3	1
73562	X-Ray, knee; 3 views	0.18	6	1	4	1
72070	X-Ray, thoracic spine; 2 views	0.22	5	1	3	1
71100	X-Ray, ribs, unilateral; 2 views	0.22	6	1	4	1
73564	X-Ray, knee; 4 or more views	0.22	7	1	5	1

CPT 73590 (Radiologic examination; tibia and fibula, 2 views)

Work RVU Recommendation
We recommend the current work RVU of 0.17, which is between the survey 25th percentile and median.

Time Recommendation
We recommend the median survey times: 1 minute pre-service, 3 minutes intra-service, and 1 minute post-service.

Key Reference Service
Two Key Reference Services were chosen equally: code 73620 (*Radiologic examination, foot; 2 views*) and 73030 (*Radiologic examination, shoulder; complete, minimum of 2 views*). The surveyed code has similar RVUs and service period times to the two KRS codes. All 3 of these codes involve 2 views of the respective body part.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73620	X-Ray, foot; 2 views	0.16	5	1	3	1	**0.038**
73590	**X-Ray; tibia and fibula, 2 views**	**0.17**	**5**	**1**	**3**	**1**	**0.042**
73030	X-Ray, shoulder; minimum 2 views	0.18	7	1	4	2	0.028

MPC Comparison
The recommendation of 0.17 wRVUs is bracketed by two plain film codes: 73120 *(Radiologic examination, hand; 2 views)* and 70355 *(Orthopantogram (eg, panoramic x-ray))*, which have comparable wRVUs and times

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73120	X-Ray, hand; 2 views	0.16	**5**	1	3	1	**0.038**
73590	**X-Ray; tibia and fibula, 2 views**	**0.17**	**5**	**1**	**3**	**1**	**0.042**
70355	Panoramic x-ray	0.20	6		5	1	0.036

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) 73590

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1410714
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 73590 provided nationally in a one-year period is estimated to be 1,410,714.

Specialty Diagnostic Radiology Frequency 701600 Percentage 49.73 %

Specialty Orthopedic Surgery Frequency 367600 Percentage 26.05 %

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? 470,238 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2013 Medicare data estimates that CPT code 73590 was billed approximately 470,238 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 233900 Percentage 49.74 %

Specialty Orthopedic Surgery Frequency 123200 Percentage 26.19 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 73590

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:73600 Tracking Number Original Specialty Recommended RVU: **0.16**
Presented Recommended RVU: **0.16**
Global Period: XXX RUC Recommended RVU: **0.16**

CPT Descriptor: Radiologic examination, ankle; 2 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35-year old male suffers an inversion injury to his ankle associated with soft tissue swelling. AP and lateral views of the ankle are ordered.

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? 1%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the reason for the exam and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the radiographs of the ankle and compare the exam findings to previous studies, if applicable. Dictate report for the medical record.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014					
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Tim Tillo, MD; Lloyd Smith, MD; William Creevy, MD; John Heiner, MD					
Specialty(s):	American College of Radiology, American Podiatric Medical Association, American Academy of Orthopaedic Surgeons					
CPT Code:	73600					
Sample Size:	1460	**Resp N:**	179	**Response:** 12.2 %		
Description of Sample:	Random Sample					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	2.00	30.00	**100.00**	300.00	6600.00	
Survey RVW:	0.10	0.17	**0.18**	0.21	1.20	
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	3.00	**5.00**	10.00	30.00	
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**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:	73600	**Recommended Physician Work RVU: 0.16**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73620	XXX	0.16	**RUC Time**

CPT Descriptor Radiologic examination, foot; 2 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
73120	XXX	0.16	**RUC Time**	263,886

CPT Descriptor 1 Radiologic examination, hand; 2 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	34,052

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 118 **% of respondents:** 65.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 73600**	**Key Reference CPT Code:** 73620	**Source of Time RUC Time**
Median Pre-Service Time	1.00	1.00	

Median Intra-Service Time	3.00	3.00
Median Immediate Post-service Time	1.00	1.00
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	**5.00**	**5.00**
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	3.30	3.37
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.06	3.03
Urgency of medical decision making	3.18	3.08
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.06	3.09
Physical effort required	2.51	2.46
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.89	2.83
Outcome depends on the skill and judgment of physician	3.42	3.40
Estimated risk of malpractice suit with poor outcome	3.09	3.03

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.54	2.47
Intra-Service intensity/complexity	2.80	2.75
Post-Service intensity/complexity	2.77	2.69

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

BACKGROUND

Six plain film X-ray codes were identified by the CMS/Other, greater than 250K screen. The specialty societies presented potential crosswalks to the RUC in January of 2014; however, the RUC did not accept these crosswalks. The RUC requested that the specialties survey these six codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73600	X-Ray, ankle; 2 views	0.16	5	n/a – CMS/other		
73590	X-Ray; tibia and fibula, 2 views	0.17	5	n/a – CMS/other		
73060	X-Ray; humerus, minimum 2 views	0.17	5	n/a – CMS/other		
73565	X-Ray; both knees	0.17	5	n/a – CMS/other		
71100	X-Ray, ribs, unilateral; 2 views	0.22	6	n/a – CMS/other		
72070	X-Ray, thoracic spine; 2 views	0.22	6	n/a – CMS/other		

The list of survey codes was expanded to include three additional codes in the knee x-ray family which were identified by CMS in the CY2015 NPRM.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73560	X-Ray, knee; 1 or 2 views	0.17	3		3	
73562	X-Ray, knee; 3 views	0.18	4		4	
73564	X-Ray, knee; 4 or more views	0.22	5		5	

SURVEY PROCESS

The American College of Radiology (ACR) surveyed all nine codes.
The American Society of Neuroradiology (ASNR) surveyed 72070.
The American Podiatric Medical Association (APMA) surveyed 73600.
The American Academy of Orthopaedic Surgeons (AAOS) surveyed all of the codes except 71100.
All four specialties performed a random survey of its members, and an expert panel of physicians familiar with these services reviewed the data and developed physician work and practice expense recommendations.

SUMMARY OF RECOMMENDATIONS FOR ALL NINE CODES

We recommend maintaining the current wRVUs for each code.
We recommend one minute for pre-service time and one minute for post-service time for each code.
We recommend the survey median intra-service time for all of the codes except 73600 for which we recommend less than survey median for consistency across the family.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73600	X-Ray, ankle; 2 views	0.16	5	1	3	1
73590	X-Ray; tibia and fibula, 2 views	0.17	5	1	3	1
73060	X-Ray; humerus, minimum 2 views	0.17	5	1	3	1
73560	X-Ray, knee; 1 or 2 views	0.17	5	1	3	1
73565	X-Ray; both knees	0.17	5	1	3	1
73562	X-Ray, knee; 3 views	0.18	6	1	4	1
72070	X-Ray, thoracic spine; 2 views	0.22	5	1	3	1
71100	X-Ray, ribs, unilateral; 2 views	0.22	6	1	4	1
73564	X-Ray, knee; 4 or more views	0.22	7	1	5	1

CPT 73600 (Radiologic examination, ankle; 2 views)

Work RVU Recommendation
We recommend the current work RVU of 0.16, which is below the survey 25th percentile.

Time Recommendation
We recommend 1 minute pre-service, 3 minutes intra-service, and 1 minute post-service. These are less than the median times, but are consistent with other recently reviewed plain film codes and recommendations for codes under current review.

Key Reference Service
The key reference code chosen by 66% of the survey respondents is 73620 (*Radiologic examination, foot; 2 views*). 73600 and 73620 have the same RVUs and service period times, and both involve 2 views of the respective body part.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73600	**X-Ray, ankle; 2 views**	**0.16**	**5**	**1**	**3**	**1**	**0.038**
73620	X-Ray, foot; 2 views	0.16	5	1	3	1	**0.038**

MPC Comparison
The recommendation of 0.16 wRVUs is bracketed by two plain film codes: 73120 *(Radiologic examination, hand; 2 views)* and 70355 *(Orthopantogram (eg, panoramic x-ray)).*

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73120	X-Ray, hand; 2 views	0.16	**5**	1	3	1	**0.038**
73600	**X-Ray, ankle; 2 views**	**0.16**	**5**	**1**	**3**	**1**	**0.038**
70355	Panoramic x-ray	0.20	6		5	1	0.036

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) 73600

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty Podiatry How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 747300
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 73600 provided nationally in a one-year period is estimated to be 747,300.

Specialty Diagnostic Radiology Frequency 291350 Percentage 38.98 %

Specialty Orthopedic Surgery Frequency 203600 Percentage 27.24 %

Specialty Podiatry Frequency 112500 Percentage 15.05 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 249,100 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2013 Medicare data estimates that CPT code 73600 was billed approximately 249,100 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 97100 Percentage 38.98 %

Specialty Orthopedic Surgery Frequency 67900 Percentage 27.25 %

Specialty Podiatry Frequency 37500 Percentage 15.05 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 73600

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: X-Ray Exams

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
REF	73620	Radiologic exa	118	0.038			0.16			5	1					3			1
CMS/Other	73600	Radiologic examination, ankle; 2 views					0.16			5									
SVY	73600	Radiologic exa	179	-0.009	0.10	0.17	0.18	0.21	1.20	15	5			1	3	5	10	30	5
REC				0.038			0.16			5	1					3			1

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	73620	Radiologic exa	25	0.038			0.16			5	1					3			1
REF	73030	Radiologic exa	25	0.028			0.18			7	1					4			2
CMS/Other	73590	Radiologic examination; tibia and fibula, 2					0.17			5									
SVY	73590	Radiologic exa	59	0.0451	0.12	0.16	0.18	0.20	0.31	5	1			1	2	3	5	10	1
REC				0.038			0.16			5	1					3			1

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	73030	Radiologic exa	31	0.028			0.18			7	1					4			2
CMS/Other	73060	Radiologic examination; humerus, minimu					0.17			5									
SVY	73060	Radiologic exa	59	0.045	0.13	0.16	0.18	0.20	0.35	5	1			1	2	3	5	10	1
REC				0.038			0.16			5	1					3			1

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	72100	Radiologic exa	21	0.051			0.22			6	1					3			2
CMS/Other	71100	Radiologic examination, ribs, unilateral; 2					0.22			6									
SVY	71100	Radiologic exa	54	0.054	0.18	0.22	0.26	0.33	0.50	6	1			1	3	4	5	12	1
REC				0.044			0.22			6	1					4			1

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	72100	Radiologic exa	66	0.051			0.22			6	1					3			2
CMS/Other	72070	Radiologic examination, spine; thoracic, 2					0.22			6									
SVY	72070	Radiologic exa	105	0.058	0.15	0.22	0.22	0.30	0.50	5	1			1	2	3	5	15	1
REC				0.058			0.22			5	1					3			1

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
51						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
52	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
53	REF	73030	Radiologic exa	52	0.028			0.18			7	1					4			2
54	CMS/Other	73565	Radiologic examination, knee; both knees					0.17			5									
55	SVY	73565	Radiologic exa	121	0.045	0.10	0.16	0.18	0.22	0.95	5	1			1	2	3	4	15	1
56	REC				0.038			0.16			5	1					3			1
57																				
58						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
59	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
60	REF	73030	Radiologic exa	38	0.028			0.18			7	1					4			2
61	May-98	73560	Radiologic examinati		0.057			0.17			3						3			
62	SVY	73560	Radiologic exa	80	0.045	0.13	0.16	0.18	0.21	0.40	5	1			1	2	3	5	25	1
63	REC				0.038			0.16			5	1					3			1
64																				
65						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
66	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
67	REF	72100	Radiologic exa	36	0.051			0.22			6	1					3			2
68	May-98	73562	Radiologic examinati		0.045			0.18			4						4			
69	SVY	73562	Radiologic exa	75	0.044	0.16	0.20	0.22	0.25	0.50	6	1			1	2	4	6	20	1
70	REC				0.034			0.18			6	1					4			1
71																				
72						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
73	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
74	REF	72110	Radiologic exa	38	0.049			0.31			8	1					5			2
75	May-98	73564	Radiologic examinati		0.044			0.22			5						5			
76	SVY	73564	Radiologic exa	78	0.039	0.18	0.22	0.26	0.31	0.60	8	1			1	3	5	7	25	2
77	REC				0.035			0.22			7	1					5			1

4
17
Tab Number

Transcatheter Placement of Carotid Stents
X-Ray Exams
Issue

37215
71100, 72070, 73060, 73565, 73590, 73600, 73560, 73562, 73564
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)

Signature

Kurt A. Schoppe, MD
Printed Signature

American College of Radiology
Specialty Society

August 26, 2014
Date

4
17
Tab Number

Transcatheter Placement of Carotid Stents
X-Ray Exams
Issue

37215
71100, 72070, 73060, 73565, 73590, 73600, 73560, 73562, 73564
Code Range

Attestation Statement

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Signature

Ezequiel Silva, MD
Printed Signature

American College of Radiology
Specialty Society

August 26, 2014
Date

17
Tab Number

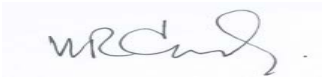
X-Ray Exams
Issue

71100, 72070, 73060, 73560, 73562, 73564, 73565, 73590, 73600
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



_____
Signature

William Creevy, MD
Printed Signature

American Academy of Orthopaedic Surgeons
Specialty Society

August 21, 2014
Date

Tab 4, Tab 17
Tab Number

Transcatheter Placement of Carotid Stent, X-Ray
Issue

37215, 72070
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

Joshua A. Hirsch, MD
Printed Signature

American Society of Neuroradiology (ASNR)
Specialty Society

8/14/2014
Date

CPT Code: 73600, 73590, 73060, 71100, 72070, 73565, 73560, 73562, 73564
Specialty Society('s) ACR, ASNR, AAOS, APMA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

73600	Radiologic examination, ankle; 2 views
73590	Radiologic examination; tibia and fibula, 2 views
73060	Radiologic examination; humerus, minimum of 2 views
71100	Radiologic examination, ribs, unilateral; 2 views
72070	Radiologic examination, spine; thoracic, 2 views
73565	Radiologic examination, knee; both knees, standing, anteroposterior
73560	Radiologic examination, knee; 1 or 2 views
73562	Radiologic examination, knee; 3 views
73564	Radiologic examination, knee; complete, 4 or more views

Global Period: XXX Meeting Date: 09/2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The American College of Radiology (ACR), the American Society of Neuroradiology (ASNR), the American Podiatric Medical Association (APMA), and the American Academy of Orthopaedic Surgeons (AAOS) convened a consensus panel to finalize the practice expense data for x-ray exam codes 73600, 73590, 73060, 71100, 72070, 73565, 73560, 73562, and 73564.

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 nine x-ray exam codes are existing codes; therefore their existing inputs from the RUC DB are included as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

- **film, x-ray 14in x 17in** – for CPT code 73590 *(x-ray, tibia and fibula; 2 views)*, the specialties are substituting 2 sheets of 14in x 17in film for 2 sheets of the 10in x 12in film, since a larger body area is being imaged.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Greet patient, provide gowning, ensure appropriate medical records are available**
- **Prepare room, equipment, supplies**– two minutes is standard.
- **Prepare and position patient/ monitor patient/ set up IV**– two minutes is standard.
- **Clean room/equipment by physician staff** – three minutes is standard.
- **Technologist QC's images in PACS, checking for all images, reformats, and dose page –** clinically necessary.
- **Review examination with interpreting MD –** clinically necessary.
- **Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue –** clinically necessary.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- Assist physician/Acquire images
- Clean room/equipment by physician staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD
- Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	~~Please note: If a supply has a purchase price of $100 or~~			REF Code		REF Code		REF Code		REF Code		REF Code	
2	**more please bold the item name and CMS code.**			**73600**	**73600**	**73590**	**73590**	**73060**	**73060**	**71100**	**71100**	**72070**	**72070**
3	**Meeting Date: September 2014 Tab: 17 Specialty: ACR, ASNR, AAOS, APMA**	**CMS Code**	**Staff Type**	Radiologic examination, ankle; 2 views (Aug 2003)	Radiologic examination, ankle; 2 views (Sept 2014 RUC)	Radiologic examination; tibia and fibula, 2 views (Aug 2003)	Radiologic examination; tibia and fibula, 2 views (Sept 2014 RUC)	Radiologic examination; humerus, minimum of 2 views (Aug 2003)	Radiologic examination; humerus, minimum of 2 views (Sept 2014 RUC)	Radiologic examination, ribs, unilateral; 2 views (Aug 2003)	Radiologic examination, ribs, unilateral; 2 views (Sept 2014 RUC)	Radiologic examination, spine; thoracic, 2 views (Aug 2003)	Radiologic examination, spine; thoracic, 2 views (Sept 2014 RUC)
4	**LOCATION**			**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**
6	**TOTAL CLINICAL LABOR TIME**	**L041B**	**Rad Tech**	**14.0**	**19.0**	**14.0**	**19.0**	**14.0**	**19.0**	**16.0**	**21.0**	**16.0**	**21.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L041B**	**Rad Tech**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	**Rad Tech**	**14.0**	**19.0**	**14.0**	**19.0**	**14.0**	**19.0**	**16.0**	**21.0**	**16.0**	**21.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L041B**	**Rad Tech**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**												
21	**SERVICE PERIOD**												
22	**Start: When patient enters office/facility for surgery/procedure:**												
23	Greet patient, provide gowning, ensure appropriate medical records are available	L041B	Rad Tech	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
24	Obtain vital signs												
25	Provide pre-service education/obtain consent												
26	Prepare room, equipment, supplies	L041B	Rad Tech	**1**	**2**	**1**	**2**	**1**	**2**	**1**	**2**	**1**	**2**
27	Setup scope (non facility setting only)												
28	Prepare and position patient/ monitor patient/ set up IV	L041B	Rad Tech	**1**	**2**	**1**	**2**	**1**	**2**	**1**	**2**	**1**	**2**
29	Sedate/apply anesthesia												
30	*Other Clinical Activity - specify:												
31	**Intra-service**												
32	Assist physician/Acquire images	L041B	Rad Tech	**4**	**4**	**4**	**4**	**4**	**4**	**6**	**6**	**6**	**6**
33	**Post-Service**												
34	Monitor pt. following moderate sedation												
35	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)												
36	Clean room/equipment by physician staff	L041B	Rad Tech	**2**	**3**	**2**	**3**	**2**	**3**	**2**	**3**	**2**	**3**
37	Clean Scope												
38	Clean Surgical Instrument Package												
39	Complete diagnostic forms, lab & X-ray requisitions												
40	Review/read X-ray, lab, and pathology reports												
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions												
42	*Other Clinical Activity - *specify:*												
43	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Rad Tech	**3**	**2**	**3**	**2**	**3**	**2**	**3**	**2**	**3**	**2**
44	Review examination with interpreting MD	L041B	Rad Tech		**2**		**2**		**2**		**2**		**2**
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	Rad Tech		**1**		**1**		**1**		**1**		**1**
46	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
47	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
48	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
49	**End: Patient leaves office**												
50	**POST-SERVICE Period**												

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	~~Please note: If a supply has a purchase price of $100 or~~			REF Code		REF Code		REF Code		REF Code		REF Code	
2	**more please bold the item name and CMS code.**			**73600**	**73600**	**73590**	**73590**	**73060**	**73060**	**71100**	**71100**	**72070**	**72070**
3	**Meeting Date: September 2014** **Tab: 17** **Specialty: ACR, ASNR, AAOS, APMA**	**CMS Code**	**Staff Type**	Radiologic examination, ankle; 2 views **(Aug 2003)**	Radiologic examination, ankle; 2 views **(Sept 2014 RUC)**	Radiologic examination; tibia and fibula, 2 views **(Aug 2003)**	Radiologic examination; tibia and fibula, 2 views **(Sept 2014 RUC)**	Radiologic examination; humerus, minimum of 2 views **(Aug 2003)**	Radiologic examination; humerus, minimum of 2 views **(Sept 2014 RUC)**	Radiologic examination, ribs, unilateral; 2 views **(Aug 2003)**	Radiologic examination, ribs, unilateral; 2 views **(Sept 2014 RUC)**	Radiologic examination, spine; thoracic, 2 views **(Aug 2003)**	Radiologic examination, spine; thoracic, 2 views **(Sept 2014 RUC)**
4	**LOCATION**			**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**
62	**MEDICAL SUPPLIES****	**CODE**	**UNIT**										
63	gown, patient	SB026	item	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
64	film, x-ray 10in x 12in	SK033	item	**2**	**2**	**2**							
65	film, x-ray 14in x 17in	SK034	item				**2**	**2**	**2**	**2**	**2**	**2**	**2**
66	x-ray developer solution	SK089	oz	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**
67	x-ray envelope	SK091	item	**1**		**1**		**1**		**1**		**1**	
68	x-ray fixer solution	SK092	oz	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**
69	**EQUIPMENT**	**CODE**											
70	film processor, wet	ED025		**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
71	film alternator (motorized film viewbox)	ER029		**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
72	room, basic radiology	EL012		**14**	**13**	**14**	**13**	**14**	**13**	**16**	**15**	**16**	**15**

	A	B	C	N	O	P	Q	R	S	T	U
1				REF Code		REF Code		REF Code		REF Code	
2	~~Please note: If a supply has a purchase price of $100 or~~ more please bold the item name and CMS code.			73565	73565	73560	73560	73562	73562	73564	73564
3	**Meeting Date: September 2014 Tab: 17 Specialty: ACR, ASNR, AAOS, APMA**	**CMS Code**	**Staff Type**	Radiologic examination, knee; both knees, standing, anteroposterior (Aug 2003)	Radiologic examination, knee; both knees, standing, anteroposterior (Sept 2014 RUC)	Radiologic examination, knee; 1 or 2 views (Aug 2003)	Radiologic examination, knee; 1 or 2 views (Sept 2014 RUC)	Radiologic examination, knee; 3 views (Aug 2003)	Radiologic examination, knee; 3 views (Sept 2014 RUC)	Radiologic examination, knee; complete, 4 or more views (Aug 2003)	Radiologic examination, knee; complete, 4 or more views (Sept 2014 RUC)
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L041B**	**Rad Tech**	**14.0**	**16.0**	**14.0**	**19.0**	**17.0**	**21.0**	**20.0**	**23.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L041B**	**Rad Tech**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	**Rad Tech**	**14.0**	**16.0**	**14.0**	**19.0**	**17.0**	**21.0**	**20.0**	**23.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L041B**	**Rad Tech**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**										
21	**SERVICE PERIOD**										
22	**Start: When patient enters office/facility for surgery/procedure:**										
23	Greet patient, provide gowning, ensure appropriate medical records are available	L041B	Rad Tech	**3**		**3**	**3**	**3**	**3**	**3**	**3**
24	Obtain vital signs										
25	Provide pre-service education/obtain consent										
26	Prepare room, equipment, supplies	L041B	Rad Tech	**1**	**2**	**1**	**2**	**1**	**2**	**1**	**2**
27	Setup scope (non facility setting only)										
28	Prepare and position patient/ monitor patient/ set up IV	L041B	Rad Tech	**1**	**2**	**1**	**2**	**1**	**2**	**1**	**2**
29	Sedate/apply anesthesia										
30	*Other Clinical Activity - specify:										
31	**Intra-service**										
32	Assist physician/Acquire images	L041B	Rad Tech	**4**	**4**	**4**	**4**	**6**	**6**	**8**	**8**
33	**Post-Service**										
34	Monitor pt. following moderate sedation										
35	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)										
36	Clean room/equipment by physician staff	L041B	Rad Tech	**2**	**3**	**2**	**3**	**2**	**3**	**2**	**3**
37	Clean Scope										
38	Clean Surgical Instrument Package										
39	Complete diagnostic forms, lab & X-ray requisitions										
40	Review/read X-ray, lab, and pathology reports										
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions										
42	*Other Clinical Activity - *specify:*										
43	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Rad Tech	**3**	**2**	**3**	**2**	**4**	**2**	**5**	**2**
44	Review examination with interpreting MD	L041B	Rad Tech		**2**		**2**		**2**		**2**
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	Rad Tech		**1**		**1**		**1**		**1**
46	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
47	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
48	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
49	**End: Patient leaves office**										
50	**POST-SERVICE Period**										

	A	B	C	N	O	P	Q	R	S	T	U
1				REF Code		REF Code		REF Code		REF Code	
2	~~Please note: If a supply has a purchase price of $100 or~~ more please bold the item name and CMS code.			73565	73565	73560	73560	73562	73562	73564	73564
3	**Meeting Date: September 2014 Tab: 17 Specialty: ACR, ASNR, AAOS, APMA**	**CMS Code**	**Staff Type**	Radiologic examination, knee; both knees, standing, anteroposterior (Aug 2003)	Radiologic examination, knee; both knees, standing, anteroposterior (Sept 2014 RUC)	Radiologic examination, knee; 1 or 2 views (Aug 2003)	Radiologic examination, knee; 1 or 2 views (Sept 2014 RUC)	Radiologic examination, knee; 3 views (Aug 2003)	Radiologic examination, knee; 3 views (Sept 2014 RUC)	Radiologic examination, knee; complete, 4 or more views (Aug 2003)	Radiologic examination, knee; complete, 4 or more views (Sept 2014 RUC)
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
62	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
63	gown, patient	SB026	item	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
64	film, x-ray 10in x 12in	SK033	item	**2**	**2**	**2**	**2**	**3**	**3**	**4**	**4**
65	film, x-ray 14in x 17in	SK034	item								
66	x-ray developer solution	SK089	oz	**2**	**2**	**2**	**2**	**3**	**3**	**4**	**4**
67	x-ray envelope	SK091	item	**1**		**1**		**1**		**1**	
68	x-ray fixer solution	SK092	oz	**2**	**2**	**2**	**2**	**3**	**3**	**4**	**4**
69	**EQUIPMENT**	**CODE**									
70	film processor, wet	ED025		**3**	**3**	**3**	**3**	**4**	**4**	**5**	**5**
71	film alternator (motorized film viewbox)	ER029		**3**	**3**	**3**	**3**	**4**	**4**	**5**	**5**
72	room, basic radiology	EL012		**14**	**13**	**14**	**13**	**17**	**15**	**20**	**17**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request Final Rules for 2013 and 2014

September 2014

Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)

The RUC reviewed the survey results for these services at the April 2014 RUC meeting. The RUC noted that CPT codes 88367 and 88368 did not meet the RUC established survey response criteria of 50 responses for codes with Medicare Claims between 100,000 – 1 million. The specialty societies re-opened their survey and brought back these codes with more than 50 responses for the RUC to review in September 2014.

88367 ***Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure***

The RUC reviewed the survey results for CPT code 88367 and determined the previous interim recommendation based on the survey 25th percentile work RVU of 0.86 appropriately accounts for the work required to perform this service. The RUC recommends 25 minutes of intra-service time for this service. The specialty society noted and the RUC agreed that "using computer-assisted technology" for 88367, as included in the descriptor, does not replace the need for physician interpretation. Computer-assisted technology refers to the computer selecting the images for the pathologist to review. The computer does not adequately distinguish between cancer and non-cancer cells. In addition, the American Society of Clinical Oncology (ASCO) guidelines indicate that a minimum of 40 neoplastic cells need to be examined for signal intensity. The RUC compared 88367 to 88368 *Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure* (RUC recommended work RVU= 0.88) and noted that CPT code 88368 is manual and requires slightly more physician work and time because the physician is moving the fluoroscopic microscope around to find the cells of interest that will be counted. In code 88367, the images that the physician evaluates are selected by the computer. CPT code 88367 still requires the physician to analyze and make decisions. The RUC also noted that 88367 requires less Lab Tech/Histotechnician time in the practice expense because the computer is selecting the images instead. The specialty societies explained that if the RUC recommended the new combined survey 25th percentile work RVU of 0.90 for both 88367 and 88368, this would cause a rank order anomaly. The specialty societies reiterated that slightly more physician work is required for 88368 and the recommendation reflects that. The RUC compared 88367 to reference service 88346 *Immunofluorescent study, each antibody; direct method* (work RVU= 0.86) and agreed that since these service require the same physician work to perform, a work RVU of 0.86 is appropriate. The RUC also compared 88367 to reference service 88121 *Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology* (work RVU = 1.00) and agreed that these services are similar. For additional support the RUC referenced MPC codes 51705 *Change of cystostomy tube; simple* (work RVU = 0.90) and 88305 *Level IV - Surgical pathology, gross and microscopic examination* (work RVU = 0.75), CPT code 78306 *Bone and/or joint imaging; whole body* (work RVU

= 0.86) and 86079 *Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report* (work RVU = 0.94). **The RUC recommends a work RVU of 0.86 for CPT code 88367.**

88368 ***Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure***

The RUC reviewed the survey results for CPT code 88368 and determined that the survey 25th percentile work RVU of 0.88 appropriately accounts for the work required to perform this service. The RUC recommends 30 minutes intra-service time for this service. The RUC compared 88367 to 88368 and noted that CPT code 88368 is manual and requires slightly more physician work and time because the physician is moving the fluoroscopic microscope around to find the cells of interest that will be counted. The specialty societies explained that if the RUC recommended the new combined survey 25th percentile work RVU of 0.90 for both 88367 and 88368, this would cause a rank order anomaly. The specialty societies reiterated that slightly more physician work is required for 88368 and the recommendation reflects that. The RUC compared 88368 to key reference service 88120 *Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual* (work RVU = 1.20) and determined that although 88368 requires the same physician time to perform, 30 minutes, it requires less work, as it accounts for the use of a single probe. For additional support the RUC referenced MPC code 51705 *Change of cystostomy tube; simple* (work RVU = 0.90 and total time 32 minutes) and similar services 88346 *Immunofluorescent study, each antibody; direct method* (work RVU = 0.86), 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (work RVU = 0.94), 88358 *Morphometric analysis; tumor (eg, DNA ploidy)* (work RVU = 0.95) and 88360 *Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual* (work RVU = 1.10). **The RUC recommends a work RVU of 0.88 for CPT code 88368.**

Work Neutrality
The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense
The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee at the April 2014 meeting.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
88367	JJ7	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, ~~each probe~~ per specimen; initial single probe stain procedure ~~using computer-assisted technology~~	XXX	0.86
88368	JJ10	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	XXX	0.88

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88367 Tracking Number JJ7 Original Specialty Recommended RVU: **0.86**
Presented Recommended RVU: **0.86**
Global Period: XXX RUC Recommended RVU: **0.86**

CPT Descriptor: Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60 year old man presents with a suspected plasma cell dyscrasia. In situ hybridization is performed on a bone marrow specimen to assess for relative kappa light chain mRNA expression using computer assisted technology.

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?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist determines the appropriate areas of tumor to evaluate from review of the hematoxylin and eosin stained slide. The pathologist examines positive control tissue known to contain cells that express kappa light chain mRNA to verify that the stain is optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The patient sample is then digitally scanned using brightfield microscopy and the images examined. The pathologist interprets the kappa mRNA staining pattern and quantification of mRNA signals and determines their significance in their histologic and cellular locations. The data are compared to current and/or prior specimens and reports. The findings are correlated with the corresponding H&E stained slide, clinical history, previous tissue samples and laboratory tests, and are reported.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014				
Presenter(s):	Jonathan Myles, MD, FCAP and Roger Klein, MD, JD				
Specialty(s):	College of American Pathologists, American Society of Cytopathology, and American Society of Clinical Pathology				
CPT Code:	88367				
Sample Size:	9494	**Resp N:**	51	**Response:** 0.5 %	
Description of Sample:	Targeted and Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	6.00	40.00	**100.00**	200.00	1000.00
Survey RVW:	0.50	0.90	**1.00**	1.40	2.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	16.00	**25.00**	30.00	65.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88367	**Recommended Physician Work RVU: 0.86**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88121	XXX	1.00	**RUC Time**

CPT Descriptor Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88305	XXX	0.75	**RUC Time**	16,810,487

CPT Descriptor 1 Level IV - Surgical pathology, gross and microscopic examination

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88360	XXX	1.18	**RUC Time**	122,197

CPT Descriptor 2 Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology

Other Reference CPT Code	Global	Work RVU	Time Source
78306	XXX	0.86	**RUC Time**

CPT Descriptor Bone and/or joint imaging; whole body

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: 16 **% of respondents:** 31.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 88367**	**Key Reference CPT Code:** 88121	**Source of Time RUC Time**
Median Pre-Service Time	0.00	0.00	
Median Intra-Service Time	25.00	25.00	
Median Immediate Post-service Time	0.00	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 Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**25.00**	**25.00**	
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	3.88	3.71
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.82	3.41
Urgency of medical decision making	3.88	3.76
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.24	4.06
Physical effort required	2.88	3.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.88	3.71
Outcome depends on the skill and judgment of physician	4.29	4.24
Estimated risk of malpractice suit with poor outcome	3.82	3.71

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	4.24	4.24

Post-Service 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.*

Background

For the NPRM for 2012, CMS received comments that unlike the new FISH codes for urinary tract specimens (88120 and 88121), the existing codes (88365-88368) are reported per probe and therefore still allow billing for multiple units of each. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agree at this time that they are accurate. In Jan 2012, the RUC reviewed 2011 diagnosis claims data and the College of American Pathologists (CAP) indicated that they will develop a CPT Assistant article to direct physicians to use the new FISH codes for urinary tract infections (CPT codes 88120 and 88120). The RUC indicated that the specialty should specify the number of probes utilized for these services in the CPT Assistant article. The RUC recommended that it re-review codes 88365, 88367, and 88368 within one year after 2012 utilization becomes available (January 2013). The RUC agreed with the specialty society to maintain current values, but also recommended reviewing three more years of data for CPT codes 88120 and 88121 to determine the appropriate utilization has shifted to these codes from 88365, 88367, and 88368 to these codes. In January 2013, the RUC recommended resurveying the physician work and developing direct practice expense inputs for 88365, 88367, and 88368 for review at the April 2013 RUC meeting. While the CAP was preparing to complete this resurvey, it was discovered that the vignette for code 88365 required revision. Upon further scrutiny of the code descriptors and other vignettes, CAP determined that the entire family of services required some CPT editorial clarity to accurately capture the typical services within CPT. The edits were required to accurately represent and value both the physician work and practice expense for these codes.

In May 2013, the CPT Editorial Panel revised the in situ hybridization codes (88365, 88367, and 88368) and created three new add-on codes 8836X6, 8836XX, and 8836X9 for reporting each additional separately identifiable probe per slide. In addition, the panel revised and added relevant parenthetical notes to instruct on the proper use of these codes. At the October 2013 RUC meeting, the RUC reviewed survey results and practice expense inputs (in comparison to codes 88120-1).

After the release of CMS' final ruling for 2014 and with further input from payers, it became evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel again revised and added codes for in situ hybridization procedures to differentiate initial single probe stains procedures per specimen (88365, 88367, and 88368). The Panel also established three add-on codes under each of the single probe stain procedure parent codes 88365, 88367, and 88368 for each additional single probe stain procedure, as well as three stand-alone codes for each multiplex probe stain procedure under the respective in situ hybridization parent codes 88365, 88367, and 88368.

April 2014 RUC Meeting Results

For the April 2014, the College of American Pathologists (CAP), American Society of Cytopathology (ASC), and American Society for Clinical Pathology (ASCP) performed a random survey of approximately 5,000 members and an additional 689 targeted physicians. The targeted group consisted of members from CAP, ASC, or ASCP that were identified as providers of molecular pathology services. The survey for the revised 88367 service yielded 24 respondents with a median RVW of 0.97 and time of 25 minutes. The RUC and the specialties agreed on an interim work relative value of 0.86 and 25 minutes of time with the following RUC rationale and family of codes:

RUC Rationale – April 2014 shown below:

88367 ***Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure***

The RUC reviewed the survey results for CPT code 88367 and determined the survey 25th percentile work RVU of 0.86 appropriately accounts for the work required to perform this service. The RUC recommends 25 minutes of intra-service time. The specialty society noted and the RUC agreed that "using computer-assisted technology" for 88367, as included in the descriptor, does not replace the physician work. Computer-assisted technology refers to the computer selecting the images for the pathologist to review. The computer does not adequately distinguish between cancer and

non-cancer cells. In addition, the American Society of Clinical Oncology (ASCO) guidelines indicate that a minimum of 40 neoplastic cells need to be examined for signal intensity. The RUC compared 88367 to 88368 and noted that CPT code 88368 is manual and requires slightly more physician work and time because the physician is moving the fluoroscopic microscope around to find the cells of interest that will be counted. In code 88367, the images that the physician evaluates are selected by the computer. CPT code 88367 still requires the physician to analyze and make decisions. The RUC also noted that 88367 requires less Lab Tech/Histotechnician time in the practice expense because the computer is selecting the images instead. The RUC compared 88367 to key reference service 88346 *Immunofluorescent study, each antibody; direct method* (work RVU= 0.86) and agreed that since these service require the same physician work to perform, a work RVU of 0.86 is appropriate. For additional support the RUC referenced MPC code 51705 *Change of cystostomy tube; simple* (work RVU = 0.90) and CPT code 78306 *Bone and/or joint imaging; whole body* (work RVU = 0.86). **The RUC recommends an interim work RVU of 0.86 for CPT code 88367.**

April 2014 Final RUC Recommendations for the in situ hybridization family of services

CPT Code	Tracking Code	2012/2013 Work RVU*	Specialty Society Original SOR Work RVU	Specialty Society Revised SOR Work RVU	Current Time	Specialty Society Original SOR Time	Specialty Society Revised SOR Time
88365	JJ4	1.20	1.00	0.88	40	30	30
8836X2	JJ5	1.20	1.00	0.88	40	30	30
8836X6	JJ6	2.40	1.59	1.24	80	45	40
88367**	JJ7**	1.30	0.97	0.86	42	25	25
8836X3	JJ8	1.30	0.97	0.86	42	25	25
8836X1	JJ9	2.60	1.25	1.04	84	30	30
88368**	JJ10**	1.40	1.15	0.88	45	30	30
8836X4	JJ11	1.40	1.05	0.88	45	30	30
8836X9	JJ12	2.80	1.60	1.40	90	45	45

* Explanation of CPT coding

8836X6 In 2013 the CPT coding methodology was to bill two units of 88365.

8836X1 In 2013 the CPT coding methodology was to bill two units of 88367.

8836X9 In 2013 the CPT coding methodology was to bill two units of 88368.

** Interim Recommendations. For the April 2014 RUC meeting, CPT code 88367 did not meet the RUC established survey response criteria of 50 responses for codes with Medicare Claims between 100,000-1,000,000.

September 2014 Survey Effort and Results with New/Revised CPT Language

In April 2014, the RUC made only interim recommendations since the minimum number of survey respondents was not met for CPT codes 88367 and 88368. Therefore, CAP, ASC, and ASCP performed another random survey of 8,607 members and an additional 881 targeted physicians for the September 2014 RUC meeting. The targeted group consisted of members from CAP, ASC, or ASCP that were identified as providers of molecular pathology services. The most recent survey for the revised 88367 service yielded 27 new respondents with a median RVW of 1.00 and time of 25 minutes. Overall survey results are shown below:

	April RUC				September RUC				Combined Results			
	88367 (N=24)		88368 (N=40)		88367 (N=27)		88368 (N=40)		88367 (N=51)		88368 (N=80)	
	Time	RVU	Time	RVU	Time	WRVU	Time	WRVU	Time	WRVU	Time	WRVU
Low	5	0.75	5	0.39	5	0.50	5	0.45	5	0.50	5	0.39
25th	20	0.86	19	0.88	15	1.00	15	0.99	16	0.90	15	0.90
Median	25	0.97	30	1.15	22	1.20	30	1.20	25	1.00	30	1.20
75th	30	1.19	40	1.30	30	1.48	35	1.53	30	1.40	35	1.46
High	45	1.90	100	3.75	65	2.00	60	2.50	65	2.00	100	3.75

For detailed targeted and random survey respondent data see additional spreadsheet "Tab 18 In Situ Hybridization Random and Targeted Response Info".

A multispecialty expert panel was formed from the three societies to review the survey data and develop recommendations. This expert panel included CAP's CPT/RUC Workgroup and Economic Affairs Executive Committee, as well as other representatives from general and academic pathology practice settings. The expert panel compared the median RVW, time and intensity/complexity of 88367 to the key reference service 88121 - *Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology* (WRVU = 1.00, 25 minutes total).

The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and intensities to establish a recommended value and time that would provide proper rank order amongst pathology services and this code family.

- 88305 - *Level IV - Surgical pathology, gross and microscopic examination…* (WRVU = 0.75, 25 minutes, IWPUT = 0.0300, MPC code)
- 88182 - *Flow cytometry, cell cycle or DNA analysis* (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
- 86079 - *Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report* (WRVU = 0.94, 30 minutes, IWPUT = 0.0313)
- 88360 - *Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual* (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
- 88361 - *Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology* (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)
- 88331 - *Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen* (WRVU = 1.19, 25 minutes, IWPUT = 0.0476)
- 88307 - *Level V - Surgical pathology, gross & micro exam* - 1.59 RVUs

The expert panel agreed that the median work RVU and time for 88367 from the both survey efforts are consistent, and therefore support the RUC's recommendation from April 2014. **The CAP, ASC, and ASCP recommend a physician work RVU of 0.86 with 25 minutes of physician time for CPT code 88367.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88367

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Sometimes

Specialty Clinical Laboratory How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 41591
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 15% of that utilization. 138,637 x 2 x 0.15 = 41,591.. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 13767 Percentage 33.10 %

Specialty Clinical Laboratory Frequency 27824 Percentage 66.89 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 20,817 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. With the recent coding changes we estimate this service will receive approximately 15% of that utilization. 138,785 x 0.15=20,817. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 6883 Percentage 33.06 %

Specialty Clinical Laboratory Frequency 13913 Percentage 66.83 %

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:
Tests

BETOS Sub-classification:
Lab 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 88367

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:88368 Tracking Number JJ10 Original Specialty Recommended RVU: **0.88**
Presented Recommended RVU: **0.88**
Global Period: XXX RUC Recommended RVU: **0.88**

CPT Descriptor: Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old man presents with a suspected plasma cell dyscrasia. In situ hybridization is performed on a bone marrow specimen to assess for relative kappa light chain mRNA expression using manual technology.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work:
The pathologist determines the appropriate areas of tumor to evaluate from review of the hematoxylin and eosin stained slide. The pathologist examines positive control tissue known to contain cells that express kappa light chain mRNA to verify that the stain is optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The patient sample is examined using brightfield microscopy. The pathologist interprets the kappa mRNA staining pattern and quantification of mRNA signals and determines their significance in their histologic and cellular locations. The data are compared to current and/or prior specimens and reports. The findings are correlated with the corresponding H&E stained slide, clinical history, previous tissue samples and laboratory tests, and are reported.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014				
Presenter(s):	Jonathan Myles, MD, FCAP and Roger Klein, MD, JD				
Specialty(s):	College of American Pathologists, American Society of Cytopathology, American Society of Clinical Pathology				
CPT Code:	88368				
Sample Size:	9494	**Resp N:**	80	**Response:** 0.8 %	
Description of Sample:	Targeted and Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	5.00	30.00	**120.00**	250.00	1200.00
Survey RVW:	0.39	0.90	**1.20**	1.46	3.75
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**30.00**	35.00	100.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88368	**Recommended Physician Work RVU: 0.88**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88120	XXX	1.20	**RUC Time**

CPT Descriptor Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual

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
95251	XXX	0.85	**RUC Time**	31,755

CPT Descriptor 1 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74280	XXX	0.99	**RUC Time**	19,378

CPT Descriptor 2 Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon

Other Reference CPT Code	Global	Work RVU	Time Source
64653	000	0.88	**RUC Time**

CPT Descriptor Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day

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: 24 **% of respondents:** 30.0 **%**

TIME ESTIMATES (Median)	CPT Code: 88368	Key Reference CPT Code: 88120	Source of Time RUC Time

Median Pre-Service Time	0.00	0.00
Median Intra-Service Time	30.00	30.00
Median Immediate Post-service Time	0.00	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 Subsequent Observation Care Time	0.0	0.00
Median Total Time	**30.00**	**30.00**
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	3.71
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.79	3.58
Urgency of medical decision making	3.96	3.67
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.33	4.17
Physical effort required	3.17	3.04
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.92	3.75
Outcome depends on the skill and judgment of physician	4.38	4.29
Estimated risk of malpractice suit with poor outcome	4.00	3.83

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	4.13	3.96
Post-Service 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.*

Background

For the NPRM for 2012, CMS received comments that unlike the new FISH codes for urinary tract specimens (88120 and 88121), the existing codes (88365-88368) are reported per probe and therefore still allow billing for multiple units of each. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agree at this time that they are accurate. In Jan 2012, the RUC reviewed 2011 diagnosis claims data and the College of American Pathologists (CAP) indicated that they will develop a CPT Assistant article to direct physicians to use the new FISH codes for urinary tract infections (CPT codes 88120 and 88120). The RUC indicated that the specialty should specify the number of probes utilized for these services in the CPT Assistant article. The RUC recommended that it re-review codes 88365, 88367, and 88368 within one year after 2012 utilization becomes available (January 2013). The RUC agreed with the specialty society to maintain current values, but also recommended reviewing three more years of data for CPT codes 88120 and 88121 to determine the appropriate utilization has shifted to these codes from 88365, 88367, and 88368 to these codes. In January 2013, the RUC recommended resurveying the physician work and developing direct practice expense inputs for 88365, 88367, and 88368 for review at the April 2013 RUC meeting. While the CAP was preparing to complete this resurvey, it was discovered that the vignette for code 88365 required revision. Upon further scrutiny of the code descriptors and other vignettes, CAP determined that the entire family of services required some CPT editorial clarity to accurately capture the typical services within CPT. The edits were required to accurately represent and value both the physician work and practice expense for these codes.

In May 2013, the CPT Editorial Panel revised the in situ hybridization codes (88365, 88367, and 88368) and created three new add-on codes 8836X6, 8836XX, and 8836X9 for reporting each additional separately identifiable probe per slide. In addition, the panel revised and added relevant parenthetical notes to instruct on the proper use of these codes. At the October 2013 RUC meeting, the RUC reviewed survey results and practice expense inputs (in comparison to codes 88120-1).

After the release of CMS' final ruling for 2014 and with further input from payers, it became evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel again revised and added codes for in situ hybridization procedures to differentiate initial single probe stains procedures per specimen (88365, 88367, and 88368). The Panel also established three add-on codes under each of the single probe stain procedure parent codes 88365, 88367, and 88368 for each additional single probe stain procedure, as well as three stand-alone codes for each multiplex probe stain procedure under the respective in situ hybridization parent codes 88365, 88367, and 88368.

April 2014 RUC Meeting Results

For the April 2014, the College of American Pathologists (CAP), American Society of Cytopathology (ASC), and American Society for Clinical Pathology (ASCP) performed a random survey of approximately 5,000 members and an additional 689 targeted physicians. The targeted group consisted of members from CAP, ASC, or ASCP that were identified as providers of molecular pathology services. The survey for the revised 88368 service yielded 40 respondents with a median RVW of 1.15 and time of 30 minutes. The RUC and the specialties agreed on an interim work relative value of 0.88 and 30 minutes of time with the following RUC rationale and family of codes:

RUC Rationale – April 2014 shown below:

88368 ***Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure***

The RUC reviewed the survey results for CPT code 88368 and determined that the survey 25th percentile work RVU of 0.88 appropriately accounts for the work required to perform this service. The RUC recommends 30 minutes intra-service time. The RUC compared 88367 to 88368 and noted that CPT code 88368 is manual and requires slightly more physician work and time because the physician is moving the fluoroscopic microscope around to find the cells of interest that will be counted. The RUC compared 88368 to key reference service 88120 *Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual* (work RVU = 1.20) and determined that although 88368 requires the same physician time to perform, 30 minutes, it requires less overall work, as it accounts for the use of a single probe. For additional support the RUC referenced MPC code 51705 *Change of cystostomy tube; simple* (work RVU = 0.90 and total time 32 minutes) and similar services 88346 *Immunofluorescent study, each antibody; direct method* (work RVU = 0.86), 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (work

RVU = 0.94) and 88358 *Morphometric analysis; tumor (eg, DNA ploidy)* (work RVU = 0.95). The RUC noted that CPT code 88368 did not meet the RUC established survey response criteria of 50 responses for codes with Medicare Claims between 100,000-1 million. The specialty societies will bring back this code with 50 or more responses for the RUC to review in September 2014. **The RUC recommends an interim work RVU of 0.88 for CPT code 88368.**

April 2014 Final RUC Recommendations for the in situ hybridization family of services

CPT Code	Tracking Code	2012/2013 Work RVU*	Specialty Society Original SOR Work RVU	Specialty Society Revised SOR Work RVU	Current Time	Specialty Society Original SOR Time	Specialty Society Revised SOR Time
88365	JJ4	1.20	1.00	0.88	40	30	30
8836X2	JJ5	1.20	1.00	0.88	40	30	30
8836X6	JJ6	2.40	1.59	1.24	80	45	40
88367**	JJ7**	1.30	0.97	0.86	42	25	25
8836X3	JJ8	1.30	0.97	0.86	42	25	25
8836X1	JJ9	2.60	1.25	1.04	84	30	30
88368**	JJ10**	1.40	1.15	0.88	45	30	30
8836X4	JJ11	1.40	1.05	0.88	45	30	30
8836X9	JJ12	2.80	1.60	1.40	90	45	45

* Explanation of CPT coding

8836X6 In 2013 the CPT coding methodology was to bill two units of 88365.

8836X1 In 2013 the CPT coding methodology was to bill two units of 88367.

8836X9 In 2013 the CPT coding methodology was to bill two units of 88368.

** Interim Recommendations. For the April 2014 RUC meeting, CPT code 88367 did not meet the RUC established survey response criteria of 50 responses for codes with Medicare Claims between 100,000-1,000,000.

September 2014 Survey Effort and Results with New/Revised CPT Language

In April 2014, the RUC made only interim recommendations since the minimum number of survey respondents was not met for CPT codes 88367 and 88368. Therefore, CAP, ASC, and ASCP performed another random survey of 8,607 members and an additional 881 targeted physicians for the September 2014 RUC meeting. The targeted group consisted of members from CAP, ASC, or ASCP that were identified as providers of molecular pathology services. The most recent survey for the revised 88368 service yielded 40 new respondents with a median RVW of 1.20 and time of 30 minutes. Overall survey results are shown below:

	April RUC				September RUC				Combined Results			
	88367 (N=24)		88368 (N=40)		88367 (N=27)		88368 (N=40)		88367 (N=51)		88368 (N=80)	
	Time	RVU	Time	RVU	Time	WRVU	Time	WRVU	Time	WRVU	Time	WRVU
Low	5	0.75	5	0.39	5	0.50	5	0.45	5	0.50	5	0.39
25th	20	0.86	19	0.88	15	1.00	15	0.99	16	0.90	15	0.90
Median	25	0.97	30	1.15	22	1.20	30	1.20	25	1.00	30	1.20
75th	30	1.19	40	1.30	30	1.48	35	1.53	30	1.40	35	1.46
High	45	1.90	100	3.75	65	2.00	60	2.50	65	2.00	100	3.75

For detailed targeted and random survey respondent data see additional spreadsheet "Tab 18 In Situ Hybridization Random and Targeted Response Info".

A multispecialty expert panel was formed from the three societies to review the survey data and develop recommendations. This expert panel included CAP's CPT/RUC Workgroup and Economic Affairs Executive Committee, as well as other representatives from general and academic pathology practice settings. The expert panel compared the median RVW, time and intensity/complexity of 88368 to the key reference service 88120 - *Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual* (WRVU = 1.20, 30 minutes total).

The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and intensities to establish a recommended value and time that would provide proper rank order amongst pathology services and this code family.

- 88305 - *Level IV - Surgical pathology, gross and microscopic examination...* (WRVU = 0.75, 25 minutes, IWPUT = 0.0300, MPC code)
- 88182 - *Flow cytometry, cell cycle or DNA analysis* (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
- 86079 - *Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report* (WRVU = 0.94, 30 minutes, IWPUT = 0.0313)
- 88360 - *Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual* (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
- 88361 - *Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology* (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)
- 88331 - *Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen* (WRVU = 1.19, 25 minutes, IWPUT = 0.0476)
- 88307 - *Level V - Surgical pathology, gross & micro exam* - 1.59 RVUs

The expert panel agreed that the median work RVU and time for 88368 from the both survey efforts are consistent, and therefore support the RUC's recommendation from April 2014. **The CAP, ASC, and ASCP recommend a physician work RVU of 0.88 with 30 minutes of physician time for CPT code 88368.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88368

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 Pathology How often? Sometimes

Specialty Clinical Laboratory How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 87796
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. With the recent coding changes, we estimate this service will receive approximately 15% of previous utilization. The RUC database lists 292,652 Medicare claims in 2012, and Medicare claims are generally considered to be approximately half of total claims. Therefore: (292,652 x 2) x 0.15 = 87,796 total claims. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 13425 Percentage 15.29 %

Specialty Clinical Laboratory Frequency 74371 Percentage 84.70 %

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? 35,143 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. With the recent coding changes, we estimate this service will receive approximately 15% of previous utilization. The RUC database lists 234,290 Medicare claims in 2013e. Therefore: 234,290 x 0.15 = 35,143 total claims. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 6713 Percentage 15.29 %

Specialty Clinical Laboratory Frequency 37185 Percentage 84.70 %

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:
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 88368

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: **In Situ Hybridization**

TAB: **18**

88367 Source	CPT	Sept/April Combined 2014 RUC Survey Results CPT Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology	16	0.040			1.00			25						25			
CURRENT	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computer-assisted technology		0.031			1.30			42						42			
SVY - Combined	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	51	0.040	0.50	0.90	1.00	1.40	2.00	25				5	16	25	30	65	
REC	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure		0.034			0.86			25						25			
88367 Source	CPT	September 2014 RUC Survey Results CPT Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology	12	0.040			1.00			25						25			
CURRENT	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computer-assisted technology		0.031			1.30			42						42			
SVY - September	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	27	0.055	0.50	1.00	1.20	1.48	2.00	22				5	15	22	30	65	
REC	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure		0.034			0.86			25						25			

88367 Source	CPT	April 2014 RUC Survey Results CPT Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	88346	Immunofluorescent study, each antibody; direct method	8	0.032			0.86			27						27			
CURRENT	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computer-assisted technology		0.031			1.30			42						42			
SVY - April	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	24	0.039	0.75	0.86	0.97	1.19	1.90	25				5	20	25	30	45	
REC	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure		0.034			0.86			25						25			
88368 Source	CPT	Sept/April Combined 2014 RUC Survey Results CPT Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual	24	0.040			1.20			30						30			
CURRENT	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; manual		0.031			1.40			45						45			
SVY - Combined	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	80	0.040	0.39	0.90	1.20	1.46	3.75	30				5	15	30	35	100	
REC	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure		0.029			0.88			30						30			
88368 Source	CPT	September 2014 RUC Survey Results CPT Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual	14	0.040			1.20			30						30			
CURRENT	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; manual		0.031			1.40			45						45			
SVY - September	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	40	0.040	0.45	0.99	1.20	1.53	2.50	30				5	15	30	35	60	
REC	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure		0.029			0.88			30						30			
88368 Source	CPT	April 2014 RUC Survey Results CPT Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual	10	0.040			1.20			30						30			
CURRENT	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; manual		0.031			1.40			45						45			
SVY - April	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	40	0.038	0.39	0.88	1.15	1.30	3.75	30				5	19	30	40	100	
REC	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure		0.029			0.88			30						30			

18__
Tab Number

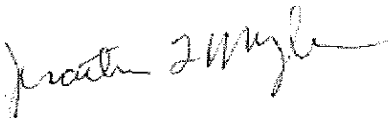
In Situ Hybridization

88367-88368

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



_____
Signature

____Jonathan Myles, MD_____
Printed Signature

_College of American Pathologists
Specialty Society

_August 26, 2014
Date

_____
Tab Number

_____
Issue

_____
Code Range

Attestation Statement

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_____
Signature

Lee H. Hilborne, MD

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Printed Signature

American Society for Clinical Pathology

_____
Specialty Society

27 August 2014

_____
Date

Tab Number

Issue

Code Range

Attestation Statement

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Swati Mehrotra
Signature

SWATI MEHROTRA
Printed Signature

AMERICAN SOCIETY OF CYTOPATHOLOGY (ASC)
Specialty Society

8/27/14
Date

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request Final Rules for 2013 and 2014

April 2014

Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)

The RUC reviewed two separate pathology issues: Immunohistochemistry codes 88342, 88341 and 88344; and In situ hybridization codes 88365, 88364, 88366 and morphometric analysis in situ hybridization codes 88367, 88373, 88374, 88368, 88369 and 88377. Both issues have been intertwined in the last two years over the revision and creation of new codes to describe these services.

In the Proposed Rule for the 2012 MPFS, CMS received comments specifying that unlike the new FISH codes for urinary tract specimens, 88120 *Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual* and 88121 *Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology*, the existing codes 88365 *In situ hybridization (eg, FISH), each probe,* 88367 *Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computer-assisted technology* and 88368 *Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; manual* still allow for multiple units of each code as these codes are reported per probe. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agreed that they were accurate. In January 2012, the RUC recommended that it re-review codes 88365, 88367 and 88368 at the April 2013 meeting. At the April 2013 meeting, upon careful review of the code descriptors and other vignettes, it was determined that the entire family of services should be referred to the CPT Editorial Panel to accurately describe typical services. In May 2013, the CPT Editorial Panel revised the in situ hybridization codes 88365, 88367 and 88368 to specify "each separately identifiable probe per block" and created three new add-on codes "to specify each additional separately identifiable probe per slide". In addition, the panel revised and added relevant parenthetical notes to instruct on the proper use of these codes.

In October 2013, the RUC reviewed the revised and new codes and developed recommendations for in situ hybridization. However, in November 2013, in the Final Rule for the 2014 MPFS, CMS made the following ruling on the immunohistochemistry codes:

> The CPT Editorial Panel revised the existing immunohistochemistry code, CPT code 88342 and created a new add-on code 88343 for CY 2014. Current coding requirements only allow CPT code 88342 to be billed once per specimen for each antibody, but the revised CPT codes and descriptors would allow the reporting of multiple units for each slide and each block per antibody (88342 for the first antibody and 88343 for subsequent antibodies). We believe that this coding would encourage overutilization by allowing multiple blocks and slides to be billed. To avoid this incentive, we are creating G0461 *Immunohistochemistry or immunocytochemistry, per specimen; first single or multiplex antibody stain* (work RVU = 0.60) and G0462 *Immunohistochemistry or immunocytochemistry, per specimen; each additional single or*

multiplex antibody stain (List separately inaddition to code for primary procedure) (work RVU = 0.24) to ensure that the services are only reported once for each antibody per specimen.

The specialty societies noted that it was confusing and burdensome for physicians to report CPT codes for private payor payment and report G codes for Medicare payment for immunohistochemistry services. Additionally, the specialty societies noted that the practice expense would be overestimated if codes would be reported per antibody instead of per specimen. Therefore, the specialties sent in a coding proposal to again clarify the descriptors for the immunohistochemistry services as well as the in situ hybridization services. In February 2014, the CPT Editorial Panel deleted one code, created eight new codes and revised six codes to describe immunohistochemistry, in situ hybridization and morphometric analysis in situ hybridization for gene rearrangement(s).

Immunohistochemistry

88342 ***Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure***
The RUC reviewed the survey results from 206 pathologists for CPT code 88342 and determined that the survey 25th percentile work RVU of 0.70 appropriately accounts for the work required to perform this service. The RUC recommends 25 minutes intra-service time. The RUC compared 88342 to key reference service 88305 *Level IV - Surgical pathology, gross and microscopic examination…* (work RVU = 0.75) and noted that both services require 25 minutes intra-service time, however survey respondents indicated that 88342 is more intense and complex for all measures examined (mental effort and judgment, technical and physical effort and psychological stress). The survey median work RVU for 88342 indicated the overall work of 88305 was less than 88342. However, the specialty societies indicated and the RUC agreed that the 25th percentile work RVU is more appropriate. For additional support the RUC referenced CPT code 88172 *Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site* (work RVU = 0.69), which requires slightly less physician work and time to complete. **The RUC recommends a work RVU of 0.70 for CPT code 88342.**

88341 ***Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 206 pathologists for CPT code 88341 and determined that the survey 25th percentile work RVU of 0.65 appropriately accounts for the work required to perform this service. The RUC recommends 25 minutes intra-service time. The RUC noted that although this add-on service requires the same time as the base code 88342, the work is slightly less for each additional single antibody. The RUC compared 88341 to key reference service 88305 *Level IV - Surgical pathology, gross and microscopic examination…* (work RVU = 0.75) and noted that both services require 25 minutes intra-service time, however survey respondents indicated that 88341 is more intense and complex for all measures examined (mental effort and judgment, technical and physical effort and psychological stress). The survey median work RVU for 88341 indicated the overall work of 88305 was less than 88341. However, the specialty societies indicated and the RUC agreed that the 25th percentile work RVU is more appropriate. For additional support the RUC referenced CPT code 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) (work RVU = 0.62), which requires slightly less physician work and time to complete. **The RUC recommends a work RVU of 0.65 for CPT code 88341.**

88344 ***Immunohistochemistry or immunocytochemistry, per specimen each multiplex antibody stain procedure***
The RUC reviewed the survey results from 63 pathologists for CPT code 88344 and determined that the survey 25th percentile work RVU of 0.77 appropriately accounts for the work required to perform this service. The RUC recommends 35 minutes intra-service time. The RUC compared 88344 to key reference service 88360 *Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual* (work RVU = 1.10) and noted that both services require 35 minutes intra-service time, however survey respondents indicated that 88344 is more intense and complex for all measures examined (mental effort and judgment, technical and physical effort and psychological stress). The specialty societies indicated and the RUC agreed that the 25th percentile work RVU is appropriate. For additional support the RUC referenced CPT code 88182 *Flow cytometry, cell cycle or DNA analysis* (work RVU = 0.77). **The RUC recommends a work RVU of 0.77 for CPT code 88344.**

In Situ Hybridization

88365 ***In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure***
The RUC reviewed the survey results from 56 pathologists for CPT code 88365 and determined that a work RVU of 0.88, the same as the recommended work RVU for CPT code 88368, appropriately accounts for the work required to perform this service. The RUC noted that the recommended work RVU is just slightly lower than the survey 25th percentile work RVU of 0.90. The RUC recommends 30 minutes intra-service time. The RUC compared 88365 to key reference service 88346 *Immunofluorescent study, each antibody; direct method* (work RVU = 0.86) and determined that 88365 requires more physician work and time to perform and therefore is valued appropriately. For additional support the RUC referenced MPC code 51705 *Change of cystostomy tube; simple* (work RVU = 0.90 and total time 32 minutes) and similar services 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (work RVU = 0.94) and 88358 *Morphometric analysis; tumor (eg, DNA ploidy)* (work RVU = 0.95). **The RUC recommends a work RVU of 0.88 for CPT code 88365.**

88364 ***In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results for CPT code 88365 and determined that a work RVU of 0.88, the same as the recommended work RVU for CPT code 88365 and 88368, appropriately accounts for the work required to perform this service. The RUC noted that the recommended work RVU is lower than the survey 25th percentile work RVU of 0.95. The RUC recommends 30 minutes intra-service time. The RUC determined that since 88365 and the add-on code 88364 require identical time and intensity, these two services should be valued the same. The RUC noted that the pathologist is looking at a second probe with an entirely different color signal than the base code 88365. The RUC compared 88364 to key reference service 88346 *Immunofluorescent study, each antibody; direct method* (work RVU = 0.86) and determined 88365 requires more

physician work and time to perform and therefore is valued appropriately. For additional support the RUC referenced MPC code 51705 *Change of cystostomy tube; simple* (work RVU = 0.90 and total time 32 minutes) and similar services 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (work RVU = 0.94) and 88358 *Morphometric analysis; tumor (eg, DNA ploidy)* (work RVU = 0.95). **The RUC recommends a work RVU of 0.88 for CPT code 88364.**

88366 ***In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure***

The RUC reviewed the survey results for CPT code 88366 and determined the survey 25th percentile work RVU of 1.24 appropriately accounts for the work required to perform this service. The specialty society provided a breakdown of the random survey respondents who indicated 50 minutes intra-service time and targeted survey respondents who indicated 40 minutes intra-service time. The specialty society recommended an intra-service time of 40 minutes to maintain rank order and the RUC agreed. The RUC compared code 88366 to 88377 and noted that both are manual multiplex in situ hybridization services, but 88377 includes morphometric analysis while the X6 does not. CPT code 88377 provides a number in the report in addition to reporting the result as positive or negative or equivocal. ASCO and CAP have recently updated Her2 practice guidelines that necessitate that a number is included in the in situ hybridization report. For example, typically in the HER-2report, a Her2: Chromosome 17 ratio is reported as well as the average number of Her2 signals per cell. The normal number of Her2 signals per cells is two, therefore if you get a number above 2 you have an abnormal result and the physician must assess this information in the context of the number of chromosome 17's that are present per cell. The RUC noted that the recommended physician time and work RVUs for CPT code 88366 in relation to 88377 maintain the proper rank order. The RUC compared 88366 to key reference service 88120 *Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual* (work RVU = 1.20) and determined 88366 requires more physician work and time to perform and therefore is valued appropriately. For additional support the RUC referenced MPC code 94003 *Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day* (work RVU = 1.37 and 40 minutes total time) and similar service 88187 *Flow cytometry, interpretation; 2 to 8 markers* (work RVU = 1.36 and 38 minutes total time). **The RUC recommends a work RVU of 1.24 for CPT code 88366.**

88367 ***Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure***

The RUC reviewed the survey results for CPT code 88367 and determined the survey 25th percentile work RVU of 0.86 appropriately accounts for the work required to perform this service. The RUC recommends 25 minutes of intra-service time. The specialty society noted and the RUC agreed that "using computer-assisted technology" for 88367, as included in the descriptor, does not replace the physician work. Computer-assisted technology refers to the computer selecting the images for the pathologist to review. The computer does not adequately distinguish between cancer and non-cancer cells. In addition, the American Society of Clinical Oncology (ASCO) guidelines indicate that a minimum of 40 neoplastic cells need to be examined for signal intensity. The RUC compared 88367 to 88368 and noted that CPT code 88368 is manual and requires slightly more physician work and time because the physician is moving the fluoroscopic microscope around to find the cells of interest that will be counted. In code 88367, the images that the physician evaluates are selected by the computer. CPT code 88367 still requires the physician to analyze and make decisions. The RUC also noted that 88367 requires less Lab Tech/Histotechnician time in the practice expense because the computer is selecting

the images instead. The RUC compared 88367 to key reference service 88346 *Immunofluorescent study, each antibody; direct method* (work RVU= 0.86) and agreed that since these service require the same physician work to perform, a work RVU of 0.86 is appropriate. For additional support the RUC referenced MPC code 51705 *Change of cystostomy tube; simple* (work RVU = 0.90) and CPT code 78306 *Bone and/or joint imaging; whole body* (work RVU = 0.86). **The RUC recommends an interim work RVU of 0.86 for CPT code 88367.** The RUC noted that CPT code 88367 did not meet the RUC established survey response criteria of 50 responses for codes with Medicare Claims between 100,000-1 million. The specialty societies will bring back this code with 50 or more responses for the RUC to review in September 2014.

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)***

The RUC reviewed the survey results for CPT code 88373 and determined that a work RVU of 0.86, the same as the recommended work RVU for CPT code 88367, appropriately accounts for the work required to perform this service. The RUC noted that the recommended work RVU is lower than the survey 25th percentile work RVU of 0.90. The RUC recommends 25 minutes of intra-service time. The specialty society noted and the RUC agreed that "using computer-assisted technology" for 88373, as included in the descriptor, does not replace the physician work. Computer-assisted technology refers to the computer selecting the images for the pathologist to review. The computer does not adequately distinguish between cancer and non-cancer cells. In addition, the American Society of Clinical Oncology (ASCO) guidelines indicate that a minimum of 40 neoplastic cells need to be examined for signal intensity. The RUC compared 88373 to 88369 and noted that CPT code 88369 is manual and requires slightly more physician work and time because the physician is moving the fluoroscopic microscope around to find the cells of interest that will be counted. In code 88373, the images that the physician evaluates are selected by the computer. CPT code 88373 still requires the physician to analyze and make decisions. The RUC also noted that 88373 requires less Lab Tech/Histotechnician time in the practice expense because the computer is selecting the images instead. The RUC compared 88373 to key reference service 88346 *Immunofluorescent study, each antibody; direct method* (work RVU = 0.86) and agreed that since these service require the same physician work to perform, a work RVU of 0.86 is appropriate. For additional support the RUC referenced MPC code 51705 *Change of cystostomy tube; simple* (work RVU = 0.90) and CPT code 78306 *Bone and/or joint imaging; whole body* (work RVU = 0.86). **The RUC recommends a work RVU of 0.86 for CPT code 88373.**

88374 ***Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure***

The RUC reviewed the survey results for CPT code 88374 and determined the survey 25th percentile work RVU of 1.04 appropriately accounts for the work required to perform this service. The RUC recommends 30 minutes of intra-service time. The specialty society noted and the RUC agreed that "using computer-assisted technology" for 88374, as included in the descriptor, does not replace the physician work. Computer-assisted technology refers to the computer selecting the images for the pathologist to review. The computer does not adequately distinguish between cancer and non-cancer cells. In addition, the American Society of Clinical Oncology (ASCO) guidelines indicate that a minimum of 40 neoplastic cells need to be examined for signal intensity. The RUC compared 88374 to 88377 and noted that CPT code 88377 is manual and requires slightly more physician work and time because the physician is moving the fluoroscopic microscope around to find the cells of interest that will be counted. In code 88374, the images that the physician evaluates are selected by the computer. CPT code 883613 still requires the physician to analyze and

make decisions. The RUC also noted that 88374 requires less Lab Tech/Histotechnician time in the practice expense because the computer is selecting the images instead. The RUC compared 88374 to key reference service 88121 *Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology* (work RVU = 1.00 and 25 minutes) and determined that since 88374 requires slightly more physician work and time to perform, it is value appropriately. For additional support the RUC referenced MPC code 88361 *Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology* (work RVU = 1.18 and 40 minutes) and similar service 88331 *Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen* (work RVU = 1.19 and 25 minutes). **The RUC recommends a work RVU of 1.04 for CPT code 88374.**

88368 ***Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure***

The RUC reviewed the survey results for CPT code 88368 and determined that the survey 25th percentile work RVU of 0.88 appropriately accounts for the work required to perform this service. The RUC recommends 30 minutes intra-service time. The RUC compared 88367 to 88368 and noted that CPT code 88368 is manual and requires slightly more physician work and time because the physician is moving the fluoroscopic microscope around to find the cells of interest that will be counted. The RUC compared 88368 to key reference service 88120 *Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual* (work RVU = 1.20) and determined that although 88368 requires the same physician time to perform, 30 minutes, it requires less overall work, as it accounts for the use of a single probe. For additional support the RUC referenced MPC code 51705 *Change of cystostomy tube; simple* (work RVU = 0.90 and total time 32 minutes) and similar services 88346 *Immunofluorescent study, each antibody; direct method* (work RVU = 0.86), 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (work RVU = 0.94) and 88358 *Morphometric analysis; tumor (eg, DNA ploidy)* (work RVU = 0.95). The RUC noted that CPT code 88368 did not meet the RUC established survey response criteria of 50 responses for codes with Medicare Claims between 100,000-1 million. The specialty societies will bring back this code with 50 or more responses for the RUC to review in September 2014. **The RUC recommends an interim work RVU of 0.88 for CPT code 88368.**

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)***

The RUC reviewed the survey results for CPT code 88369 and determined that a work RVU of 0.88, the same as the recommended work RVU for CPT code 88365 and 88368, appropriately accounts for the work required to perform this service. The RUC noted that the recommended work RVU is slightly lower than the survey 25th percentile work RVU of 0.89. The RUC recommends 30 minutes intra-service time. The RUC compared 88373 to 88369 and noted that CPT code 88369 is manual and requires slightly more physician work and time because the physician is moving the fluoroscopic microscope around to find the cells of interest that will be counted. The RUC compared 88369 to key reference service 88121 *Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology* (work RVU = 1.00) and determined that since 88369 requires less physician work but is more intense to

perform, it is valued appropriately. For additional support the RUC referenced MPC code 51705 *Change of cystostomy tube; simple* (work RVU = 0.90 and total time 32 minutes) and similar services 88346 *Immunofluorescent study, each antibody; direct method* (work RVU = 0.86), 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (work RVU = 0.94) and 88358 *Morphometric analysis; tumor (eg, DNA ploidy)* (work RVU = 0.95). **The RUC recommends a work RVU of 0.88 for CPT code 88369.**

88377 ***Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure***

The RUC reviewed the survey results from 32 pathologists for CPT code 88377 and determined the survey 25th percentile work RVU of 1.40 appropriately accounts for the work required to perform this service. The RUC recommends 45 minutes intra-service time. The RUC compared 88374 to 88377 and noted that CPT code 88377 is manual and requires more physician work and time because the physician is moving the fluoroscopic microscope around to find the cells of interest that will be counted. The RUC compared code 88366 to 88377 and noted that both are manual multiplex in situ hybridization services, but 88377 includes morphometric analysis while the 88366 does not. CPT code 88377 provides a number in the report in addition to reporting the result as positive or negative or equivocal. ASCO and CAP have recently updated Her2 practice guidelines that necessitate that a number is included in the in situ hybridization report. For example, typically in the HER-2report, a Her2: Chromosome 17 ratio is reported as well as the average number of Her2 signals per cell. The normal number of Her2 signals per cells is two, therefore if you get a number above 2 you have an abnormal result and the physician must assess this information in the context of the number of chromosome 17's that are present per cell. The RUC noted that the recommended physician time and work RVUs for CPT code 88366 in relation to 88377 maintain the proper rank order. The RUC compared 88377 to key reference service 88188 *Flow cytometry, interpretation; 9 to 15 markers* (work RVU = 1.69) and determined 88377 requires less physician work to perform and therefore is valued appropriately. For additional support the RUC referenced MPC codes 74170 *Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections* (work RVU = 1.40 and 28 minutes total time) and 94003 *Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day* (work RVU = 1.37 and 40 minutes total time) and similar service 88187 *Flow cytometry, interpretation; 2 to 8 markers* (work RVU = 1.36 and 38 minutes total time). **The RUC recommends a work RVU of 1.40 for CPT code 88377.**

Work Neutrality

The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense

The RUC accepts the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Pathology and Laboratory** **Surgical Pathology** (For immunocytochemistry and immunohistochemistry, use 88342) (For detection of enzyme constituents by immunohistochemical or immunocytochemical technique, use 88342) Code is out of numerical sequence. See 88300-88399				
▲88342	**JJ1**	Immunohistochemistry or immunocytochemistry, ~~each separately identifiable antibody~~ per ~~block, cytologic preparation, or hematologic smear~~specimen; ~~first separately identifiable~~initial single antibody ~~per slide~~stain procedure (For quantitative or semiquantitative immunohistochemistry, see 88360, 88361)	XXX	0.70
~~**D**✚▲ 88343~~		~~each additional separately identifiable antibody per slide single antibody stain procedure (List separately in addition to code for primary procedure)~~ ~~*(Use 88343 in conjunction with 88342)*~~(88343 has been deleted. For multiplex antibody stain procedure, use 88344)	ZZZ	N/A
+● 88341	**JJ2**	each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Use 88341 in conjunction with 88342) (For multiplex antibody stain procedure, use 88344)	ZZZ	0.65

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●88344	**JJ3**	each multiplex antibody stain procedure (Do not use more than one unit of 88342, 88341, 88344 for each separately identifiable antibody per specimen) (Do not report 88342, 88341, 88344 in conjunction with 88360, 88361 unless each procedure is for a different antibody) (When multiple separately identifiable antibodies are applied to the same specimen [ie, multiplex antibody stain procedure], use one unit of 88344) (When multiple antibodies are applied to the same slide that are not separately identifiable, [eg, antibody cocktails], use 88342, unless an additional separately identifiable antibody is also used, then use 88344)	XXX	0.77

▲88360 Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure ~~each antibody~~; manual

▲88361 using computer-assisted technology

(Do not report 88360, 88361 in conjunction with 88342, 88341, or 88344 unless each procedure is for a different antibody)

(Morphometric analysis of a multiplex antibody stain should be reported with one unit of 88360 or 88361 per specimen)

(For morphometric analysis using in situ hybridization techniques, see 88367, 88368)

(When semi-thin plastic-embedded sections are performed in conjunction with morphometric analysis, only the morphometric analysis should be reported; if performed as an independent procedure, see codes 88300-88309 for surgical pathology.)

Code is out of numerical sequence. See 88300-88399

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲88365	**JJ4**	In situ hybridization (eg, FISH), ~~each probe~~ per specimen; initial single probe stain procedure	XXX	0.88
✚● 88364	**JJ5**	each additional single probe stain procedure (List separately in addition to code for primary procedure) (Use 88364 in conjunction with 88365)	ZZZ	0.88
●88366	**JJ6**	each multiplex probe stain procedure (Do not report 88365, 88366 in conjunction with 88367, 88374, 88368, 88377 for the same probe)	XXX	1.24
▲88367	**JJ7**	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, ~~each probe~~ per specimen; initial single probe stain procedure ~~using computer-assisted technology~~	XXX	0.86 (Interim)
✚● 88373	**JJ8**	each additional single probe stain procedure (List separately in addition to code for primary procedure) (Use 88373 in conjunction with 88367)	ZZZ	0.86
#●88374	**JJ9**	each multiplex probe stain procedure (Do not report 88367, 88374 in conjunction with 88365, 88366, 88368, 88377 for the same probe)	XXX	1.04
▲88368	**JJ10**	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain	XXX	0.88 (Interim)

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		procedure		
✚● 88369	**JJ11**	each additional single probe stain procedure (List separately in addition to code for primary procedure)	ZZZ	0.88
●88377	**JJ12**	each multiplex probe stain procedure (Do not report 88368 or 88377 in conjunction with 88365, 88366, 88367, 88374 for the same probe) (For morphometric in situ hybridization evaluation of urinary tract cytologic specimens, see 88120, 88121) Code is out of numerical sequence. See 88300-88399	XXX	1.40

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88342 Tracking Number JJ1 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.70**
Global Period: XXX RUC Recommended RVU: **0.70**

CPT Descriptor: Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (88343 has been deleted. For multiplex antibody stain procedure, use 88344)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Microscopic examination of a CD15 immunohistochemical antibody stain performed on a lymph node of a 25-year-old male with suspected Hodgkin lymphoma.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist examines positive control tissue known to contain cells which express CD15 to verify that the procedure is working and the stain is optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The patient sample is then microscopically examined. The pathologist interprets the staining pattern and determines its significance in its histologic and cellular location.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Jonathan Myles, MD and Micheal McEachin, MD				
Specialty(s):	Pathology				
CPT Code:	88342				
Sample Size:	4600	**Resp N:** 206	**Response:** 4.4 %		
Description of Sample:	Randomly selected participants from CAP, ASC, and ASCP				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	10.00	200.00	**475.00**	850.00	2000.00
Survey RVW:	0.40	0.70	**0.80**	1.05	3.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	6.00	15.00	**25.00**	30.00	45.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88342	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88305	XXX	0.75	**RUC Time**

CPT Descriptor Level IV - Surgical pathology, gross and microscopic examination …

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
95971	XXX	0.78	**RUC Time**	10,416

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95251	XXX	0.85	**RUC Time**	27,558

CPT Descriptor 2 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report

Other Reference CPT Code	Global	Work RVU	Time Source
76700	XXX	0.81	**RUC Time**

CPT Descriptor Ultrasound, abdominal, real time with image documentation; complete

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: 60 **% of respondents:** 29.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 88342**	**Key Reference CPT Code:** 88305	**Source of Time RUC Time**
Median Pre-Service Time	0.00	0.00	
Median Intra-Service Time	25.00	25.00	
Median Immediate Post-service Time	0.00	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 Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**25.00**	**25.00**	
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	4.22	4.02
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.10	3.87
Urgency of medical decision making	4.22	3.97
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.47	4.17
Physical effort required	3.52	3.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.35	4.15
Outcome depends on the skill and judgment of physician	4.72	4.52
Estimated risk of malpractice suit with poor outcome	4.32	4.17

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	3.80	3.78

Post-Service 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.*

In April 2011, CPT code 88342 was identified by the AMA RUC Relativity Assessment Workgroup (RAW) as a "CMS/Other"-valued code with Medicare utilization 500,000 or more. Upon review of the 88342 code, it became evident there is confusion regarding the appropriate units of service for this code. The College of American Pathologists (CAP) requested a CPT change in May 2012 to provide proper clarity to the service through a better definition of code 88342 and the establishment of a new add-on code 88343.

After the release of CMS' final ruling for 2014, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel revised the immunohistochemistry or immunocytochemistry code 88342, deleted code 88343, and created code 88341 to specify each additional single antibody stain procedure, and added a new code, 88344 for multiplex antibody stain procedure with parenthetical notes to clarify the use of this series of codes.

The multi-specialty expert panel reviewed the survey results from a random sample of CAP, ASC, and ASCP members and developed its recommendations. The expert panel included CAP's CPT/RUC Workgroup, and representatives from general and academic pathology practice settings. The expert panel reviewed the survey results from 206 respondents and compared the recommended RVW, time and intensity/complexity of 88342 to the key reference service (88305) and other pathology codes such as 88360.

The median RVW was 0.80 and a survey median time of 25 minutes. The expert panel felt the survey respondents appropriately estimated the physician time and physician work. Panel members agreed with the survey respondents that the physician work historical rank order between 88342 and survey's key reference service, CPT code 88305- Level IV - Surgical pathology, gross and microscopic examination (Work RVU = 0.75, 25 minutes total time) should be continued. The panel also felt that recently reviewed and MPC listed CPT code 88305 is a very well know service and is an excellent benchmark for this revised service and other services.

The intensity and complexity measures comparing the key reference service to 88342 also indicate the value of 0.80 is justified. The expert panel also noted that the second most frequently chosen key reference service was CPT code 88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (Work RVU = 1.10, 35 minutes, IWPUT = 0.0314), indicating a higher intensity of 88342 in comparison to 88305. The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and IWPUT.

88334 - Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure) (WRVU = 0.73, 20 minutes, IWPUT= 0.0365)
88305 - 88305- Level IV - Surgical pathology, gross and microscopic examination (Work RVU = 0.75, 25 minutes, IWPUT = 0.030)
88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
88346 - Immunofluorescent study, each antibody; direct method (WRVU = 0.86, 27 minutes)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88342

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Commonly

Specialty Clinical Laboratory How often? Commonly

Specialty Dermatology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 2101127
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 4 million Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 26% of the utilization. 4,040,628 x 0.26 x 2 = 2,101,127.

Specialty Clinical Laboratory Frequency 1227688 Percentage 58.42 %

Specialty Pathology Frequency 752624 Percentage 35.82 %

Specialty Dermatology Frequency 84675 Percentage 4.02 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,050,563 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 4 million Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this add-on service will receive approximately 26% of the utilization. 4,040,628 x 0.26 = 1,050,563.

Specialty Clinical Laboratory Frequency 613844 Percentage 58.43 %

Specialty Pathology Frequency 376312 Percentage 35.82 %

Specialty Dermatology Frequency 42338 Percentage 4.03 %

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 88342

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:88341 Tracking Number JJ2 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.65**
Global Period: XXX RUC Recommended RVU: **0.65**

CPT Descriptor: Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)
(Use 88341 in conjunction with 88342)
(For multiplex antibody stain procedure, use 88344)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: After examination of the CD15 immunohistochemical stain on a lymph node of a 25-year-old male with suspected Hodgkin lymphoma, microscopic examination of a CD45 immunohistochemical antibody stain 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?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist examines positive control tissue known to contain cells which express CD45 to verify that the procedure is working and the stain is optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The patient sample is then microscopically examined. The pathologist interprets the staining pattern and determines its significance in its histologic and cellular location.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014					
Presenter(s):	Jonathan Myles, MD and Micheal McEachin, MD					
Specialty(s):	Pathology					
CPT Code:	88341					
Sample Size:	4600	**Resp N:**	206	**Response:** 4.4 %		
Description of Sample:	Randomly selected participants from CAP, ASC, and ASCP					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	10.00	200.00	**500.00**	900.00	3000	
Survey RVW:	0.40	0.65	**0.80**	1.10	3.75	
Pre-Service Evaluation Time:			**0.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	6.00	15.00	**25.00**	30.00	45.00	
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88341	**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:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88305	XXX	0.75	**RUC Time**

CPT Descriptor Level IV - Surgical pathology, gross and microscopic examination …

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**	1,343,508

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
95251	XXX	0.85	**RUC Time**	27,558

CPT Descriptor 2 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report

Other Reference CPT Code	Global	Work RVU	Time Source
95980	XXX	0.80	**RUC Time**

CPT Descriptor 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

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: 56 **% of respondents:** 27.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 88341**	**Key Reference CPT Code:** 88305	**Source of Time RUC Time**
Median Pre-Service Time	0.00	0.00	
Median Intra-Service Time	25.00	25.00	
Median Immediate Post-service Time	0.00	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 Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**25.00**	**25.00**	
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	4.18	4.04
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.86	3.67
Urgency of medical decision making	4.05	4.04
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.23	4.38
Physical effort required	3.45	3.29
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.20	4.17
Outcome depends on the skill and judgment of physician	4.57	4.42
Estimated risk of malpractice suit with poor outcome	4.25	4.13

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	3.79	3.77

Post-Service 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.*

In April 2011, CPT code 88342 was identified by the AMA RUC Relativity Assessment Workgroup (RAW) as a "CMS/Other"-valued code with Medicare utilization 500,000 or more. Upon review of the 88342 code, it became evident there is confusion regarding the appropriate units of service for this code. The College of American Pathologists (CAP) requested a CPT change in May 2012 to provide proper clarity to the service through a better definition of code 88342 and the establishment of a new add-on code 88343.

After the release of CMS' final ruling for 2014, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel revised the immunohistochemistry or immunocytochemistry code 88342, deleted code 88343, and created code 88341 to specify each additional single antibody stain procedure, and added a new code, 88344 for multiplex antibody stain procedure with parenthetical notes to clarify the use of this series of codes.

The multi-specialty expert panel reviewed the survey results from a random sample of CAP, ASC, and ASCP members and developed its recommendations. The expert panel included CAP's CPT/RUC Workgroup, and representatives from general and academic pathology practice settings. The expert panel reviewed the survey results from 206 respondents and compared the recommended RVW, time and intensity/complexity of 8834X2 to the key reference service (88305) and other pathology codes such as 88360.

The median RVW was 0.80 and a survey median time of 25 minutes. The expert panel felt the survey respondents appropriately estimated the physician time and physician work. Panel members agreed with the survey respondents that the physician work historical rank order between 88342 and survey's key reference service, CPT code 88305- Level IV - Surgical pathology, gross and microscopic examination (Work RVU = 0.75, 25 minutes total time) should be continued. The panel also felt that recently reviewed and MPC listed CPT code 88305 is a very well know service and is an excellent benchmark for this revised service and other services.

The intensity and complexity measures comparing the key reference service to 88341 also indicate the value of 0.80 is justified. The expert panel also noted that the second most frequently chosen key reference service was CPT code 88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (Work RVU = 1.10, 35 minutes, IWPUT = 0.0314), indicating a higher intensity of 88342 in comparison to 88305. The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and IWPUT.

88334 - Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure) (WRVU = 0.73, 20 minutes, IWPUT= 0.0365)
88305 - 88305- Level IV - Surgical pathology, gross and microscopic examination (Work RVU = 0.75, 25 minutes, IWPUT = 0.030)
88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
88346 - Immunofluorescent study, each antibody; direct method (WRVU = 0.86, 27 minutes)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88342

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Commonly

Specialty Clinical Laboratory How often? Commonly

Specialty Dermatology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 5656879
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 4 million Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this add-on service will receive approximately 70% of the utilization. 4,040,628 x 0.70 x 2 = 5,656,879.

Specialty Clinical Laboratory Frequency 3305315 Percentage 58.43 %

Specialty Pathology Frequency 2026294 Percentage 35.81 %

Specialty Dermatology Frequency 227972 Percentage 4.02 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,828,440 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 4 million Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this add-on service will receive approximately 70% of the utilization. 4,040,628 x 0.70 = 2,828,440

Specialty Clinical Laboratory Frequency 1652657 Percentage 58.42 %

Specialty Pathology Frequency 1013147 Percentage 35.81 %

Specialty Dermatology Frequency 113986 Percentage 4.02 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
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. 88342

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88344 Tracking Number JJ3 Original Specialty Recommended RVU: **1.05**
Presented Recommended RVU: **0.77**
Global Period: XXX RUC Recommended RVU: **0.77**

CPT Descriptor: Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure

(When multiple separately identifiable antibodies are applied to the same specimen [ie, multiplex antibody stain procedure], use one unit of 88344)
(When multiple antibodies are applied to the same slide that are not separately identifiable [eg, antibody cocktails], use 88342, unless an additional separately identifiable antibody is also used, then use 88344)
(Do not used more than one unit of 88342, 88341 or 88344 for each separately identifiable antibody per specimen)
(Do not report 88342, 88341 or 88344 with 88360, 88361 unless each procedure is for a different antibody)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Microscopic examination of an immunohistochemical cocktail of P504S and HMWK (34ßE12) performed on a prostate needle core biopsy from a 66-year-old male with elevated PSA.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist examines positive control tissue known to contain cells which express both the first and second antibody in the cocktail, 34ßE12 and P504S, to verify that the procedure is working and the stain is optimized for both antibodies. The patient sample is then microscopically examined. The pathologist interprets the staining pattern of the P504S antibody and the 34ßE12 antibody and determines the significance of their histologic and cellular location.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Jonathan Myles, MD and Micheal McEachin, MD				
Specialty(s):	Pathology				
CPT Code:	88344				
Sample Size:	4600	**Resp N:** 63	**Response:** 1.3 %		
Description of Sample:	Randomly selected participants from CAP, ASC, and ASCP				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	15.00	25.00	**50.00**	100.00	500.00
Survey RVW:	0.54	0.77	**1.05**	1.20	3.75
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	18.00	29.00	**35.00**	41.00	45.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88344	**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:		**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:		**35.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88360	XXX	1.10	**RUC Time**

CPT Descriptor Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quant or semiquant, each antibody; manual

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74280	XXX	0.99	**RUC Time**	23,778

CPT Descriptor 1 Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95805	XXX	1.20	**RUC Time**	5,219

CPT Descriptor 2 Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness

Other Reference CPT Code	Global	Work RVU	Time Source
77285	XXX	1.05	**RUC Time**

CPT Descriptor Therapeutic radiology simulation-aided field setting; intermediate

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:** 34.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 88344**	**Key Reference CPT Code:** 88360	**Source of Time RUC Time**
Median Pre-Service Time	0.00	0.00	
Median Intra-Service Time	35.00	35.00	
Median Immediate Post-service Time	0.00	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 Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**35.00**	**35.00**	
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	4.08	3.83
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.67	3.38
Urgency of medical decision making	4.04	3.79
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.38	3.96
Physical effort required	3.29	3.04
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.17	3.71
Outcome depends on the skill and judgment of physician	4.42	3.96
Estimated risk of malpractice suit with poor outcome	4.13	3.75

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	4.17	4.08

Post-Service 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.*

In April 2011, CPT code 88342 was identified by the AMA RUC Relativity Assessment Workgroup (RAW) as a "CMS/Other"-valued code with Medicare utilization 500,000 or more. Upon review of the 88342 code, it became evident there is confusion regarding the appropriate units of service for this code. The College of American Pathologists (CAP) requested a CPT change in May 2012 to provide proper clarity to the service through a better definition of code 88342 and the establishment of a new add-on code 88343.

After the release of CMS' final ruling for 2014, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel revised the immunohistochemistry or immunocytochemistry code 88342, deleted code 88343, and created code 88341 to specify each additional single antibody stain procedure, and added a new code, 88344 for multiplex antibody stain procedure with parenthetical notes to clarify the use of this series of codes.

The multi-specialty expert panel reviewed the survey results from a random sample of CAP, ASC, and ASCP members and developed its recommendations. The expert panel included CAP's CPT/RUC Workgroup, and representatives from general and academic pathology practice settings. The expert panel reviewed the survey results from 63 respondents and compared the recommended RVW, time and intensity/complexity of 8834X1 to the key reference service (88360) and other pathology codes.

The median RVW was 1.05 and a survey median time of 35 minutes for 88344. The expert panel felt the survey respondents appropriately estimated the physician time and physician work for this new multiple stain service whereas the physician work of using a multiplex staining procedure is clearly more work than that of 88342 or 8834X2. The survey's key reference service, CPT code 88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314) also indicates a greater amount of work between the base code service and the multiplex service.

It appeared clear to the multispecialty panel that the chosen key reference service was a significant indicator of the work associated with 8834X1. The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and IWPUT.

88305 - 88305- Level IV - Surgical pathology, gross and microscopic examination (Work RVU = 0.75, 25 minutes, IWPUT = 0.030)
88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
88346 - Immunofluorescent study, each antibody; direct method (WRVU = 0.86, 27 minutes)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)
88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (WRVU = 1.19, 25 minutes, IWPUT = 0.0476)

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88342

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Commonly

Specialty Clinical Laboratory How often? Commonly

Specialty Dermatology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 323250
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were 4,040,628 Medicare claims data indicated in the RUC database. In addition, approximately 96% of services that are currently billed use single antibody procedures on separate slides and only roughly 4% of services use multiplex antibody stain procedures. 4,040,628 x 2 x 0.04 = 323,250.

Specialty Clinical Laboratory Frequency 188875 Percentage 58.43 %

Specialty Pathology Frequency 115788 Percentage 35.81 %

Specialty Dermatology Frequency 13027 Percentage 4.03 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 161,625 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were 4,040,628 Medicare claims data indicated in the RUC database. In addition, approximately 96% of services that are currently billed use single antibody procedures on separate slides and only roughly 4% of services use multiplex antibody stain procedures. 4,040,628 x 0.04 = 161,625.

Specialty Clinical Laboratory Frequency 94437 Percentage 58.42 %

Specialty Pathology Frequency 57894 Percentage 35.81 %

Specialty Dermatology Frequency 6513 Percentage 4.02 %

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

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. 88342

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88365 Tracking Number JJ4 Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **0.88**
Global Period: XXX RUC Recommended RVU: **0.88**

CPT Descriptor: In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 68-year-old man with a history of kidney transplant presents with lymphadenopathy and undergoes biopsy. A lymphoproliferative process is identified histologically. A stained slide of the lymph node biopsy is analyzed by fluorescence in situ hybridization (FISH) for the presence of EBERs (Epstein-Barr virus-encoded RNAs).

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist examines positive control tissue known to contain cells that express EBER to verify that the stain is optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The patient sample is then examined by fluorescence microscopy. The pathologist interprets the EBER staining pattern and determines its significance in its histologic and cellular location. The data is compared to current and/or prior specimens and reports. The findings are correlated with the corresponding H&E stained slide, clinical history, previous tissue samples and laboratory tests, and are reported.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jonathan Myles, MD, FCAP and Roger Klein, MD, JD		
Specialty(s):	College of American Pathologists		
CPT Code:	88365		
Sample Size:	5689	**Resp N:** 56	**Response:** 0.9 %
Description of Sample:	Targeted and Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	12.00	50.00	**100.00**	350.00	625.00
Survey RVW:	0.65	0.90	**1.00**	1.10	1.80
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	20.00	**30.00**	35.00	60.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88365	**Recommended Physician Work RVU: 0.88**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88346	XXX	0.86	**RUC Time**

CPT Descriptor Immunofluorescent study, each antibody; direct method

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74280	XXX	0.99	**RUC Time**	23,778

CPT Descriptor 1 Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
30901	000	1.10	**RUC Time**	108,808

CPT Descriptor 2 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method

Other Reference CPT Code	Global	Work RVU	Time Source
94004	XXX	1.00	**RUC Time**

CPT Descriptor Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day

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: 18 **% of respondents:** 32.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 88365**	**Key Reference CPT Code:** 88346	**Source of Time RUC Time**

Median Pre-Service Time	0.00	0.00
Median Intra-Service Time	30.00	27.00
Median Immediate Post-service Time	0.00	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 Subsequent Observation Care Time	0.0	0.00
Median Total Time	**30.00**	**27.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.50	3.44
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.61	3.44
Urgency of medical decision making	3.56	3.50
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.78	3.56
Physical effort required	3.00	2.89
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.61	3.44
Outcome depends on the skill and judgment of physician	3.78	3.50
Estimated risk of malpractice suit with poor outcome	3.72	3.33

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	3.72	3.67
Post-Service 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.*

Background

For the NPRM for 2012, CMS received comments that unlike the new FISH codes for urinary tract specimens (88120 and 88121), the existing codes (88365-88368) still allow for multiple units of each code as these codes are reported per probe. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agree at this time that they are accurate. In Jan 2012, the RUC reviewed 2011 diagnosis claims data and the College of American Pathologists (CAP) indicated that they will develop a CPT Assistant article to direct physicians to use the new FISH codes for urinary tract infections (CPT codes 88120 and 88120). The RUC indicated that the specialty should specify the number of probes utilized for these services in the CPT Assistant article. The RUC recommended that it re-review codes 88365, 88367 and 88368 in 1 year after 2012 utilization is available (January 2013). The RUC agreed with the specialty society to maintain current values but also recommends reviewing 3 more years of data for CPT codes 88120 and 88121 to determine the appropriate utilization has shifted from 88365, 88367 and 88368 to these codes. In January 2013, the RUC recommended resurveying the physician work and to develop direct practice expense inputs for 88365, 88367 and 88368 for review at the April 2013 RUC meeting. While the CAP was preparing to survey it was discovered that the vignette for code 88365 required revision. Upon further scrutiny of the code descriptors and other vignettes, CAP determined that the entire family of services required some CPT editorial clarity so that the typical services could accurately be captured by CPT. This was required to accurately represent and value both the physician work and practice expense for these codes.

In May 2013 the CPT Editorial Panel revised the in situ hybridization codes (88365, 88367, and 88368) and created three new add-on codes 8836X6, 8836XX, and 8836X9 for reporting each additional separately identifiable probe per slide. In addition, the panel revised and added relevant parenthetical notes to instruct on the proper use of these codes. At the October 2013 RUC meeting the RUC reviewed survey results and practice expense inputs (in comparison to codes 88120-1).

After the release of CMS' final ruling for 2014, and concerns from payers, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel again revised and added codes for in situ hybridization procedures to differentiate initial single probe stains procedures per specimen (88365, 88367, 88368) and establish three add-on codes under each of the single probe stain procedure parent codes 88365, 88367, 88368 for each additional single probe stain procedure, and established three stand- alone codes for each multiplex probe stain procedure under the respective in situ hybridization parent codes 88365, 88367, 88368.

Survey Effort and Results with New/Revised CPT Language

The College of American Pathologists (CAP), American Society of Cytopathology (ASC) and American Society for Clinical Pathology (ASCP) performed a random survey of approximately 5,000 members and an additional 689 targeted physicians. The targeted group consisted of members from CAP, ASC, or ASCP that were identified as providers of molecular pathology services. It should be noted that both the number of random and targeted members was substantially increased for this survey effort in contrast to our multispecialty survey data presented at the RUC in October 2013 (3,000 random and 100 targeted).

The survey for the revised 88365 service yielded 56 respondents with a median RVW of 1.00 and time of 30 minutes.

A multispecialty expert panel formed from the three societies which reviewed the survey data and developed its recommendations. In addition, the expert panel included CAP's CPT/RUC Workgroup, its Economic Affairs Executive Committee, and other representatives from general and academic pathology practice settings. The expert panel compared the median RVW, time and intensity/complexity of 88365 to the key reference service 88346 - Immunofluorescent study, each antibody; direct method – (WRVU = 0.86, CMS/other time of 27 minutes, chosen 18 times) and two other most frequently chosen reference codes which were chosen by 9 respondents each:
88121 - Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology (WRVU = 1.00, 25 minutes total)
88120 - Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual (WRVU = 1.20, 30 minutes)

The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and intensities and found the recommended value and time would provide proper rank order across pathology services and in this code family.

88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
86079 - Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report (WRVU = 0.94, 30 minutes, IWPUT = 0.313)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)
88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (WRVU = 1.19, 25 minutes, IWPUT = 0.0476)
88307 - Level V - Surgical pathology, gross & micro exam - 1.59 RVUs
88188 - Flow cytometry, interpretation; 9 to 15 markers - 1.69 RVUs

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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:

   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) 88365

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Sometimes

Specialty Clinical Laboratory How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 50547
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 50% of that utilization. 50,547 x 2 x 0.50 = 50,547. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 11120 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 39427 Percentage 78.00 %

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? 25,274 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 50% of that utilization. 50,547 x 0.50 = 25,274. Percentages allocated were taken from the RUC database

Specialty Pathology Frequency 5560 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 19713 Percentage 77.99 %

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:
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 88365

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:88364 Tracking Number JJ5 Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **0.88**
Global Period: XXX RUC Recommended RVU: **0.88**

CPT Descriptor: In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 60-year-old man with a history of lung transplant develops pneumonitis and undergoes transbronchial biopsy. A lung tissue section has been examined for the presence of Epstein-Barr virus (EBERS) using in situ hybridization. Another tissue section is examined for cytomegalovirus by in situ hybridization

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist examines positive control tissue known to contain cells that express CMV to verify that the stain is optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The patient sample is then examined by fluorescence microscopy. The pathologist interprets the CMV staining pattern and determines its significance in its histologic and cellular location. The data are compared to current and/or prior specimens and reports. The findings are correlated with the corresponding H&E stained slide, clinical history, previous tissue samples and laboratory tests, and are reported.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Jonathan Myles, MD, FCAP and Roger Klein, MD, JD				
Specialty(s):	College of American Pathologists				
CPT Code:	88364				
Sample Size:	5689	**Resp N:**	27	**Response:** 0.4 %	
Description of Sample:	Targeted and Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	10.00	100.00	**200.00**	325.00	600.00
Survey RVW:	0.60	0.95	**1.00**	1.20	3.25
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	30.00	**30.00**	35.00	50.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88364	**Recommended Physician Work RVU: 0.88**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88346	XXX	0.86	**RUC Time**

CPT Descriptor Immunofluorescent study, each antibody; direct method

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74280	XXX	0.99	**RUC Time**	23,778

CPT Descriptor 1 Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
30901	000	1.10	**RUC Time**	108,808

CPT Descriptor 2 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method

Other Reference CPT Code	Global	Work RVU	Time Source
88121	XXX	1.00	**RUC Time**

CPT Descriptor Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology

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:** 33.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 88364**	**Key Reference CPT Code:** 88346	**Source of Time RUC Time**

Median Pre-Service Time	0.00	0.00
Median Intra-Service Time	30.00	27.00
Median Immediate Post-service Time	0.00	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 Subsequent Observation Care Time	0.0	0.00
Median Total Time	**30.00**	**27.00**
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	3.78	3.67
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.78	3.33
Urgency of medical decision making	3.78	3.67
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.78	3.33
Physical effort required	2.44	2.44
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.89	3.33
Outcome depends on the skill and judgment of physician	3.89	3.33
Estimated risk of malpractice suit with poor outcome	3.78	3.44

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	4.11	3.44
Post-Service 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.*

Background

For the NPRM for 2012, CMS received comments that unlike the new FISH codes for urinary tract specimens (88120 and 88121), the existing codes (88365-88368) still allow for multiple units of each code as these codes are reported per probe. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agree at this time that they are accurate. In Jan 2012, the RUC reviewed 2011 diagnosis claims data and the College of American Pathologists (CAP) indicated that they will develop a CPT Assistant article to direct physicians to use the new FISH codes for urinary tract infections (CPT codes 88120 and 88120). The RUC indicated that the specialty should specify the number of probes utilized for these services in the CPT Assistant article. The RUC recommended that it re-review codes 88365, 88367 and 88368 in 1 year after 2012 utilization is available (January 2013). The RUC agreed with the specialty society to maintain current values but also recommends reviewing 3 more years of data for CPT codes 88120 and 88121 to determine the appropriate utilization has shifted from 88365, 88367 and 88368 to these codes. In January 2013, the RUC recommended resurveying the physician work and to develop direct practice expense inputs for 88365, 88367 and 88368 for review at the April 2013 RUC meeting. While the CAP was preparing to survey it was discovered that the vignette for code 88365 required revision. Upon further scrutiny of the code descriptors and other vignettes, CAP determined that the entire family of services required some CPT editorial clarity so that the typical services could accurately be captured by CPT. This was required to accurately represent and value both the physician work and practice expense for these codes.

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After the release of CMS' final ruling for 2014, and concerns from payers, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel again revised and added codes for in situ hybridization procedures to differentiate initial single probe stains procedures per specimen (88365, 88367, 88368) and establish three add-on codes under each of the single probe stain procedure parent codes 88365, 88367, 88368 for each additional single probe stain procedure, and established three stand- alone codes for each multiplex probe stain procedure under the respective in situ hybridization parent codes 88365, 88367, 88368.

Survey Effort and Results with New/Revised CPT Language

The College of American Pathologists (CAP), American Society of Cytopathology (ASC) and American Society for Clinical Pathology (ASCP) performed a random survey of approximately 5,000 members and an additional 689 targeted physicians. The targeted group consisted of members from CAP, ASC, or ASCP that were identified as providers of molecular pathology services. It should be noted that both the number of random and targeted members was substantially increased for this survey effort in contrast to our multispecialty survey data presented at the RUC in October 2013 (3,000 random and 100 targeted)

The survey for the revised 88364 service yielded 27 respondents with a median RVW of 1.00 and time of 30 minutes.

A multispecialty expert panel formed from the three societies which reviewed the survey data and developed its recommendations. In addition, the expert panel included CAP's CPT/RUC Workgroup, its Economic Affairs Executive Committee, and other representatives from general and academic pathology practice settings. The expert panel compared the median RVW, time and intensity/complexity of 88364 to the key reference service 88346 - Immunofluorescent study, each antibody; direct method – (WRVU = 0.86, CMS/other time of 27 minutes, chosen 9 times) and other other most frequently chosen reference code which was chosen by 8 respondent each:
88121 - Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology (WRVU = 1.00, 25 minutes total)

The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and intensities and found the recommended value and time would provide proper rank order across pathology services and in this code family.

88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
86079 - Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report (WRVU = 0.94, 30 minutes, IWPUT = 0.313)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)
88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (WRVU = 1.19, 25 minutes, IWPUT = 0.0476)
88307 - Level V - Surgical pathology, gross & micro exam - 1.59 RVUs
88188 - Flow cytometry, interpretation; 9 to 15 markers - 1.69 RVUs

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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:

   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) 88365

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Sometimes

Specialty Clinical Laboratory How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 20219
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 20% of that utilization. 50,547 x 2 x 0.20 = 20,219. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 4448 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 15771 Percentage 78.00 %

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? 10,109 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 20% of that utilization. 50,547 x 0.20 = 10,109. Percentages allocated were taken from the RUC database

Specialty Pathology Frequency 2224 Percentage 22.00 %

Specialty Clinical Laboratory Frequency 7885 Percentage 77.99 %

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:
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. 88365

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88366 Tracking Number JJ6 Original Specialty Recommended RVU: **1.59**
Presented Recommended RVU: **1.24**
Global Period: XXX RUC Recommended RVU: **1.24**

CPT Descriptor: In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure
(Do not report 88365 or 88366 in conjunction with 88367, 88374, 88368, 88377 for the same probe)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old man with lymphadenopathy presents for biopsy. The lymph node biopsy histologically shows features suggestive of malignant lymphoma. A stained slide is analyzed by fluorescence in situ hybridization (FISH) for IGH@/BCL2 translocation using DNA probes for both IGH@ and BCL2.

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?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist examines positive control tissue known to contain cells that express probes, IGH@ and BCL2 , to verify that the stain is optimized for both probes. The patient sample is then examined by fluorescence microscopy. The pathologist interprets both the IGH@ and BCL2 probes and determines their significance in their histologic and cellular locations. The data is compared to current and/or prior specimens and reports. The findings are correlated with the corresponding H&E stained slide, clinical history, previous tissue samples and laboratory tests, and are reported.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jonathan Myles, MD, FCAP and Roger Klein, MD, JD		
Specialty(s):	College of American Pathologists		
CPT Code:	88366		
Sample Size:	5689	**Resp N:** 28	**Response:** 0.4 %
Description of Sample:	Targeted and Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	50.00	**175.00**	350.00	500.00
Survey RVW:	1.00	1.24	**1.59**	1.69	1.83
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	33.00	**45.00**	55.00	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)

XXX Global Code

CPT Code:	88366	**Recommended Physician Work RVU: 1.24**		
		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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88120	XXX	1.20	**RUC Time**

CPT Descriptor Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74170	XXX	1.50	**RUC Time**	123,707

CPT Descriptor 1 Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88321	XXX	1.63	**RUC Time**	187,991

CPT Descriptor 2 Consultation and report on referred slides prepared elsewhere

Other Reference CPT Code	Global	Work RVU	Time Source
88307	XXX	1.59	**RUC Time**

CPT Descriptor Level V - Surgical pathology, gross and microscopic examination ..

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: 7 **% of respondents:** 25.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 88366**	**Key Reference CPT Code: 88120**	**Source of Time RUC Time**
Median Pre-Service Time	0.00	0.00	
Median Intra-Service Time	40.00	30.00	
Median Immediate Post-service Time	0.00	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 Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**40.00**	**30.00**	
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	4.14	4.14
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.14	4.00
Urgency of medical decision making	4.00	4.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.00	3.00
Physical effort required	4.00	3.86
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.43	4.29
Outcome depends on the skill and judgment of physician	4.00	4.00
Estimated risk of malpractice suit with poor outcome	4.00	4.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	4.29	4.29

Post-Service 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.*

Background

For the NPRM for 2012, CMS received comments that unlike the new FISH codes for urinary tract specimens (88120 and 88121), the existing codes (88365-88368) still allow for multiple units of each code as these codes are reported per probe. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agree at this time that they are accurate. In Jan 2012, the RUC reviewed 2011 diagnosis claims data and the College of American Pathologists (CAP) indicated that they will develop a CPT Assistant article to direct physicians to use the new FISH codes for urinary tract infections (CPT codes 88120 and 88120). The RUC indicated that the specialty should specify the number of probes utilized for these services in the CPT Assistant article. The RUC recommended that it re-review codes 88365, 88367 and 88368 in 1 year after 2012 utilization is available (January 2013). The RUC agreed with the specialty society to maintain current values but also recommends reviewing 3 more years of data for CPT codes 88120 and 88121 to determine the appropriate utilization has shifted from 88365, 88367 and 88368 to these codes. In January 2013, the RUC recommended resurveying the physician work and to develop direct practice expense inputs for 88365, 88367 and 88368 for review at the April 2013 RUC meeting. While the CAP was preparing to survey it was discovered that the vignette for code 88365 required revision. Upon further scrutiny of the code descriptors and other vignettes, CAP determined that the entire family of services required some CPT editorial clarity so that the typical services could accurately be captured by CPT. This was required to accurately represent and value both the physician work and practice expense for these codes.

In May 2013 the CPT Editorial Panel revised the in situ hybridization codes (88365, 88367, and 88368) and created three new add-on codes 8836X6, 8836XX, and 8836X9 for reporting each additional separately identifiable probe per slide. In addition, the panel revised and added relevant parenthetical notes to instruct on the proper use of these codes. At the October 2013 RUC meeting the RUC reviewed survey results and practice expense inputs (in comparison to codes 88120-1).

After the release of CMS' final ruling for 2014, and concerns from payers, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel again revised and added codes for in situ hybridization procedures to differentiate initial single probe stains procedures per specimen (88365, 88367, 88368) and establish three add-on codes under each of the single probe stain procedure parent codes 88365, 88367, 88368 for each additional single probe stain procedure, and established three stand- alone codes for each multiplex probe stain procedure under the respective in situ hybridization parent codes 88365, 88367, 88368.

Survey Effort and Results with New/Revised CPT Language

The College of American Pathologists (CAP), American Society of Cytopathology (ASC) and American Society for Clinical Pathology (ASCP) performed a random survey of approximately 5,000 members and an additional 689 targeted physicians. The targeted group consisted of members from CAP, ASC, or ASCP that were identified as providers of molecular pathology services. It should be noted that both the number of random and targeted members was substantially increased for this survey effort in contrast to our multispecialty survey data presented at the RUC in October 2013 (3,000 random and 100 targeted)

The survey for the revised 88366 service yielded 28 respondents with a median RVW of 1.59 and time of 45 minutes.

A multispecialty expert panel formed from the three societies which reviewed the survey data and developed its recommendations. In addition, the expert panel included CAP's CPT/RUC Workgroup, its Economic Affairs Executive Committee, and other representatives from general and academic pathology practice settings. The expert panel compared the median RVW, time and intensity/complexity of 8836X6 to the key reference service 88120 - Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual (WRVU = 1.20 of 30 minutes, chosen 7 times) and another most frequently chosen reference code which was chosen by 6 respondents was 88121 - 88307 - Level V - Surgical pathology, gross & micro exam (WRVU = 1.59, 47 minutes total).

The multi-specialty panel agreed that the slightly increased intensity obtained for the multiplex codes reflect the need for the pathologist to distinguish the relative degree of proximity of different color probes within the nucleus of the malignant cells. For the 88365 and 88368 series, these results can be directly compared with the RVU and times for CPT code 88307.

The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and intensities and found the recommended value and time would provide proper rank order across pathology services and in this code family.

88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
86079 - Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report (WRVU = 0.94, 30 minutes, IWPUT = 0.313)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)
88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (WRVU = 1.19, 25 minutes, IWPUT = 0.0476)
88307 - Level V - Surgical pathology, gross & micro exam - 1.59 RVUs, 47 minutes, IWPUT = 0.0338)
88188 - Flow cytometry, interpretation; 9 to 15 markers - 1.69 RVUs, 43 minutes, IWPUT = 0.0432)

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these

data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88365

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Sometimes

Specialty Clinical Laboratory How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 30328
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 30% of that utilization. 50,547 x 2 x 0.30 = 30,328. Percentages allocated were taken from the RUC database

Specialty Pathology Frequency 6672 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 23656 Percentage 78.00 %

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? 15,164 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 30% of that utilization. 50,547 x 0.30 = 15,164. Percentages allocated were taken from the RUC database

Specialty Pathology Frequency 3336 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 11828 Percentage 78.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
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. 88365

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88367 Tracking Number JJ7 Original Specialty Recommended RVU: **0.97**
Presented Recommended RVU: **0.86**
Global Period: XXX RUC Recommended RVU: **0.86**

CPT Descriptor: Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60 year old man presents with a suspected plasma cell dyscrasia. In situ hybridization is performed on a bone marrow specimen to assess for relative kappa light chain mRNA expression using computer assisted technology.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist determines the appropriate areas of tumor to evaluate from review of the hematoxylin and eosin stained slide. The pathologist examines positive control tissue known to contain cells that express kappa light chain mRNA to verify that the stain is optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The patient sample is then digitally scanned using brightfield microscopy and the images examined. The pathologist interprets the kappa mRNA staining pattern and quantification of mRNA signals and determines their significance in their histologic and cellular locations. The data are compared to current and/or prior specimens and reports. The findings are correlated with the corresponding H&E stained slide, clinical history, previous tissue samples and laboratory tests, and are reported.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Jonathan Myles, MD, FCAP and Roger Klein, MD, JD				
Specialty(s):	College of American Pathologists				
CPT Code:	88367				
Sample Size:	5689	**Resp N:**	24	**Response:** 0.4 %	
Description of Sample:	Targeted and Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	12.00	23.00	**150.00**	263.00	500.00
Survey RVW:	0.75	0.86	**0.97**	1.19	1.90
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	20.00	**25.00**	30.00	45.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88367	**Recommended Physician Work RVU: 0.86**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88346	XXX	0.86	**RUC Time**

CPT Descriptor Immunofluorescent study, each antibody; direct method

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
78306	XXX	0.86	**RUC Time**	350,645

CPT Descriptor 1 Bone and/or joint imaging; whole body

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
30901	000	1.10	**RUC Time**	108,808

CPT Descriptor 2 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method

Other Reference CPT Code	Global	Work RVU	Time Source
88121	XXX	1.00	**RUC Time**

CPT Descriptor Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology

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: 8 **% of respondents:** 33.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 88367**	**Key Reference CPT Code:** 88346	**Source of Time RUC Time**

Median Pre-Service Time	0.00	0.00
Median Intra-Service Time	25.00	27.00
Median Immediate Post-service Time	0.00	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 Subsequent Observation Care Time	0.0	0.00
Median Total Time	**25.00**	**27.00**
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	3.63	3.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.88	3.25
Urgency of medical decision making	3.75	3.75
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.38	3.25
Physical effort required	2.50	2.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.75	3.50
Outcome depends on the skill and judgment of physician	3.88	3.25
Estimated risk of malpractice suit with poor outcome	3.75	3.38

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	3.75	3.63
Post-Service 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.*

Background

For the NPRM for 2012, CMS received comments that unlike the new FISH codes for urinary tract specimens (88120 and 88121), the existing codes (88365-88368) still allow for multiple units of each code as these codes are reported per probe. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agree at this time that they are accurate. In Jan 2012, the RUC reviewed 2011 diagnosis claims data and the College of American Pathologists (CAP) indicated that they will develop a CPT Assistant article to direct physicians to use the new FISH codes for urinary tract infections (CPT codes 88120 and 88120). The RUC indicated that the specialty should specify the number of probes utilized for these services in the CPT Assistant article. The RUC recommended that it re-review codes 88365, 88367 and 88368 in 1 year after 2012 utilization is available (January 2013). The RUC agreed with the specialty society to maintain current values but also recommends reviewing 3 more years of data for CPT codes 88120 and 88121 to determine the appropriate utilization has shifted from 88365, 88367 and 88368 to these codes. In January 2013, the RUC recommended resurveying the physician work and to develop direct practice expense inputs for 88365, 88367 and 88368 for review at the April 2013 RUC meeting. While the CAP was preparing to survey it was discovered that the vignette for code 88365 required revision. Upon further scrutiny of the code descriptors and other vignettes, CAP determined that the entire family of services required some CPT editorial clarity so that the typical services could accurately be captured by CPT. This was required to accurately represent and value both the physician work and practice expense for these codes.

In May 2013 the CPT Editorial Panel revised the in situ hybridization codes (88365, 88367, and 88368) and created three new add-on codes 8836X6, 8836XX, and 8836X9 for reporting each additional separately identifiable probe per slide. In addition, the panel revised and added relevant parenthetical notes to instruct on the proper use of these codes. At the October 2013 RUC meeting the RUC reviewed survey results and practice expense inputs (in comparison to codes 88120-1).

After the release of CMS' final ruling for 2014, and concerns from payers, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel again revised and added codes for in situ hybridization procedures to differentiate initial single probe stains procedures per specimen (88365, 88367, 88368) and establish three add-on codes under each of the single probe stain procedure parent codes 88365, 88367, 88368 for each additional single probe stain procedure, and established three stand- alone codes for each multiplex probe stain procedure under the respective in situ hybridization parent codes 88365, 88367, 88368.

Survey Effort and Results with New/Revised CPT Language

The College of American Pathologists (CAP), American Society of Cytopathology (ASC) and American Society for Clinical Pathology (ASCP) performed a random survey of approximately 5,000 members and an additional 689 targeted physicians. The targeted group consisted of members from CAP, ASC, or ASCP that were identified as providers of molecular pathology services. It should be noted that both the number of random and targeted members was substantially increased for this survey effort in contrast to our multispecialty survey data presented at the RUC in October 2013 (3,000 random and 100 targeted)

The survey for the revised 88367 service yielded 24 respondents with a median RVW of 0.97 and time of 25 minutes.

A multispecialty expert panel formed from the three societies which reviewed the survey data and developed its recommendations. In addition, the expert panel included CAP's CPT/RUC Workgroup, its Economic Affairs Executive Committee, and other representatives from general and academic pathology practice settings. The expert panel compared the median RVW, time and intensity/complexity of 88367 to the key reference service 88346 - Immunofluorescent study, each antibody; direct method – (WRVU = 0.86, CMS/other time of 27 minutes, chosen 8 times) and another most frequently chosen reference code was:
88121 - Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology (WRVU = 1.00, 25 minutes total)

The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and intensities and found the recommended value and time would provide proper rank order amongst pathology services and this code family.

88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
86079 - Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report (WRVU = 0.94, 30 minutes, IWPUT = 0.313)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)
88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (WRVU = 1.19, 25 minutes, IWPUT = 0.0476)
88307 - Level V - Surgical pathology, gross & micro exam - 1.59 RVUs
88188 - Flow cytometry, interpretation; 9 to 15 markers - 1.69 RVUs

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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:

   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) 88367

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Sometimes

Specialty Clinical Laboratory How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 41591
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 15% of that utilization. 138,637 x 2 x 0.15 = 41,591.. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 9150 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 32441 Percentage 78.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 20,796 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 15% of that utilization. 138,637 x 0.15=20,796.. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 4575 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 16221 Percentage 78.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
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 88367

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:88373 Tracking Number JJ8 Original Specialty Recommended RVU: **0.97**
Presented Recommended RVU: **0.86**
Global Period: XXX RUC Recommended RVU: **0.86**

CPT Descriptor: 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)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60 year old man presents with a suspected plasma cell dyscrasia. In situ hybridization is performed on a bone marrow specimen to assess for relative lambda light chain mRNA expression using computer assisted technology.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist determines the appropriate areas of tumor to evaluate from review of the hematoxylin and eosin stained slide. The pathologist examines positive control tissue known to contain cells that express lambda light chain mRNA to verify that the stain is optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The patient sample is then digitally scanned using brightfield microscopy and the images examined. The pathologist interprets the lambda mRNA staining pattern and quantification of mRNA signals and determines their significance in their histologic and cellular locations. The ratios of the lambda and kappa mRNA expression levels are compared and documented. The data are compared to current and/or prior specimens and reports. The findings are correlated with the corresponding H&E stained slide, clinical history, previous tissue samples and laboratory tests, and are reported.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jonathan Myles, MD, FCAP and Roger Klein, MD, JD		
Specialty(s):	College of American Pathologists		
CPT Code:	88373		
Sample Size:	5684	**Resp N:** 9	**Response:** 0.1 %
Description of Sample:	Targeted and Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	10.00	65.00	**100.00**	350.00	600.00
Survey RVW:	0.85	0.90	**1.10**	1.36	3.50
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	20.00	**25.00**	30.00	40.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88373	**Recommended Physician Work RVU: 0.86**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88346	XXX	0.86	**RUC Time**

CPT Descriptor Immunofluorescent study, each antibody; direct method

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
78306	XXX	0.86	**RUC Time**	350,645

CPT Descriptor 1 Bone and/or joint imaging; whole body

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
30901	XXX	1.10	**RUC Time**	108,808

CPT Descriptor 2 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method

Other Reference CPT Code	Global	Work RVU	Time Source
88121	XXX	1.00	**RUC Time**

CPT Descriptor Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology

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: 2 **% of respondents:** 22.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 88373**	**Key Reference CPT Code:** 88346	**Source of Time RUC Time**

Median Pre-Service Time	0.00	0.00
Median Intra-Service Time	25.00	27.00
Median Immediate Post-service Time	0.00	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 Subsequent Observation Care Time	0.0	0.00
Median Total Time	**25.00**	**27.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.50	3.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.50	3.50
Urgency of medical decision making	3.50	3.50
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.50	3.50
Physical effort required	4.00	3.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.50	3.50
Outcome depends on the skill and judgment of physician	3.50	3.00
Estimated risk of malpractice suit with poor outcome	3.50	3.50

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	4.00	3.50
Post-Service 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.*

Background

For the NPRM for 2012, CMS received comments that unlike the new FISH codes for urinary tract specimens (88120 and 88121), the existing codes (88365-88368) still allow for multiple units of each code as these codes are reported per probe. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agree at this time that they are accurate. In Jan 2012, the RUC reviewed 2011 diagnosis claims data and the College of American Pathologists (CAP) indicated that they will develop a CPT Assistant article to direct physicians to use the new FISH codes for urinary tract infections (CPT codes 88120 and 88120). The RUC indicated that the specialty should specify the number of probes utilized for these services in the CPT Assistant article. The RUC recommended that it re-review codes 88365, 88367 and 88368 in 1 year after 2012 utilization is available (January 2013). The RUC agreed with the specialty society to maintain current values but also recommends reviewing 3 more years of data for CPT codes 88120 and 88121 to determine the appropriate utilization has shifted from 88365, 88367 and 88368 to these codes. In January 2013, the RUC recommended resurveying the physician work and to develop direct practice expense inputs for 88365, 88367 and 88368 for review at the April 2013 RUC meeting. While the CAP was preparing to survey it was discovered that the vignette for code 88365 required revision. Upon further scrutiny of the code descriptors and other vignettes, CAP determined that the entire family of services required some CPT editorial clarity so that the typical services could accurately be captured by CPT. This was required to accurately represent and value both the physician work and practice expense for these codes.

In May 2013 the CPT Editorial Panel revised the in situ hybridization codes (88365, 88367, and 88368) and created three new add-on codes 8836X6, 8836XX, and 8836X9 for reporting each additional separately identifiable probe per slide. In addition, the panel revised and added relevant parenthetical notes to instruct on the proper use of these codes. At the October 2013 RUC meeting the RUC reviewed survey results and practice expense inputs (in comparison to codes 88120-1).

After the release of CMS' final ruling for 2014, and concerns from payers, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel again revised and added codes for in situ hybridization procedures to differentiate initial single probe stains procedures per specimen (88365, 88367, 88368) and establish three add-on codes under each of the single probe stain procedure parent codes 88365, 88367, 88368 for each additional single probe stain procedure, and established three stand- alone codes for each multiplex probe stain procedure under the respective in situ hybridization parent codes 88365, 88367, 88368.

Survey Effort and Results with New/Revised CPT Language

The College of American Pathologists (CAP), American Society of Cytopathology (ASC) and American Society for Clinical Pathology (ASCP) performed a random survey of approximately 5,000 members and an additional 689 targeted physicians. The targeted group consisted of members from CAP, ASC, or ASCP that were identified as providers of molecular pathology services. It should be noted that both the number of random and targeted members was substantially increased for this survey effort in contrast to our multispecialty survey data presented at the RUC in October 2013 (3,000 random and 100 targeted)

The survey for the revised 88373 service yielded 9 respondents with a median RVW of 1.10 and time of 25 minutes.

A multispecialty expert panel formed from the three societies which reviewed the survey data and developed its recommendations. In addition, the expert panel included CAP's CPT/RUC Workgroup,

its Economic Affairs Executive Committee, and other representatives from general and academic pathology practice settings.

Due to the low survey response rate the expert panel compared the median RVW, time and intensity/complexity of 8836X3 to the following other pathology services in comparison of work RVU, time, and intensities and agreed that this service should be valued exactly the same as the base code 88367 as it is almost identical in physician work. Therefore, a value of 0.97 with 25 minutes of time (median results from base code survey - 88367) would provide proper rank order across pathology services and in this code family.

88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
86079 - Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report (WRVU = 0.94, 30 minutes, IWPUT = 0.313)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)
88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (WRVU = 1.19, 25 minutes, IWPUT = 0.0476)
88307 - Level V - Surgical pathology, gross & micro exam - 1.59 RVUs
88188 - Flow cytometry, interpretation; 9 to 15 markers - 1.69 RVUs

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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:

   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) 88367

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 Pathology How often? Sometimes

Specialty Clinical Laboratory How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 27727
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 10% of that utilization. 138,637 x 2 x 0.10= 27,727.. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 21627 Percentage 77.99 %

Specialty Clinical Laboratory Frequency 6100 Percentage 22.00 %

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? 13,864 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 10% of that utilization. 138,637 x 0.10= 13,864.. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 3050 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 10814 Percentage 78.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
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. 88367

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88374 Tracking Number JJ9 Original Specialty Recommended RVU: **1.25**
Presented Recommended RVU: **1.04**
Global Period: XXX RUC Recommended RVU: **1.04**

CPT Descriptor: Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure
(Do not report 88367 or 88374 in conjunction with 88365, 88366, 88368, 88377 for the same probe)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 54-year-old woman has been diagnosed with invasive ductal carcinoma of the breast. A stained slide of the breast tumor is analyzed by fluorescence in situ hybridization (FISH) quantifying the copy number of HER2 and centromere 17 (CEP 17) signals using computer-assisted technology

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist determines the appropriate areas of tumor to evaluate from review of the hematoxylin and eosin stained slide. The pathologist examines positive control tissue known to contain cells that express HER2 and CEP17 to verify that the stain is optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The patient sample is then digitally scanned using fluorescence microscopy and the images examined. The pathologist interprets the HER2 and CEP17 staining pattern and quantification of HER2 and CEP17 signals and determines their significance in their histologic and cellular locations. The pathologist also calculates the HER2:CEP17 ratio. The data are compared to current and/or prior specimens and reports. The findings are correlated with the corresponding H&E stained slide, clinical history, previous tissue samples and laboratory tests, and are reported.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Jonathan Myles, MD, FCAP and Roger Klein, MD, JD				
Specialty(s):	College of American Pathologists				
CPT Code:	88374				
Sample Size:	5689	**Resp N:**	18	**Response:** 0.3 %	
Description of Sample:	Targeted and Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	5.00	25.00	**60.00**	100.00	1000.00
Survey RVW:	0.96	1.04	**1.25**	1.48	3.50
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	25.00	**30.00**	48.00	60.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88374	**Recommended Physician Work RVU: 1.04**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88121	XXX	1.00	**RUC Time**

CPT Descriptor Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88361	XXX	1.18	**RUC Time**	137,231

CPT Descriptor 1 Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70470	XXX	1.27	**RUC Time**	174,360

CPT Descriptor 2 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

Other Reference CPT Code	Global	Work RVU	Time Source
88187	XXX	1.36	**RUC Time**

CPT Descriptor Flow cytometry, interpretation; 2 to 8 markers

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: 7 **% of respondents:** 38.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 88374**	**Key Reference CPT Code:** 88121	**Source of Time RUC Time**
Median Pre-Service Time	0.00	0.00	
Median Intra-Service Time	30.00	25.00	
Median Immediate Post-service Time	0.00	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 Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**30.00**	**25.00**	
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	3.71	3.71
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.43	3.14
Urgency of medical decision making	3.29	2.57
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.71	3.86
Physical effort required	2.86	3.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.86	3.57
Outcome depends on the skill and judgment of physician	4.14	4.00
Estimated risk of malpractice suit with poor outcome	3.71	3.43

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	4.29	3.86

Post-Service 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.*

Background

For the NPRM for 2012, CMS received comments that unlike the new FISH codes for urinary tract specimens (88120 and 88121), the existing codes (88365-88368) still allow for multiple units of each code as these codes are reported per probe. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agree at this time that they are accurate. In Jan 2012, the RUC reviewed 2011 diagnosis claims data and the College of American Pathologists (CAP) indicated that they will develop a CPT Assistant article to direct physicians to use the new FISH codes for urinary tract infections (CPT codes 88120 and 88120). The RUC indicated that the specialty should specify the number of probes utilized for these services in the CPT Assistant article. The RUC recommended that it re-review codes 88365, 88367 and 88368 in 1 year after 2012 utilization is available (January 2013). The RUC agreed with the specialty society to maintain current values but also recommends reviewing 3 more years of data for CPT codes 88120 and 88121 to determine the appropriate utilization has shifted from 88365, 88367 and 88368 to these codes. In January 2013, the RUC recommended resurveying the physician work and to develop direct practice expense inputs for 88365, 88367 and 88368 for review at the April 2013 RUC meeting. While the CAP was preparing to survey it was discovered that the vignette for code 88365 required revision. Upon further scrutiny of the code descriptors and other vignettes, CAP determined that the entire family of services required some CPT editorial clarity so that the typical services could accurately be captured by CPT. This was required to accurately represent and value both the physician work and practice expense for these codes.

In May 2013 the CPT Editorial Panel revised the in situ hybridization codes (88365, 88367, and 88368) and created three new add-on codes 8836X6, 8836XX, and 8836X9 for reporting each additional separately identifiable probe per slide. In addition, the panel revised and added relevant parenthetical notes to instruct on the proper use of these codes. At the October 2013 RUC meeting the RUC reviewed survey results and practice expense inputs (in comparison to codes 88120-1).

After the release of CMS' final ruling for 2014, and concerns from payers, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel again revised and added codes for in situ hybridization procedures to differentiate initial single probe stains procedures per specimen (88365, 88367, 88368) and establish three add-on codes under each of the single probe stain procedure parent codes 88365, 88367, 88368 for each additional single probe stain procedure, and established three stand- alone codes for each multiplex probe stain procedure under the respective in situ hybridization parent codes 88365, 88367, 88368.

Survey Effort and Results with New/Revised CPT Language

The College of American Pathologists (CAP), American Society of Cytopathology (ASC) and American Society for Clinical Pathology (ASCP) performed a random survey of approximately 5,000 members and an additional 689 targeted physicians. The targeted group consisted of members from CAP, ASC, or ASCP that were identified as providers of molecular pathology services. It should be noted that both the number of random and targeted members was substantially increased for this survey effort in contrast to our multispecialty survey data presented at the RUC in October 2013 (3,000 random and 100 targeted).

The survey for the revised 88374 service yielded 18 respondents with a median RVW of 1.25 and time of 30 minutes.

A multispecialty expert panel formed from the three societies which reviewed the survey data and developed its recommendations. In addition, the expert panel included CAP's CPT/RUC Workgroup, its Economic Affairs Executive Committee, and other representatives from general and academic pathology practice settings. The expert panel compared the median RVW, time and intensity/complexity of 8836X1 to the key reference service 88121 - Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology (WRVU = 1.00 of 25 minutes, chosen 7 times) and another frequently chosen reference code 88187- 88187 - Flow cytometry, interpretation; 2 to 8 markers (WRVU = 1.36, 38 minutes total).

The multi-specialty panel agreed that the slightly increased intensity obtained for the multiplex codes reflect the need for the pathologist to distinguish the relative degree of proximity of different color probes within the nucleus of the malignant cells. For the 88365 and 88368 series, these results can be directly compared with the RVU and times for CPT code 88307.

The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and intensities and found the recommended value and time would provide proper rank order across pathology services and this code family.

88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
86079 - Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report (WRVU = 0.94, 30 minutes, IWPUT = 0.313)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)
88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (WRVU = 1.19, 25 minutes, IWPUT = 0.0476)
88307 - Level V - Surgical pathology, gross & micro exam - 1.59 RVUs, 47 minutes, IWPUT = 0.0338)
88188 - Flow cytometry, interpretation; 9 to 15 markers - 1.69 RVUs, 43 minutes, IWPUT = 0.0432)

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these

data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88367

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Sometimes

Specialty Clinical Laboratory How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 207956
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 75% of that utilization. 138,637 x 2 x 0.75= 207,956.. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 45750 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 162205 Percentage 77.99 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 103,978 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 75% of that utilization. 138,637 x 0.75= 103,978.. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 22875 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 81103 Percentage 78.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
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. 88367

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88368 Tracking Number JJ10 Original Specialty Recommended RVU: **1.05**

Presented Recommended RVU: **0.88**
Global Period: XXX RUC Recommended RVU: **0.88**

CPT Descriptor: Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old man presents with a suspected plasma cell dyscrasia. In situ hybridization is performed on a bone marrow specimen to assess for relative kappa light chain mRNA expression using manual technology.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work:
The pathologist determines the appropriate areas of tumor to evaluate from review of the hematoxylin and eosin stained slide. The pathologist examines positive control tissue known to contain cells that express kappa light chain mRNA to verify that the stain is optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The patient sample is examined using brightfield microscopy. The pathologist interprets the kappa mRNA staining pattern and quantification of mRNA signals and determines their significance in their histologic and cellular locations. The data are compared to current and/or prior specimens and reports. The findings are correlated with the corresponding H&E stained slide, clinical history, previous tissue samples and laboratory tests, and are reported.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jonathan Myles, MD, FCAP and Roger Klein, MD, JD		
Specialty(s):	College of American Pathologists		
CPT Code:	88368		
Sample Size:	5689	**Resp N:** 40	**Response:** 0.7 %
Description of Sample:	Targeted and Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	5.00	100.00	**200.00**	363.00	1000.00
Survey RVW:	0.39	0.88	**1.15**	1.30	3.75
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	19.00	**30.00**	40.00	100.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88368	**Recommended Physician Work RVU: 0.88**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88120	XXX	1.20	**RUC Time**

CPT Descriptor Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74280	XXX	0.86	**RUC Time**	23,778

CPT Descriptor 1 Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
30901	XXX	1.10	**RUC Time**	108,808

CPT Descriptor 2 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method

Other Reference CPT Code	Global	Work RVU	Time Source
88331	XXX	1.19	**RUC Time**

CPT Descriptor Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen

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:** 25.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 88368**	**Key Reference CPT Code:** 88120	**Source of Time RUC Time**

Median Pre-Service Time	0.00	0.00
Median Intra-Service Time	30.00	30.00
Median Immediate Post-service Time	0.00	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 Subsequent Observation Care Time	0.0	0.00
Median Total Time	**30.00**	**30.00**
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	3.89	3.89
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.67	3.78
Urgency of medical decision making	3.89	3.67
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.11	4.22
Physical effort required	3.78	3.67
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.00	3.78
Outcome depends on the skill and judgment of physician	4.22	4.11
Estimated risk of malpractice suit with poor outcome	4.00	3.78

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	3.89	3.78
Post-Service 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.*

Background

For the NPRM for 2012, CMS received comments that unlike the new FISH codes for urinary tract specimens (88120 and 88121), the existing codes (88365-88368) still allow for multiple units of each code as these codes are reported per probe. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agree at this time that they are accurate. In Jan 2012, the RUC reviewed 2011 diagnosis claims data and the College of American Pathologists (CAP) indicated that they will develop a CPT Assistant article to direct physicians to use the new FISH codes for urinary tract infections (CPT codes 88120 and 88120). The RUC indicated that the specialty should specify the number of probes utilized for these services in the CPT Assistant article. The RUC recommended that it re-review codes 88365, 88367 and 88368 in 1 year after 2012 utilization is available (January 2013). The RUC agreed with the specialty society to maintain current values but also recommends reviewing 3 more years of data for CPT codes 88120 and 88121 to determine the appropriate utilization has shifted from 88365, 88367 and 88368 to these codes. In January 2013, the RUC recommended resurveying the physician work and to develop direct practice expense inputs for 88365, 88367 and 88368 for review at the April 2013 RUC meeting. While the CAP was preparing to survey it was discovered that the vignette for code 88365 required revision. Upon further scrutiny of the code descriptors and other vignettes, CAP determined that the entire family of services required some CPT editorial clarity so that the typical services could accurately be captured by CPT. This was required to accurately represent and value both the physician work and practice expense for these codes.

In May 2013 the CPT Editorial Panel revised the in situ hybridization codes (88365, 88367, and 88368) and created three new add-on codes 8836X6, 8836XX, and 8836X9 for reporting each additional separately identifiable probe per slide. In addition, the panel revised and added relevant parenthetical notes to instruct on the proper use of these codes. At the October 2013 RUC meeting the RUC reviewed survey results and practice expense inputs (in comparison to codes 88120-1).

After the release of CMS' final ruling for 2014, and concerns from payers, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel again revised and added codes for in situ hybridization procedures to differentiate initial single probe stains procedures per specimen (88365, 88367, 88368) and establish three add-on codes under each of the single probe stain procedure parent codes 88365, 88367, 88368 for each additional single probe stain procedure, and established three stand- alone codes for each multiplex probe stain procedure under the respective in situ hybridization parent codes 88365, 88367, 88368.

Survey Effort and Results with New/Revised CPT Language

The College of American Pathologists (CAP), American Society of Cytopathology (ASC) and American Society for Clinical Pathology (ASCP) performed a random survey of approximately 5,000 members and an additional 689 targeted physicians. The targeted group consisted of members from CAP, ASC, or ASCP that were identified as providers of molecular pathology services. It should be noted that both the number of random and targeted members was substantially increased for this survey effort in contrast to our multispecialty survey data presented at the RUC in October 2013 (3,000 random and 100 targeted)

The survey for the revised 88368 service yielded 40 respondents with a median RVW of 1.15 and time of 30 minutes.

A multispecialty expert panel formed from the three societies which reviewed the survey data and developed its recommendations. In addition, the expert panel included CAP's CPT/RUC Workgroup, its Economic Affairs Executive Committee, and other representatives from general and academic pathology practice settings. The expert panel compared the median RVW, time and intensity/complexity of 88368 to the key reference service 88120 - Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual (WRVU = 1.20, 30 minutes, chosen 10 times) and another frequently chosen reference code 88187 - Flow cytometry, interpretation; 2 to 8 markers (WRVU = 1.36, 38 minutes, IWPUT = 0.0394).

The expert panel reviewed the survey results and comparison services and agreed that considering survey data from the add on code 88368 resulting in a median RVU of 1.05 and 30 minutes of time, 8836X4 and 88368 should have the same values. Therefore, the expert panel agreed that the lower of the two. The expert panel agreed to a WRVU of 1.05 and 30 minutes of total time.

The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and intensities and found the recommended value and time would provide proper rank order across pathology services and in this code family.

88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
86079 - Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report (WRVU = 0.94, 30 minutes, IWPUT = 0.313)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)
88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (WRVU = 1.19, 25 minutes, IWPUT = 0.0476)
88307 - Level V - Surgical pathology, gross & micro exam - 1.59 RVUs
88188 - Flow cytometry, interpretation; 9 to 15 markers - 1.69 RVUs

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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:

   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) 88368

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Sometimes

Specialty Clinical Laboratory How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 87796
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 292,652 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 15% of that utilization. 292,652 x 2 x 0.15 = 87,796. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 19315 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 68481 Percentage 78.00 %

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? 43,898 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 292,652 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 15% of that utilization. 292,652 x 0.15 = 43,898.. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 9658 Percentage 22.00 %

Specialty Clinical Laboratory Frequency 34240 Percentage 77.99 %

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:
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 88368

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:88369 Tracking Number JJ11 Original Specialty Recommended RVU: **1.05**

Presented Recommended RVU: **0.88**
Global Period: XXX RUC Recommended RVU: **0.88**

CPT Descriptor: 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)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old man presents with a suspected plasma cell dyscrasia. In situ hybridization is performed on a bone marrow specimen to assess for relative lambda light chain mRNA expression using manual technology.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist determines the appropriate areas of tumor to evaluate from review of the hematoxylin and eosin stained slide. The pathologist examines positive control tissue known to contain cells that express lambda light chain mRNA to verify that the stain is optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The patient sample is examined using brightfield microscopy. The pathologist interprets the lambda mRNA staining pattern and quantification of mRNA signals and determines their significance in their histologic and cellular locations. The ratios of the lambda and kappa mRNA expression levels are compared and documented. The data are compared to current and/or prior specimens and reports. The findings are correlated with the corresponding H&E stained slide, clinical history, previous tissue samples and laboratory tests, and are reported.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jonathan Myles, MD, FCAP and Roger Klein, MD, JD		
Specialty(s):	College of American Pathologists		
CPT Code:	88369		
Sample Size:	5689	**Resp N:** 17	**Response:** 0.2 %
Description of Sample:	Targeted and Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	15.00	100.00	**150.00**	925.00	1000.00
Survey RVW:	0.70	0.89	**1.05**	1.36	3.50
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	7.00	30.00	**30.00**	35.00	40.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88369	**Recommended Physician Work RVU: 0.88**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88121	XXX	1.00	**RUC Time**

CPT Descriptor Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74280	XXX	0.86	**RUC Time**	23,778

CPT Descriptor 1 Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
30901	000	1.10	**RUC Time**	108,808

CPT Descriptor 2 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method

Other Reference CPT Code	Global	Work RVU	Time Source
88331	XXX	1.19	**RUC Time**

CPT Descriptor Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen

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: 4 **% of respondents:** 23.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 88369**	**Key Reference CPT Code:** 88121	**Source of Time** **RUC Time**

Median Pre-Service Time	0.00	0.00
Median Intra-Service Time	30.00	25.00
Median Immediate Post-service Time	0.00	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 Subsequent Observation Care Time	0.0	0.00
Median Total Time	**30.00**	**25.00**
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	4.25	4.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.25	4.00
Urgency of medical decision making	4.00	3.75
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.00	4.00
Physical effort required	3.75	3.75
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.25	4.00
Outcome depends on the skill and judgment of physician	4.00	4.00
Estimated risk of malpractice suit with poor outcome	4.00	4.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	4.00	3.75
Post-Service 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.*

Background

For the NPRM for 2012, CMS received comments that unlike the new FISH codes for urinary tract specimens (88120 and 88121), the existing codes (88365-88368) still allow for multiple units of each code as these codes are reported per probe. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agree at this time that they are accurate. In Jan 2012, the RUC reviewed 2011 diagnosis claims data and the College of American Pathologists (CAP) indicated that they will develop a CPT Assistant article to direct physicians to use the new FISH codes for urinary tract infections (CPT codes 88120 and 88120). The RUC indicated that the specialty should specify the number of probes utilized for these services in the CPT Assistant article. The RUC recommended that it re-review codes 88365, 88367 and 88368 in 1 year after 2012 utilization is available (January 2013). The RUC agreed with the specialty society to maintain current values but also recommends reviewing 3 more years of data for CPT codes 88120 and 88121 to determine the appropriate utilization has shifted from 88365, 88367 and 88368 to these codes. In January 2013, the RUC recommended resurveying the physician work and to develop direct practice expense inputs for 88365, 88367 and 88368 for review at the April 2013 RUC meeting. While the CAP was preparing to survey it was discovered that the vignette for code 88365 required revision. Upon further scrutiny of the code descriptors and other vignettes, CAP determined that the entire family of services required some CPT editorial clarity so that the typical services could accurately be captured by CPT. This was required to accurately represent and value both the physician work and practice expense for these codes.

In May 2013 the CPT Editorial Panel revised the in situ hybridization codes (88365, 88367, and 88368) and created three new add-on codes 8836X6, 8836XX, and 8836X9 for reporting each additional separately identifiable probe per slide. In addition, the panel revised and added relevant parenthetical notes to instruct on the proper use of these codes. At the October 2013 RUC meeting the RUC reviewed survey results and practice expense inputs (in comparison to codes 88120-1).

After the release of CMS' final ruling for 2014, and concerns from payers, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel again revised and added codes for in situ hybridization procedures to differentiate initial single probe stains procedures per specimen (88365, 88367, 88368) and establish three add-on codes under each of the single probe stain procedure parent codes 88365, 88367, 88368 for each additional single probe stain procedure, and established three stand- alone codes for each multiplex probe stain procedure under the respective in situ hybridization parent codes 88365, 88367, 88368.

Survey Effort and Results with New/Revised CPT Language

The College of American Pathologists (CAP), American Society of Cytopathology (ASC) and American Society for Clinical Pathology (ASCP) performed a random survey of approximately 5,000 members and an additional 689 targeted physicians. The targeted group consisted of members from CAP, ASC, or ASCP that were identified as providers of molecular pathology services. It should be noted that both the number of random and targeted members was substantially increased for this survey effort in contrast to our multispecialty survey data presented at the RUC in October 2013 (3,000 random and 100 targeted)

The survey for the revised 88369 service yielded 17 respondents with a median RVW of 1.05 and time of 30 minutes.

A multispecialty expert panel formed from the three societies which reviewed the survey data and developed its recommendations. In addition, the expert panel included CAP's CPT/RUC Workgroup,

its Economic Affairs Executive Committee, and other representatives from general and academic pathology practice settings. The expert panel compared the median RVW, time and intensity/complexity of 8836X4 to the key reference service 88121 - Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology (WRVU = 1.00, 25 minutes, chosen 10 times) and found them similar in overall work however that the surveyed code involved more time and different technical skills. The expert panel agreed with the median RVUs and time.

The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and intensities and found the recommended value and time would provide proper rank order across pathology services and this code family.

88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
86079 - Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report (WRVU = 0.94, 30 minutes, IWPUT = 0.313)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)
88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (WRVU = 1.19, 25 minutes, IWPUT = 0.0476)
88307 - Level V - Surgical pathology, gross & micro exam - 1.59 RVUs
88188 - Flow cytometry, interpretation; 9 to 15 markers - 1.69 RVUs

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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:

   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) 88368

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Sometimes

Specialty Clinical Laboratory How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 58530
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 292,652 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 10% of that utilization. 292,652 x 0.10x2 = 58,530. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 12877 Percentage 22.00 %

Specialty Clinical Laboratory Frequency 45654 Percentage 78.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 29,265 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 292,652 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 10% of that utilization. 292,652 x 0.10 = 29,265. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 6438 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 22827 Percentage 78.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
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. 88368

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88377 Tracking Number JJ12 Original Specialty Recommended RVU: **1.60**

Presented Recommended RVU: **1.40**
Global Period: XXX RUC Recommended RVU: **1.40**

CPT Descriptor: Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure
(Do not report 88368 or 88377 in conjunction with 88365, 88366, 88367, 88374 for the same probe)
(For morphometric in situ hybridization evaluation of urinary tract cytologic specimens, see 88120, 88121)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 54-year-old woman has been diagnosed with invasive ductal carcinoma of the breast. A stained slide of the breast tumor is analyzed by fluorescence in situ hybridization (FISH), quantifying the copy number of the HER2 and centromere 17 (CEP 17) signals using manual technology.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist determines the appropriate areas of tumor to evaluate from review of the hematoxylin and eosin stained slide. The pathologist examines positive control tissue known to contain cells that express HER2 and CEP17 to verify that the stain is optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The patient sample is then examined by fluorescence microscopy. The pathologist interprets the HER2 and CEP17 staining pattern and quantification of HER2 and CEP17 signals and determines their significance in their histologic and cellular locations. The pathologist also calculates the HER2:CEP17 ratio. The data are compared to current and/or prior specimens and reports. The findings are correlated with the corresponding H&E stained slide, clinical history, previous tissue samples and laboratory tests, and are reported.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Jonathan Myles, MD, Michael FCAP and Roger Klein, MD, JD				
Specialty(s):	College of American Pathologists				
CPT Code:	88377				
Sample Size:	5689	**Resp N:**	32	**Response:** 0.5 %	
Description of Sample:	Targeted and Radom				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	10.00	50.00	**100.00**	175.00	500.00
Survey RVW:	0.86	1.40	**1.60**	1.80	2.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	18.00	35.00	**45.00**	63.00	100.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88377	**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:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88188	XXX	1.69	**RUC Time**

CPT Descriptor Flow cytometry, interpretation; 9 to 15 markers

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74170	XXX	1.40	**RUC Time**	

CPT Descriptor 1 Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88321	XXX	1.63	**RUC Time**	187,991

CPT Descriptor 2 Consultation and report on referred slides prepared elsewhere

Other Reference CPT Code	Global	Work RVU	Time Source
88307	XXX	1.59	**RUC Time**

CPT Descriptor Level V - Surgical pathology, gross and microscopic examination

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: 12 **% of respondents:** 37.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 88377**	**Key Reference CPT Code:** 88188	**Source of Time RUC Time**

Median Pre-Service Time	0.00	0.00
Median Intra-Service Time	45.00	43.00
Median Immediate Post-service Time	0.00	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 Subsequent Observation Care Time	0.0	0.00
Median Total Time	**45.00**	**43.00**
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	3.75	3.67
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.83	3.50
Urgency of medical decision making	3.83	3.67
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.17	3.75
Physical effort required	2.83	2.83
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.00	3.83
Outcome depends on the skill and judgment of physician	4.17	3.92
Estimated risk of malpractice suit with poor outcome	3.83	3.75

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	4.17	3.92
Post-Service 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.*

Background

For the NPRM for 2012, CMS received comments that unlike the new FISH codes for urinary tract specimens (88120 and 88121), the existing codes (88365-88368) still allow for multiple units of each code as these codes are reported per probe. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agree at this time that they are accurate. In Jan 2012, the RUC reviewed 2011 diagnosis claims data and the College of American Pathologists (CAP) indicated that they will develop a CPT Assistant article to direct physicians to use the new FISH codes for urinary tract infections (CPT codes 88120 and 88120). The RUC indicated that the specialty should specify the number of probes utilized for these services in the CPT Assistant article. The RUC recommended that it re-review codes 88365, 88367 and 88368 in 1 year after 2012 utilization is available (January 2013). The RUC agreed with the specialty society to maintain current values but also recommends reviewing 3 more years of data for CPT codes 88120 and 88121 to determine the appropriate utilization has shifted from 88365, 88367 and 88368 to these codes. In January 2013, the RUC recommended resurveying the physician work and to develop direct practice expense inputs for 88365, 88367 and 88368 for review at the April 2013 RUC meeting. While the CAP was preparing to survey it was discovered that the vignette for code 88365 required revision. Upon further scrutiny of the code descriptors and other vignettes, CAP determined that the entire family of services required some CPT editorial clarity so that the typical services could accurately be captured by CPT. This was required to accurately represent and value both the physician work and practice expense for these codes.

In May 2013 the CPT Editorial Panel revised the in situ hybridization codes (88365, 88367, and 88368) and created three new add-on codes 8836X6, 8836XX, and 8836X9 for reporting each additional separately identifiable probe per slide. In addition, the panel revised and added relevant parenthetical notes to instruct on the proper use of these codes. At the October 2013 RUC meeting the RUC reviewed survey results and practice expense inputs (in comparison to codes 88120-1).

After the release of CMS' final ruling for 2014, and concerns from payers, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel again revised and added codes for in situ hybridization procedures to differentiate initial single probe stains procedures per specimen (88365, 88367, 88368) and establish three add-on codes under each of the single probe stain procedure parent codes 88365, 88367, 88368 for each additional single probe stain procedure, and established three stand- alone codes for each multiplex probe stain procedure under the respective in situ hybridization parent codes 88365, 88367, 88368.

Survey Effort and Results with New/Revised CPT Language

The College of American Pathologists (CAP), American Society of Cytopathology (ASC) and American Society for Clinical Pathology (ASCP) performed a random survey of approximately 5,000 members and an additional 689 targeted physicians. The targeted group consisted of members from CAP, ASC, or ASCP that were identified as providers of molecular pathology services. It should be noted that both the number of random and targeted members was substantially increased for this survey effort in contrast to our multispecialty survey data presented at the RUC in October 2013 (3,000 random and 100 targeted)

The survey for the revised 88377 service yielded 32 respondents with a median RVW of 1.60 and time of 45 minutes.

A multispecialty expert panel formed from the three societies which reviewed the survey data and developed its recommendations. In addition, the expert panel included CAP's CPT/RUC Workgroup, its Economic Affairs Executive Committee, and other representatives from general and academic pathology practice settings. The expert panel compared the median RVW, time and intensity/complexity of 8836X9 to the key reference 88188 - Flow cytometry, interpretation; 9 to 15 markers (WRVU = 1.69 of 43 minutes, chosen 12 times) and another most frequently chosen reference code which was chosen by 6 respondents was 88121 - 88307 - Level V - Surgical pathology, gross & micro exam (WRVU = 1.59, 47 minutes total).

The multi-specialty panel agreed that the slightly increased intensity obtained for the multiplex codes reflect the need for the pathologist to distinguish the relative degree of proximity of different color probes within the nucleus of the malignant cells. For the 88365 and 88368 series, these results can be directly compared with the RVU and times for CPT code 88307.

The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and intensities and found the recommended value and time would provide proper rank order across pathology services and in this code family.

88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
86079 - Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report (WRVU = 0.94, 30 minutes, IWPUT = 0.313)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)
88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (WRVU = 1.19, 25 minutes, IWPUT = 0.0476)
88307 - Level V - Surgical pathology, gross & micro exam - 1.59 RVUs, 47 minutes, IWPUT = 0.0338)
88188 - Flow cytometry, interpretation; 9 to 15 markers - 1.69 RVUs, 43 minutes, IWPUT = 0.0432)

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88368

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Sometimes

Specialty Clinical Laboratory How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 438978
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 292,652 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 75% of that utilization. 292,652 x 0.75x2 = 438,978. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 96575 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 342403 Percentage 78.00 %

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? 219,489 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 292,652 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 75% of that utilization. 292,652 x 0.75x2 = 219,489. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 48288 Percentage 22.00 %

Specialty Clinical Laboratory Frequency 171201 Percentage 77.99 %

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:
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. 88368

ISSUE: Immunohistochemistry

TAB: 21

Source	CPT	CPT Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	88305	Level IV - Surgical pathology, gross and microscopic examination	165	0.030			0.75			25						25			
CURRENT				#DIV/0!						0									
SVY	88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (88343 has been deleted. For multiplex antibody stain procedure, use 8834X1)	206	0.032	0.40	0.70	0.80	1.05	3.00	25				6	15	25	30	45	
REC	88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (88343 has been deleted. For multiplex antibody stain procedure, use 8834X1)	206	0.028	0.70					25						25			

Source	CPT	CPT Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	88305	Level IV - Surgical pathology, gross and microscopic examination	165	0.030			0.75			25						25			
CURRENT				#DIV/0!						0									
SVY	88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Use 8834X2 in conjunction with 88342) (For multiplex antibody stain procedure, use 8834X1)		0.032	0.40	0.65	0.80	1.10	3.75	25				6	15	25	30	45	
REC	88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Use 8834X2 in conjunction with 88342) (For multiplex antibody stain procedure, use 8834X1)		0.026	0.65					25						25			

Source	CPT	CPT Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	49	0.031			1.10			35						35			
CURRENT				#DIV/0!						0									
SVY	88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure (When multiple separately identifiable antibodies are applied to the same specimen [ie, multiplex antibody stain procedure], use one unit of 8834X1) (When multiple antibodies are applied to the same slide that are not separately identifiable [eg, antibody cocktails], use 88342, unless an additional separately identifiable antibody is also used, then use 8834X1) (Do not used more than one unit of 88342, 8834X2 or 8834X1 for each separately identifiable antibody per specimen) (Do not report 88342, 8834X2 or 8834X1 with 88360, 88361 unless each procedure is for a different antibody)	63	0.030	0.45	0.77	1.05	1.20	3.75	35				18	29	35	41	45	
REC	88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure (When multiple separately identifiable antibodies are applied to the same specimen [ie, multiplex antibody stain procedure], use one unit of 8834X1) (When multiple antibodies are applied to the same slide that are not separately identifiable [eg, antibody cocktails], use 88342, unless an additional separately identifiable antibody is also used, then use 8834X1) (Do not used more than one unit of 88342, 8834X2 or 8834X1 for each separately identifiable antibody per specimen) (Do not report 88342, 8834X2 or 8834X1 with 88360, 88361 unless each procedure is for a different antibody)		0.022	0.77					35						35			

SS Rec Summary

ISSUE: In Situ Hybridization

TAB: 21

Source	CPT	CPT Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	88346	Immunofluorescent study, each antibody; direct method		0.032			0.86			27						27			
CURRENT	88365	In situ hybridization (eg, FISH), each probe		0.030			1.20			40						40			
SVY	88365	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	56	0.033	0.65	0.90	1.00	1.10	1.63	30				15	20	30	35	60	
REC	88365	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	56	0.029			0.88			30						30			

Source	CPT	CPT Descriptor	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
REF	88346	Immunofluorescent study, each antibody; direct method		0.032			0.86			27						27			
CURRENT	88365	In situ hybridization (eg, FISH), each probe		0.030			1.20			40						40			
SVY	88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure	27	0.033	0.60	0.95	1.00	1.20	3.25	30				15	30	30	35	50	
REC	88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure	27	0.029			0.88			30						30			

Source	CPT	CPT Descriptor	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
REF	88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual		0.040			1.20			30						30			
CURRENT	88365	In situ hybridization (eg, FISH), each probe		0.030			1.20			40						40			
SVY	88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	28	0.035	1.00	1.24	1.59	1.69	1.83	45				15	33	45	55	90	
REC	88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	28	0.031			1.24			40						40			

Source	CPT	CPT Descriptor	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
REF	88346	Immunofluorescent study, each antibody; direct method		0.032			0.86			27						27			
CURRENT	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computerassisted technology		0.031			1.30			42						42			
SVY	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	24	0.039	0.75	0.86	0.97	1.19	1.90	25				5	20	25	30	45	
REC	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	24	0.034			0.86			25						25			

Source	CPT	CPT Descriptor	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
REF	88346	Immunofluorescent study, each antibody; direct method		0.032			0.86			27						27			
CURRENT	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computerassisted technology		0.031			1.30			42						42			
SVY	883673	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure	9	0.044	0.85	0.90	1.10	1.36	3.50	25				10	20	25	30	40	
REC	88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure	9	0.034			0.86			25						25			

Source	CPT	CPT Descriptor	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST

SS Rec Summary

Source	CPT	CPT Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology		0.040			1.00			25						25			
CURRENT	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computerassisted technology		0.031			1.30			42						42			
SVY	88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	18	0.042	0.96	1.04	1.25	1.48	3.50	30				10	25	30	48	60	
REC	88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	18	0.035			1.04			30						30			

Source	CPT	CPT Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual		0.040			1.20			30						30			
CURRENT	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe;manual		0.031			1.40			45						45			
SVY	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	40	0.038	0.39	0.88	1.15	1.30	3.75	30				5	19	30	40	100	
REC	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	40	0.029			0.88			30						30			

Source	CPT	CPT Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
REF	88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology		0.040			1.00			25						25			
CURRENT	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe;manual		0.031			1.40			45						45			
SVY	88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure	17	0.035	0.70	0.89	1.05	1.36	3.50	30				7	30	30	35	40	
REC	88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure	17	0.029			0.88			30						30			

Source	CPT	CPT Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
REF	88188	Flow cytometry, interpretation; 9 to 15 markers		0.039			1.69			43						43			
CURRENT	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe;manual		0.031			1.40			45						45			
SVY	88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	32	0.036	0.86	1.40	1.60	1.80	2.00	45				18	35	45	63	100	
REC	88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	32	0.031			1.40			45						45			

21, 37, 48__
Tab Numbers

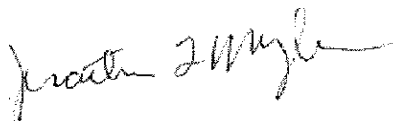
Immunohistochemistry, In Situ Hybridization, Morphometric Analysis- nerve, Issue

_88000-90000
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

____Jonathan Myles, MD_____
Printed Signature

_College of American Pathologists
Specialty Society

_April 1, 2014
Date

21, 37, 48
Tab Number

Pathology
Issue

88000 - 9000
Code Range

Attestation Statement

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Swati Mehrotra
Signature

SWATI MEHROTRA, M.D.
Printed Signature

AMERICAN SOCIETY OF CYTOPATHOLOGY (ASC)
Specialty Society

4/2/2014
Date

_____21
Tab Number

_____Immunohistochemistry
Issue

_____88342-x
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

Lee Hilborne

_____
Printed Signature

ASCP

_____
Specialty Society

4/7/14

_____
Date

CPT Code:___88342, 88341, 88344
Specialty Society('s)__CAP, ASC, ASCP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
88342 - Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure
(88343 has been deleted. For multiplex antibody stain procedure, use 88344)

88341 - Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)
(Use 88341 in conjunction with 88342)
(For multiplex antibody stain procedure, use 88344)

88344 - Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure
(When multiple separately identifiable antibodies are applied to the same specimen [ie, multiplex antibody stain procedure], use one unit of 88344)
(When multiple antibodies are applied to the same slide that are not separately identifiable [eg, antibody cocktails], use 88342, unless an additional separately identifiable antibody is also used, then use 88344)
(Do not used more than one unit of 88342, 88341 or 88344 for each separately identifiable antibody per specimen)
(Do not report 88342, 88341 or 88344 with 88360, 88361 unless each procedure is for a different antibody)

Global Period:_XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An expert panel composed of individuals with expertise and those who perform these services was consulted through a series of conference calls in order to review and revise the practice expense inputs for the now typical service. CAP's expert panel also reviewed the PE inputs and made additional adjustments to the clinical labor, 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:

The CAP recommends no direct practice expense inputs in the facility setting.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:
Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
N/A

Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

N/A

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
88342 - Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure
(88343 has been deleted. For multiplex antibody stain procedure, use 88344)

88341 - Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)
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(When multiple separately identifiable antibodies are applied to the same specimen [ie, multiplex antibody stain procedure], use one unit of 88344)
(When multiple antibodies are applied to the same slide that are not separately identifiable [eg, antibody cocktails], use 88342, unless an additional separately identifiable antibody is also used, then use 88344)
(Do not used more than one unit of 88342, 88341 or 88344 for each separately identifiable antibody per specimen)
(Do not report 88342, 88341 or 88344 with 88360, 88361 unless each procedure is for a different antibody)

Global Period: XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An expert panel composed of individuals with expertise and those who perform these services was consulted through a series of conference calls in order to review and revise the practice expense inputs for the now typical service. CAP's expert panel also reviewed the PE inputs and made additional adjustments to the clinical labor, 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: 88342 is the service being revised. The 2012 RUC recommended direct inputs for 88342 and 88343 are used as reference points.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: No additional minutes are recommended for 88342

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:

Initially, the immunohistochemistry stain order is verified and accessioned into the laboratory information system. Control blocks have been previously embedded in paraffin as per routine histology procedures and are specific for each immunohistochemical antibody used. The histotechnologist pulls and verifies the patient tissue block and the correct control block and carefully cuts the positive control tissue on the microtome per routine histology procedures. The patient tissue block is then cut on the microtome and placed on a separate slide..

The slides then are placed in the isotemp oven, incubated for 60 minutes, and removed.

Patient data is entered into the Ventana Ultra system with the specific antibody(ies) to be used. Slide barcode labels specific for the instrument are generated and placed on slides.

The histotechnologist typically then removes the detection kit and specific antibody(ies) from refrigerator, loads the antibody(ies), detection kit dispenser(s) and required reagents onto the reagent tray and places the tray on the automated slide stainer. The patient and control slides are loaded onto the automated slide stainer, and the equipment is started. The slides are removed from the instrument after they are stained, placed in a slide holder, and rinsed in soapy water so that the coverslip material is removed. Slides are then dehydrated, cleared, and placed on the robotic coverslipper .

Positive control slides are reviewed. Workload recordings are logged, and the slides and paperwork are collated. Slides and paperwork are then delivered to the pathologist.

Service Clinical Labor Activities:
None.

Post-Service Clinical Labor Activities:
Typically, the histotechnologist then re-files the block, unloads and stores the antibody(ies), the detection kit(s) and reagents. The lab technician cleans the equipment and work station in the histology lab. The lab technician then disposes the hazardous waste material and specimens.

CPT Code:_88365. 88364, 88366, 88367, 88373 883674, 88368, 88369, 88377
Specialty Society('s)__CAP, ASC, ASCP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
See descriptors from non-facility setting PE summary of recommendation forms

Global Period:_XXX Meeting Date:_October 2013

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An expert panel was assembled composed of individuals with expertise and those who perform these services were consulted through a series of conference calls in order to develop the typical practice expense inputs for these new and revised services. The expert panel began its work with the October 2013 RUC accepted practice expense inputs. The panel again carefully reviewed lab and FDA protocols and methods for these services, and modified and adjusted the inputs for the new and revised services. These standards /methods and typical protocols were applied to the direct inputs to reflect the time and costs of an individual patient service.

The clinical labor time, medical supplies, and equipment were then meticulously examined by CAP's economic affairs subcommittees and workgroups. Additional adjustments were made to the clinical labor, supplies, and equipment for presentation at the RUC.

The specialties recommend no direct practice expense inputs in the facility setting.

Pre-Service Clinical Labor Activities:

None

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

None

CPT Code:_88365. 88364, 88366, 88367, 88373, 88374, 88368, 88369, 88377
Specialty Society('s)__CAP, ASC, ASCP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Global Period: XXX Meeting Date: _April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
An expert panel was assembled composed of individuals with expertise and those who perform these services were consulted through a series of conference calls in order to develop the typical practice expense inputs for these new and revised services. The expert panel began its work with the October 2013 RUC accepted practice expense inputs. The panel again carefully reviewed lab and FDA protocols and methods for these services, and modified and adjusted the inputs for the new and revised services. These standards /methods and typical protocols were applied to the direct inputs to reflect the time and costs of an individual patient service.

The clinical labor time, medical supplies, and equipment were then meticulously examined by CAP's economic affairs subcommittees and workgroups. Additional adjustments were made to the clinical labor, supplies, and equipment for presentation at the RUC.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: The October 2013 RUC accepted direct practice expense inputs are shown as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: No additional minutes beyond the subcommittee's standards are recommended.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:
The services presented here are either new or revised services. There may be specific line items that were added, eliminated, or reduced from what was approved by the RUC in October 2013. These adjustments provide for the typical patient scenario and service.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Retrieve and accession the specimen.
- Gather all the relevant slides, prior report, and history on the patient for the pathologist to review to choose the region of interest on the slide
- Prepare working reagents and ready equipment.
- Label slides for patient case
- Cut 2-5 um thin sections with a microtome and place them in heated water

bath for a short amount of time. Retrieve from water bath and mount each section and allow to dry, and staining the first and last sections with hematoxalin and eosin.

- Store prepared slides at ambient temperature until ready to bake prior to slide deparaffinization.
- Prepare equipment instruments
- Gather all the relevant slides, prior report, and history on the patient for the pathologist to review to choose the region of interest on the slide.
- Prepare reagents and equipment. Re-cut paraffin blocks and bake slides. Deparaffinize, treat with HCL, wash. Treat with enzyme, wash and rehydrate. Apply DNA probe mixture to positive, negative control and patient's slide. Allow to hybridize in chamber for 16 hours. Apply DAPI, recoverslip, and label. According to protocol:
  -Prepare working reagents and ready equipment.
  -Prepare from FFPE tissue including H&E staining steps.
  - Re-cut paraffin blocks and bake slides.
  -Pretreatment involving; deparaffinizing slides
    - treat with enzyme, wash and rehydrate
    - protease treatment, and fixing the specimen.
  - Prepare Probe(s) steps
  - Denaturation of Specimen DNA
  - Apply DNA probe mixture to postive, negitative control and patient slide.
  - Hybridization in chamber for 16 hours
  - Post-Hybirdization washings
  - Apply DAPI, recoverslip, and label slides
- Signal Enumeration: Verify and QC controls and slide adequacy.
- Examine fluorescent signals in each cell and generate data for the pathologist to interpret.
- When applicable signal enumeration: Count signals in malignant cells and generate data for the pathologist to interpret
- Produce specified digital images and print samples
- Complete workload recording logs on laboratory information system and CoPath software. Collate slides and paperwork. Deliver to pathologist.

Intra-Service Clinical Labor Activities:

None.

Post-Service Clinical Labor Activities:

- Prepare, pack and transport specimens and records for in-house storage and external storage
- Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste for professionally contracted disposal.
- Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure).
- Manage any relevant utilization review/quality assurance activities and regulatory compliance documentation.

	A	B	C	D	E	F	G	H
1				**Oct 2012 RUC/CMS**	**Oct 2012 RUC/CMS**	**Revised Code**	**Revised Code**	**New Code**
2				**88342**	**88343**	**88342**	**88341**	**88344**
3	**Meeting Date: April 2014** **Tab: 21** **Specialty: Pathology**	**CMS Code**	**Staff Type**	Immunohisto-chemistry or immunocyto-chemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; first separately identifiable antibody per slide	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)	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (88343 has been deleted. For multiplex antibody stain procedure, use 8834X1)	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Use 8834X2 in conjunction with 88342) (For multiplex antibody stain procedure, use 8834X1)	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure (When multiple separately identifiable antibodies are applied to the same specimen [ie, multiplex antibody stain procedure], use one unit of 8834X1)
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**31.0**	**4.0**	**30.2**	**15.2**	**33.2**
7	**TOTAL HISTOTECHNOLOGIST**	**L037B**	Histotech	**21.0**	**4.0**	**19.2**	**9.2**	**22.2**
8	**TOTAL LAB TECHNICIAN**	**L033A**	Lab Tech	**10.0**	**0.0**	**11.0**	**6.0**	**11.0**
9	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**24.0**	**3.0**	**22.2**	**11.7**	**24.2**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**			**7.0**	**1.0**	**8.0**	**3.5**	**9.0**
12	**PRE-SERVICE**							
13	**Start: When physician order for stain is received**							
14	Verify order and accession immunohistochemical stain order in laboratory information system	**L033A**	Lab Tech	**1**		**1**		**1**
15	Pull and verify tissue block and control block	**L037B**	Histotech	**1**		**1**	**0.5**	**1**
16	Prepare positive control block to include the following: Confirm control tissue ID. Embed tissue in paraffin. Take cassette out of embedding chamber, open cassette, put paraffin in bottom of embedding mold, embed tissue, put cassette on top of mold and fill mold with paraffin. Put mold on cold plate. Take embedded specimen out of mold, transfer to cutting cold plate. Add paraffin to embedding melting pot and clean embedding center.	**L037B**	Histotech	**1**	**1**	**0.15**	**0.15**	**0.15**
17	Cut patient tissue and place on slide to include the following: - Section paraffin block in microtome, place section in water bath; label and place on microscopic slide from waterbath includes change and insert knife, rough-cut block.	**L037B**	Histotech	**3**		**3**	**1**	**3**
18	Cut positive control tissue and place on slide	**L037B**	Histotech	**3**		**3**	**3**	**3**
19	Cut patient tissue and place on negative control slide	**L037B**	Histotech	**2**		**1**		**1**
20	Place slides in oven and incubate for 60 minutes, remove from oven, set timer	**L033A**	Lab Tech	**1**		**1**	**1**	**1**
21	Enter patient data, computational prep for antibody testing, generate and apply bar codes to slides, and enter data for automated slide stainer (includes incubation time of 60)	**L037B**	Histotech	**5**		**5**	**0.5**	**5**
22	Load the primary antibody (load secondary if applicable), detection kit dispensers and required reagents onto the reagent tray and place the tray on the automated slide stainer. Load the slides onto the automated slide stainer, and start stainer. Prime machine with reagents.	**L037B**	Histotech	**3**	**2**	**3**	**2**	**5**
23	Remove slides from automated slide stainer. Rinse slides in soapy water to remove the coverslip material. Load slides on to cover rack.	**L033A**	Lab Tech	**1**		**1**	**1**	**1**
24	Dehydrate to xylene through progressive alcohols and place on automatic coverslpper	**L033A**	Lab Tech	**1**		**1**	**1**	**1**
25	Review positive and negative control slides	**L037B**	Histotech	**1**		**1**	**1**	**1**
26	Complete workload recording logs. Collate slides and paperwork. Deliver to pathologist.	**L033A**	Lab Tech	**1**		**1**	**0.5**	**1**

	A	B	C	D	E	F	G	H
2				**88342**	**88343**	**88342**	**88341**	**88344**
3	**Meeting Date: April 2014** **Tab: 21** **Specialty: Pathology**	**CMS Code**	**Staff Type**	Immunohisto-chemistry or immunocyto-chemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; first separately identifiable antibody per slide	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)	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (88343 has been deleted. For multiplex antibody stain procedure, use 8834X1)	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Use 8834X2 in conjunction with 88342) (For multiplex antibody stain procedure, use 8834X1)	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure (When multiple separately identifiable antibodies are applied to the same specimen [ie, multiplex antibody stain procedure], use one unit of 8834X1)
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
27	**End: When specimen is ready for examination by physician**							
28	**SERVICE PERIOD**							
29	Prepare specimen for manual/automated processing	**L037B**	Histotech					
30	Process specimen for slide preparation (includes processing, embeding, sectioning and recuts, centrifugation, routine and special staining, coverslipping, quality control function, maintaining specimen tracking, logs and labeling	**L037B**	Histotech					
31	Assemble and deliver slides with paperwork to pathologist	L037B	Histotech					
32	**POST-SERVICE Period**							
33	**Start: When specimen examination by physician is complete**							
34	Refile block, unload and store antibody, detection kit and reagents	**L037B**	Histotech	**2**	**1**	**2**	**1**	**3**
35	Clean equipment and work station in histology lab	**L033A**	Lab Tech	**4**		**4**	**0.5**	**4**
36	Prepare, pack and transport specimens and records for in-house storage and external storage (where applicable)	**L037B**	Histotech					
37	Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)	**L037B**	Histotech					
38	Hazardous waste disposal	**L033A**	Lab Tech	**1**		**1**	**1**	**1**
39	Recycle xylene from tissue processor and stainer	**L033A**	Lab Tech			**1**	**1**	**1**
40	Verify results and complete work load recording logs	**L037B**	Histotech					
41	**End: When specimen, waste and record handling is complete**							

	A	B	C	D	E	F	G	H
2				**88342**	**88343**	**88342**	**88341**	**88344**
3	**Meeting Date: April 2014** **Tab: 21** **Specialty: Pathology**	**CMS Code**	**Staff Type**	Immunohisto-chemistry or immunocyto-chemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; first separately identifiable antibody per slide	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)	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (88343 has been deleted. For multiplex antibody stain procedure, use 8834X1)	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Use 8834X2 in conjunction with 88342) (For multiplex antibody stain procedure, use 8834X1)	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure (When multiple separately identifiable antibodies are applied to the same specimen [ie, multiplex antibody stain procedure], use one unit of 8834X1)
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
42	**MEDICAL SUPPLIES**	**CODE**	**UNIT**					
43	gloves, non-sterile, nitrile	SB023	pair	**1**		**2**	**0**	**2**
44	slide, microscope	SL122	item	**2**		**3**	**3**	**3**
45	gown, staff, impervious	SB027	item	**0.2**		**0.2**		**0.2**
46	blade, microtome	SF004	item	**0.3**		**0.3**	**0.3**	**0.3**
47	cover slip, glass	SL030	item	**2**		**3**	**3**	**3**
48	anti-CD15 Mouse Monoclonal Antibody (Ventana 760-2504)	SL474	~~ml~~ test	~~**0.1**~~ **2**		**2**		
49	Anti CD45 Monoclonal Antibody	Invoice	Test				**2**	
50	E-bar labels (Ventana 1358501)	SL475	item	**2**		**3**	**3**	**3**
51	E-Bar Printer Ribbon (Ventana 1632900) (prints 8100 labels)	SL476	item	**0.00024691**		**0.00024691**	**0.00024691**	**0.00024691**
52	Permanent marking pen	SL477	item	**0.0065**		**0.0065**	**0.0065**	**0.0065**
53	Reaction buffer 10X (Ventana 950-300)	SL478	ml	**6**	**3**	**6**	**6**	**9**
54	Liquid coverslip (Ventana 650-010)	SL479	ml	**12**	**6**	**12**	**12**	**18**
55	SSC (10X) (Ventana 950-110)	SL480	ml	**4.8**		**4.8**	**4.8**	**4.8**
56	EZ Prep (10X) (Ventana 950-102)	SL481	ml	**3**		**3**	**3**	**3**
57	Cell Conditioning 1 (Ventana 950-124)	SL482	ml	**3**		**3**	**3**	**3**
58	Hematoxylin II (Ventana 790-2208)	SL483	ml	**0.2**		**0.2**	**0.2**	**0.2**
59	Bluing reagent (Ventana 760-2037)	SL484	ml	**0.2**		**0.2**	**0.2**	**0.2**
60	Cover slip glue/Mounting media	SL485	ml	**0.5**		**0.5**	**0.5**	**0.5**
61	95% ethanol	SL248	ml	**50**		**50**	**50**	**50**
62	100% ethanol	SL189	ml	**50**		**50**	**50**	**50**
63	Xylene	SL151	ml	**50**		**50**	**50**	**50**
64	soap, liquid, antibacterial	SM024	oz	**0.1**		**0.1**	**0.1**	**0.1**
65	250 Test Prep Kit # 78 (Ventana 786-3034)	SL486	Test		**1**			**1**
66	monoclonal rabbit anti-AMACR, clone 13 H4 (Cell Marque)	SL487	ml		**0.1**			**0.1**
67	34 Beta E12	Invoice	test					**2**
68	UltraView Universal DAB Detection Kit	SL488	test	**2**		**2**	**2**	**2**
69	UtraView Universal Alkaline Phosphatase Red Detection Kit	SL489	Test		**2**			**2**
70	Wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item	**2**		**2**	**2**	**2**
71	Bleach	SL020	ml	**10**		**10**		**10**
72	Eye shield,non-fog	SG049	item	**0.1**		**0.1**		**0.1**
73	gauze, non-sterile 4in x 4in	SG051	item	**4**	**2**	**4**	**4**	**4**
74	embedding cassette	SL058	item			**1**	**1**	**1**
75	embedding mold	SL060	item			**1**	**1**	**1**
76	scalpel, safety, surgical, with blade (#10-20)	SF047				**1**	**1**	**1**
77	**EQUIPMENT**	**CODE**						
78	hood, ventilator with blower	EP019				**1**	**1**	**1**
79	microscope, compound	EP024		**20**	**10**	**21**	**21**	**31.5**
80	water bath, general purpose (lab)	EP043		**8**		**7**	**4**	**7**
81	microtome	ER041		**8**		**7**	**4**	**7**
82	Benchmark ULTRA automated slide preparation system	EP112		**15**	**18**	**15**	**15**	**33**
83	E-Bar II Barcode Slide Label System	EP113		**3**		**3**	**1**	**3**
84	solvent recycling system	EP038		**12**		**1**	**1**	**1**

	A	B	C	D	E	F	G	H
2				**88342**	**88343**	**88342**	**88341**	**88344**
3	**Meeting Date: April 2014** **Tab: 21** **Specialty: Pathology**	**CMS Code**	**Staff Type**	Immunohisto-chemistry or immunocyto-chemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; first separately identifiable antibody per slide	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)	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (88343 has been deleted. For multiplex antibody stain procedure, use 8834X1)	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Use 8834X2 in conjunction with 88342) (For multiplex antibody stain procedure, use 8834X1)	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure (When multiple separately identifiable antibodies are applied to the same specimen [ie, multiplex antibody stain procedure], use one unit of 8834X1)
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
85	isotemp, oven	EP049		**4**		**0**	**0**	**0**
86	hood, fume	EP017		**1**		**1**	**1**	**1**
87	tissue processor	EP040				**10**	**10**	**10**
88	slide coverslipper, robotic	EP033				**2**	**2**	**2**
89	paraffin dispenser (two-gallon)	EP032				**2**	**2**	**2**
90	tissue embedding center	EP039				**2**	**2**	**2**
91	Freezer	EP110				**1**	**1**	**1**
92	Automated Casette Labeler	EP111				**1**	**1**	**1**
93	grossing station w-heavy duty disposal	EP015				**2**	**2**	**2**
94	slide etcher-labeler	EP035				**1**	**1**	**1**

	A	B	C	D	E	F	G	H
1				April 2014	April 2014	April 2014	Oct 2013	
2	**TAB 21**			88365	88364	88366	88365	88366
3	**Meeting Date: April 2014** **Pathology** **In Situ Hybridization**	**CMS Code**	**Staff**	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	In situ hybridization (eg, FISH), each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide	In situ hybridization (eg, FISH), each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide; each additional separately identifiable probe per slide
4	**LOCATION**			NF	NF	NF	NF	NF
5	**GLOBAL PERIOD**			XXX	XXX	XXX		
6	**TOTAL CLINICAL LABOR TIME**			73.5	34.5	85.0	73.5	13.0
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037B	Histotech	65.5	32.5	77	65.5	13
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L035A	Lab/HistoTech	4	0	4	4	0
9	**TOTAL SERVICE CLINICAL LABOR TIME**	L037B	Histotech	0.0	0.0	0.0	0.0	0.0
10	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037B	Histotech	4.0	2.0	4.0	4.0	0.0
11	**PRE-SERVICE**							
12	**Start: When containers/requisitions prepared for physician**							
13	Retrieve and accession specimen	L037B	Histotech	1.5	0	1.5	1.5	
14	Gather all the relevant slides, prior report, and history on the patient for the pathologist to review to choose the region of interest on the slide	LO35A	Lab Tech/Histotech	4	0	4	4	
15	Prepare reagents and equipment. Re-cut paraffin blocks and bake slides. Deparaffinize, treat with HCL, wash. Treat with enzyme, wash and rehydrate. Apply DNA probe mixture to positive, negative control and patient's slide. Allow to hybridize in chamber for 16 hours. Apply DAPI, recoverslip, and label. According to protocol: *-Prepare working reagents and ready equipment.* *-Prepare from FFPE tissue including H&E staining steps.* *- Re-cut paraffin blocks and bake slides.* *-Pretreatment involving; deparaffinizing slides* *- treat with enzyme, wash and rehydrate* *- protease treatment, and fixing the specimen.* *- Prepare Probe(s) steps* *- Denaturation of Specimen DNA* *- Apply DNA probe mixture to postive, negitative control and patient slide.* *- Hybridization in chamber for 16 hours* *- Post-Hybirdization washings* *- Apply DAPI, recoverslip, and label.*	L037B	Histotech	43	14	43	43	
16	Signal Enumeration: Verify and QC controls and slide adequacy.	L037B	Histotech	3	3	4.5	3	3
17	Examine signals in each cell and generate data for the pathologist to interpret	L037B	Histotech	10	10	20	10	10
18	Signal Enumeration: Count signals in malignant cells and generate data for the pathologist to interpret	L037B	Histotech	0	0	0		
19	Photograph and print samples	L037B	Histotech	7	5	7	7	

	A	B	C	D	E	F	G	H
2	**TAB 21**			**88365**	**88364**	**88366**	**88365**	**88366**
3	**Meeting Date: April 2014** **Pathology** **In Situ Hybridization**	**CMS Code**	**Staff**	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	In situ hybridization (eg, FISH), each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide	In situ hybridization (eg, FISH), each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide; each additional separately identifiable probe per slide
4	**LOCATION**			**NF**	**NF**	**NF**	**NF**	**NF**
20	Load slides on Auto Vysis Scanner, and enter slide IDs. After pathologist has verified fields of interest, select the fields to be scanned.	L037B	Histotech	**0**	**0**	**0**		
21	Complete workload recording logs. Collate slides and paperwork. Deliver to pathologist.	L037B	Histotech	**1**	**0.5**	**1**	**1**	
22	**End: When specimen is ready for examination by pathologist.**							
23	**SERVICE PERIOD**							
24	**Start: When specimen is ready for examination by pathologist**							
25								
26	**End: When specimen examination by pathologist is complete**							
27	**POST-SERVICE Period**							
28	**Start: When specimen examination by pathologist is complete**							
29	Prepare, pack and transport specimens and records for in-house storage and external storage	L037B	Histotech	**2**	**1**	**2**	**2**	
30	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste	L037B	Histotech	**1**	**0.5**	**1**	**1**	
31	Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)	L037B	Histotech	**1**	**0.5**	**1**	**1**	
32	Manage any relevant utilization review/quality assurance activities and regulatory compliance documentation	L037B	Histotech	**0**	**0**	**0**		
33	Other Activity (please specify)							
34	**End: When specimen, chemical waste and record handling is complete**							

	A	B	C	D	E	F	G	H
2	**TAB 21**			**88365**	**88364**	**88366**	**88365**	**88366**
3	**Meeting Date: April 2014** **Pathology** **In Situ Hybridization**	**CMS Code**	**Staff**	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	In situ hybridization (eg, FISH), each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide	In situ hybridization (eg, FISH), each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide; each additional separately identifiable probe per slide
4	**LOCATION**			**NF**	**NF**	**NF**	**NF**	**NF**
35	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**					
36	blade, microtome	SF004	item	**0.25**	**0.25**	**0.25**	**0.25**	
37	slide, microscope	SL122	item	**2**	**2**	**2**	**2**	
38	slide, organosilane coated	SL183	item	**0**	**0**	**0**		
39	gloves, non-sterile, nitrile	SB023	pair	**0.25**	**0.25**	**0.25**	**0.25**	
40	eye shield, splash protection	SM016	item	**0.25**	**0**	**0.25**	**0.25**	
41	gown, staff, impervious	SB027	item	**0.25**	**0**	**0.25**	**0.25**	
42	mask, surgical	SB033	item	**0**	**0**	**0**	**0.25**	
43	Hemo-De	SL194	ml	**37.5**	**37.5**	**37.5**	**37.5**	
44	kit, FISH paraffin pretreatment	SL195	kit assay	**2**	**2**	**2**	**1**	
45	0.2N HCL	SL178	ml	**12.5**	**12.5**	**12.5**	**12.5**	
46	IGH@/BCL2 Positive Control Slide	SL112	item	**0**	**0**	**0.5**	**0.5**	**0.5**
47	IGH@/BCL2 Negative Control Slide	SL112	item	**0**	**0**	**0.5**		
48	EBER Positive Control Slide	SL112	item	**0.5**	**0**	**0**		
49	EBER Negative Control Slide	SL112	item	**0.5**	**0**	**0**		
50	CMV Positive Control Slide	SL112	item	**0**	**0.5**	**0**		
51	CMV Negative Control Slide	SL112	item	**0**	**0.5**	**0**		
52	Kappa Positive Control Slide	SL112	item	**0**	**0**	**0**		
53	Kappa Negative Control Slide	SL112	item	**0**	**0**	**0**		
54	Lambda Positive Control Slide	SL112	item	**0**	**0**	**0**		
55	Lambda Nositive Control Slide	SL112	item	**0**	**0**	**0**		
56	fixative processing (buffered formalin)	SL070	ml				**0.5**	
57	phosphate buffered saline (PBS)	SL180	ml	**12.5**	**12.5**	**12.5**	**12.5**	
58	(EBER) DNA Probe Cocktail	Invoice 11	test	**40**	**0**	**0**	**2**	**2**
59	kit, IGH@/BCL2 DNA Probes	SD178	kit assay	**0**	**0**	**2**		
60	kit, HER-2/neu DNA Probe	SL196	kit assay	**0**	**0**	**0**		
61	Kappa Probe Cocktails	Invoice12	ul	**0**	**0**	**0**		
62	Lambda Probe Cocktail	Invoice13	ul	**0**	**0**	**0**		
63	CMV DNA Probe Cocktail	Invoice14	ul	**0**	**40**	**0**		
64	slide, negative control, Her-2	SL184	item	**0**	**0**	**0**		
65	slide, positive control, Her-2	SL185	item	**0**	**0**	**0**		
66	formamide	SL192	ml				**12.5**	
67	ethanol 70%	SL190	ml	**12.5**		**12.5**	**12.5**	

	A	B	C	D	E	F	G	H
2	**TAB 21**			**88365**	**88364**	**88366**	**88365**	**88366**
3	**Meeting Date: April 2014** **Pathology** **In Situ Hybridization**	**CMS Code**	**Staff**	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	In situ hybridization (eg, FISH), each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide	In situ hybridization (eg, FISH), each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide; each additional separately identifiable probe per slide
4	**LOCATION**			**NF**	**NF**	**NF**	**NF**	**NF**
68	ethanol, 85%	SL191	ml	**12.5**		**12.5**	**12.5**	
69	ethanol, 95%	SL248	ml	**62.5**	**62.5**	**62.5**	**250**	
70	ethanol, 100%	SL189	ml	**62.5**	**62.5**	**62.5**	**62.5**	
71	cover slip, glass	SL030	item	**2**	**2**	**4**	**3**	
72	pipette tips, sterile	SL181	item	**1**	**1**	**1**	**1**	
73	rubber cement	SJ070	ml	**0.4**	**0.4**	**0.4**	**0.4**	
74	mounting media (DAPI II counterstain)	SL182	ml	**0.015**	**0.015**	**0.015**	**0.015**	
75	syringe 5-6ml	SC057	item	**0.25**	**0.25**	**0.25**	**0.25**	
76	1.0N NaOH	SL179	ml	**0.25**	**0.25**	**0.25**	**0.25**	
77	label for microscope slides	SL085	item	**2**	**2**	**2**	**3**	
78	immersion oil	SL080	ml	**0.1**	**0.1**	**0.1**	**0.1**	
79	eosin solution	SL063	ml	**4**	**4**	**4**	**4**	
80	stain, hematoxylin	SL135	ml	**16**	**16**	**16**	**16**	
81	water, distilled*	SK087	mL	**175**	**175**	**175**	**175**	
82	towel, paper (Bounty) (per sheet)	SK082	item	**0.5**	**0.5**	**0.5**	**0.5**	**0.1**
83	forceps, sterile, blunt tip, polystyrene	SD226	item	**0.5**	**0.5**	**0.5**	**0.5**	
84	wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item	**0.5**	**0.5**	**0.5**	**0.5**	
85	bleach	SL020	mL	**10**		**10**	**10**	**10**
86	Universal detection kit	invoice 16	kit assay	**2**	**2**			
87	**Equipment**							
88	microscope, compound	EP024		**37**	**37**	**1**	**1**	
89	microscope, fluorescence	EP027		**0**	**0**	**36**	**36**	
90	pH conductivity meter	EP030		**6**	**6**	**6**	**6**	
91	chamber, hybridization	EP045		**240**	**240**	**240**	**240**	
92	microfuge, benchtop	EP048		**1**	**1**	**1**	**1**	
93	oven, isotemp (lab)	EP049		**1**	**1**	**1**	**1**	
94	scanner, AutoVysion	EP050		**0**	**0**	**0**		
95	slide warmer	EP051		**0**	**0**	**0**		
96	water bath, FISH procedures (lab)	EP054		**13**	**13**	**13**	**13**	
97	microtome	ER041		**2.5**	**2.5**	**3**	**2.5**	
98	ThermoBrite	EP088		**0**	**0**	**2.5**		
99	freezer	EP110		**1**	**1**	**1**	**1**	
100	VP-2000 Processor	Invoice15		**30**		**30**	**30**	
101	camera, digital system, 12 megapixel (medical grade)*	ED005		**7**	**5**	**7**	**7**	

	A	B	C	D	E	F	G	H
1				April 2014	April 2014	April 2014	Oct 2013	
2	**TAB 21**			88367	88373	88374	88367	88373
3	**Meeting Date: April 2014** **Pathology** **In Situ Hybridization**	**CMS Code**	**Staff**	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	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)	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, each separately identifiable probe per block, cytologic preparation, or hematologic smear; each additional separately identifiable probe per slide (List separately in addition to code for primary procedure)
4	**LOCATION**			NF	NF	NF	NF	NF
5	**GLOBAL PERIOD**			XXX		XXX	XXX	
6	**TOTAL CLINICAL LABOR TIME**			47.5	17.5	47.5	47.5	0.0
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037B	Histotech	39.5	15.5	39.5	39.5	0
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L035A	Lab/HistoTech	4	0	4	4	0
9	**TOTAL SERVICE CLINICAL LABOR TIME**	L037B	Histotech	0.0	0.0	0.0	0.0	0.0
10	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037B	Histotech	4.0	2.0	4.0	4.0	0.0
11	**PRE-SERVICE**							
12	**Start: When containers/requisitions prepared for physician**							
13	Retrieve and accession specimen	L037B	Histotech	1.5	0	1.5	1.5	
14	Gather all the relevant slides, prior report, and history on the patient for the pathologist to review to choose the region of interest on the slide	LO35A	Lab Tech/Histotech	4	0	4	4	
15	Prepare reagents and equipment. Re-cut paraffin blocks and bake slides. Deparaffinize, treat with HCL, wash. Treat with enzyme, wash and rehydrate. Apply DNA probe mixture to positive, negative control and patient's slide. Allow to hybridize in chamber for 16 hours. Apply DAPI, recoverslip, and label. According to protocol: *-Prepare working reagents and ready equipment.* *-Prepare from FFPE tissue including H&E staining steps.* *- Re-cut paraffin blocks and bake slides.* *-Pretreatment involving; deparaffinizing slides* *- treat with enzyme, wash and rehydrate* *- protease treatment, and fixing the specimen.* *- Prepare Probe(s) steps* *- Denaturation of Specimen DNA* *- Apply DNA probe mixture to postive, negitative control and patient slide.* *- Hybridization in chamber for 16 hours* *- Post-Hybirdization washings* *- Apply DAPI, recoverslip, and label.*	L037B	Histotech	32	10	32	32	
16	Signal Enumeration: Verify and QC controls and slide adequacy.	L037B	Histotech	0	0	0		
17	Examine signals in each cell and generate data for the pathologist to interpret	L037B	Histotech	0	0	0		
18	Signal Enumeration: Count signals in malignant cells and generate data for the pathologist to interpret	L037B	Histotech	0	0	0		
19	Photograph and print samples	L037B	Histotech	1	1	1	1	
20	Load slides on Auto Vysis Scanner, and enter slide IDs. After pathologist has verified fields of interest, select the fields to be scanned.	L037B	Histotech	4	4	4	4	
21	Complete workload recording logs. Collate slides and paperwork. Deliver to pathologist.	L037B	Histotech	1	0.5	1	1	
22	**End: When specimen is ready for examination by pathologist.**							
23	**SERVICE PERIOD**							
24	**Start: When specimen is ready for examination by pathologist**							
25								
26	**End: When specimen examination by pathologist is complete**							

	A	B	C	D	E	F	G	H
2	**TAB 21**			**88367**	**88373**	**88374**	**88367**	**88373**
3	**Meeting Date: April 2014** **Pathology** **In Situ Hybridization**	**CMS Code**	**Staff**	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	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)	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, each separately identifiable probe per block, cytologic preparation, or hematologic smear; each additional separately identifiable probe per slide (List separately in addition to code for primary procedure)
4	**LOCATION**			**NF**	**NF**	**NF**	**NF**	**NF**
27	**POST-SERVICE Period**							
28	**Start: When specimen examination by pathologist is complete**							
29	Prepare, pack and transport specimens and records for in-house storage and external storage	L037B	Histotech	**2**	**1**	**2**	**2**	
30	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste	L037B	Histotech	**1**	**0.5**	**1**	**1**	
31	Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)	L037B	Histotech	**1**	**0.5**	**1**	**1**	
32	Manage any relevant utilization review/quality assurance activities and regulatory compliance documentation	L037B	Histotech	**0**	**0**	**0**		
33	Other Activity (please specify)							
34	**End: When specimen, chemical waste and record handling is complete**							
35	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**					
36	blade, microtome	SF004	item	**0.125**	**0.125**	**0.125**	**0.125**	
37	slide, microscope	SL122	item	**1.4**	**1.4**	**1.4**	**4**	
38	slide, organosilane coated	SL183	item	**0**	**0**	**0**		
39	gloves, non-sterile, nitrile	SB023	pair	**0.125**	**0.125**	**0.125**	**0.125**	
40	eye shield, splash protection	SM016	item	**0.125**	**0**	**0.125**	**0.125**	
41	gown, staff, impervious	SB027	item	**0.125**	**0**	**0.125**	**0.125**	
42	mask, surgical	SB033	item	**0**	**0**	**0**	**0.125**	
43	Hemo-De	SL194	ml	**18.8**	**18.8**	**18.8**	**18.8**	
44	kit, FISH paraffin pretreatment	SL195	kit assay	**1.4**	**1.4**	**1.4**	**0.75**	
45	0.2N HCL	SL178	ml	**6.25**	**6.25**	**6.25**	**6.25**	
46	IGH@/BCL2 Positive Control Slide	SL112	item	**0**	**0**	**0**		
47	IGH@/BCL2 Negative Control Slide	SL113	item	**0**	**0**	**0**		
48	EBER Positive Control Slide	SL114	item	**0**	**0**	**0**		
49	EBER Negative Control Slide	SL115	item	**0**	**0**	**0**		
50	CMV Positive Control Slide	SL116	item	**0**	**0**	**0**		
51	CMV Negative Control Slide	SL117	item	**0**	**0**	**0**		
52	Kappa Positive Control Slide	SL118	item	**0.2**	**0**	**0**		
53	Kappa Negative Control Slide	SL119	item	**0.2**	**0**	**0**		
54	Lambda Positive Control Slide	SL120	item	**0**	**0.2**	**0**		
55	Lambda Nositive Control Slide	SL121	item	**0**	**0.2**	**0**		
56	fixative processing (buffered formalin)	SL070	ml			**0.25**	**0.25**	
57	phosphate buffered saline (PBS)	SL180	ml	**6.25**	**6.25**	**6.25**	**6.25**	
58	(EBER) DNA Probe Cocktail	Invoice11	kit assay	**0**	**0**	**0**		
59	kit, IGH@/BCL2 DNA Probes	SD178	kit assay	**0**	**0**	**0**		
60	kit, HER-2/neu DNA Probe	SL196	kit assay	**0**	**0**	**2.4**	**1.2**	**1.2**
61	Kappa Probe Cocktails	Invoice12	ul	**28**	**0**	**0**		
62	Lambda Probe Cocktail	Invoice13	ul	**0**	**28**	**0**		
63	CMV DNA Probe Cocktail	Invoice14	ul	**0**	**0**	**0**		
64	slide, negative control, Her-2	SL184	item	**0**	**0**	**0.2**	**0.2**	
65	slide, positive control, Her-2	SL185	item	**0**	**0**	**0.2**	**0.2**	**0.2**
66	formamide	SL192	ml			**6.25**	**6.25**	

	A	B	C	D	E	F	G	H
2	**TAB 21**			**88367**	**88373**	**88374**	**88367**	**88373**
3	**Meeting Date: April 2014** **Pathology** **In Situ Hybridization**	**CMS Code**	**Staff**	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	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)	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, each separately identifiable probe per block, cytologic preparation, or hematologic smear; each additional separately identifiable probe per slide (List separately in addition to code for primary procedure)
4	**LOCATION**			**NF**	**NF**	**NF**	**NF**	**NF**
67	ethanol, 70%	SL190	ml	**6.25**		**6.25**	**6.25**	
68	ethanol, 85%	SL191	ml	**6.25**		**6.25**	**6.25**	
69	ethanol, 95%	SL248	ml	**31.25**	**31.25**	**31.25**		
70	ethanol, 100%	SL189	ml	**31.25**	**31.25**	**31.25**	**31.25**	
71	cover slip, glass	SL030	item	**1.4**	**1.4**	**2.8**	**2.2**	
72	pipette tips, sterile	SL181	item	**0.75**	**0.75**	**0.75**	**0.75**	
73	rubber cement	SJ070	ml	**0.3**	**0.3**	**0.3**	**0.3**	
74	mounting media (DAPI II counterstain)	SL182	ml	**0.0075**	**0.0075**	**0.0075**	**0.0075**	
75	syringe 5-6ml	SC057	item	**0.125**	**0.125**	**0.125**	**0.125**	
76	1.0N NaOH	SL179	ml	**0.125**	**0.125**	**0.125**	**0.125**	
77	label for microscope slides	SL085	item	**1.4**	**1.4**	**1.4**	**2.2**	
78	immersion oil	SL080	ml	**0.05**	**0.05**	**0.05**	**0.05**	
79	eosin solution	SL063	ml	**4**	**4**	**4**	**4**	
80	stain, hematoxylin	SL135	ml	**16**	**16**	**16**	**16**	
81	water, distilled*	SK087	mL	**175**	**175**	**175**	**280**	
82	towel, paper (Bounty) (per sheet)	SK082	item	**0.2**	**0.2**	**0.2**		
83	forceps, sterile, blunt tip, polystyrene	SD226	item	**0.2**	**0.2**	**0.2**	**0.2**	
84	wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item	**0.2**	**0.2**	**0.2**	**0.2**	
85	bleach	SL020	mL	**4.5**		**4.5**	**4.5**	**4.5**
86	Universal Detection Kit	Invoice 16	kit assay	**1.4**	**1.4**			
87	**Equipment**							
88	microscope, compound	EP024		**42**	**42**	**1**	**1**	
89	microscope, fluorescence	EP027		**0**	**0**	**41**	**41**	
90	pH conductivity meter	EP030		**3**	**3**	**3**	**3**	
91	chamber, hybridization	EP045		**120**	**120**	**120**	**120**	
92	microfuge, benchtop	EP048		**1**	**1**	**1**	**1**	
93	oven, isotemp (lab)	EP049		**1**	**1**	**1**	**1**	
94	scanner, AutoVysion	EP050		**37**	**37**	**37**	**37**	**37**
95	slide warmer	EP051		**0**	**0**	**0**		
96	water bath, FISH procedures (lab)	EP054		**7**	**7**	**7**	**7**	
97	microtome	ER041		**2.5**	**2.5**	**3**	**3**	
98	ThermoBrite	EP088		**0**	**0**	**1**	**1**	
99	freezer	EP110		**1**	**1**	**1**	**1**	
100	VP-2000 Processor	Invoice15		**30**		**30**	**30**	
101	camera, digital system, 12 megapixel (medical grade)*	ED005		**1**	**1**	**1**	**1**	

	A	B	C	D	E	F	G	H
1				April 2014	April 2014	April 2014	Oct 2013	
2	**TAB 21**			88368	88369	88377	88368	88369
3	**Meeting Date: April 2014** **Pathology** **In Situ Hybridization**	**CMS Code**	**Staff**	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each single probe stain procedure	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)	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, each separately identifiable probe per block, cytologic preparation, or hematologic smear; each additional separately identifiable probe per slide (List separately in addition to code for primary procedure)
4	**LOCATION**			NF	NF	NF	NF	NF
5	**GLOBAL PERIOD**			XXX		XXX	XXX	
6	**TOTAL CLINICAL LABOR TIME**			76.5	37.5	90.5	76.5	16.0
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037B	Histotech	68.5	35.5	82.5	68.5	16
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L035A	Lab/HistoTech	4	0	4	4	0
9	**TOTAL SERVICE CLINICAL LABOR TIME**	L037B	Histotech	0	0	0	0	
10	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037B	Histotech	4.0	2.0	4.0	4.0	0.0
11	**PRE-SERVICE**							
12	**Start: When containers/requisitions prepared for physician**							
13	Retrieve and accession specimen	L037B	Histotech	1.5	0	1.5	1.5	
14	Gather all the relevant slides, prior report, and history on the patient for the pathologist to review to choose the region of interest on the slide	LO35A	Lab Tech/Histotech	4	0	4	4	
15	Prepare reagents and equipment. Re-cut paraffin blocks and bake slides. Deparaffinize, treat with HCL, wash. Treat with enzyme, wash and rehydrate. Apply DNA probe mixture to positive, negative control and patient's slide. Allow to hybridize in chamber for 16 hours. Apply DAPI, recoverslip, and label. According to protocol: *-Prepare working reagents and ready equipment.* *-Prepare from FFPE tissue including H&E staining steps.* *- Re-cut paraffin blocks and bake slides.* *-Pretreatment involving; deparaffinizing slides* *- treat with enzyme, wash and rehydrate* *- protease treatment, and fixing the specimen.* *- Prepare Probe(s) steps* *- Denaturation of Specimen DNA* *- Apply DNA probe mixture to postive, negitative control and patient slide.* *- Hybridization in chamber for 16 hours* *- Post-Hybirdization washings* *- Apply DAPI, recoverslip, and label.*	L037B	Histotech	43	14	43	43	
16	Signal Enumeration: Verify and QC controls and slide adequacy.	L037B	Histotech	4	4	6	4	4
17	Examine signals in each cell and generate data for the pathologist to interpret	L037B	Histotech	0	0	0		
18	Signal Enumeration: Count signals in malignant cells and generate data for the pathologist to interpret	L037B	Histotech	12	12	24	12	12
19	Photograph and print samples	L037B	Histotech	7	5	7	7	
20	Load slides on Auto Vysis Scanner, and enter slide IDs. After pathologist has verified fields of interest, select the fields to be scanned.	L037B	Histotech	0	0	0		
21	Complete workload recording logs. Collate slides and paperwork. Deliver to pathologist.	L037B	Histotech	1	0.5	1	1	
22	**End: When specimen is ready for examination by pathologist.**							
23	**SERVICE PERIOD**							
24	**Start: When specimen is ready for examination by pathologist**							
25								
26	**End: When specimen examination by pathologist is complete**							

	A	B	C	D	E	F	G	H
2	**TAB 21**			**88368**	**88369**	**88377**	**88368**	**88369**
3	**Meeting Date: April 2014** **Pathology** **In Situ Hybridization**	**CMS Code**	**Staff**	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each single probe stain procedure	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)	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, each separately identifiable probe per block, cytologic preparation, or hematologic smear; each additional separately identifiable probe per slide (List separately in addition to code for primary procedure)
4	**LOCATION**			**NF**	**NF**	**NF**	**NF**	**NF**
27	**POST-SERVICE Period**							
28	**Start: When specimen examination by pathologist is complete**							
29	Prepare, pack and transport specimens and records for in-house storage and external storage	L037B	Histotech	**2**	**1**	**2**	**2**	
30	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste	L037B	Histotech	**1**	**0.5**	**1**	**1**	
31	Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)	L037B	Histotech	**1**	**0.5**	**1**	**1**	
32	Manage any relevant utilization review/quality assurance activities and regulatory compliance documentation	L037B	Histotech	**0**	**0**	**0**		
33	Other Activity (please specify)							
34	**End: When specimen, chemical waste and record handling is complete**							

	A	B	C	D	E	F	G	H
2	**TAB 21**			**88368**	**88369**	**88377**	**88368**	**88369**
3	**Meeting Date: April 2014** **Pathology** **In Situ Hybridization**	**CMS Code**	**Staff**	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each single probe stain procedure	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)	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, each separately identifiable probe per block, cytologic preparation, or hematologic smear; each additional separately identifiable probe per slide (List separately in addition to code for primary procedure)
4	**LOCATION**			**NF**	**NF**	**NF**	**NF**	**NF**
35	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**					
36	blade, microtome	SF004	item	**0.25**	**0.25**	**0.25**	**0.25**	
37	slide, microscope	SL122	item	**2**	**2**	**2**	**4**	
38	slide, organosilane coated	SL183	item	**0**	**0**	**0**		
39	gloves, non-sterile, nitrile	SB023	pair	**0.25**	**0.25**	**0.25**	**0.25**	
40	eye shield, splash protection	SM016	item	**0.25**	**0**	**0.25**	**0.25**	
41	gown, staff, impervious	SB027	item	**0.25**	**0**	**0.25**	**0.25**	
42	mask, surgical	SB033	item	**0**	**0**	**0**	**0.25**	
43	Hemo-De	SL194	ml	**37.5**	**37.5**	**37.5**	**37.5**	
44	kit, FISH paraffin pretreatment	SL195	kit assay	**2**	**2**	**2**	**1**	
45	0.2N HCL	SL178	ml	**12.5**	**12.5**	**12.5**	**12.5**	
46	IGH@/BCL2 Positive Control Slide	SL112	item	**0**	**0**	**0**		
47	IGH@/BCL2 Negative Control Slide	SL113	item	**0**	**0**	**0**		
48	EBER Positive Control Slide	SL114	item	**0**	**0**	**0**		
49	EBER Negative Control Slide	SL115	item	**0**	**0**	**0**		
50	CMV Positive Control Slide	SL116	item	**0**	**0**	**0**		
51	CMV Negative Control Slide	SL117	item	**0**	**0**	**0**		
52	Kappa Positive Control Slide	SL118	item	**0.5**	**0**	**0**		
53	Kappa Negative Control Slide	SL119	item	**0.5**	**0**	**0**		
54	Lambda Positive Control Slide	SL120	item	**0**	**0.5**	**0**		
55	Lambda Nositive Control Slide	SL121	item	**0**	**0.5**	**0**		
56	fixative processing (buffered formalin)	SL070	ml			**0.5**	**0.5**	
57	phosphate buffered saline (PBS)	SL180	ml	**12.5**	**12.5**	**12.5**	**12.5**	
58	(EBER) DNA Probe Cocktail	Invoice11	kit assay	**0**	**0**	**0**		
59	kit, IGH@/BCL2 DNA Probes	SD178	kit assay	**0**	**0**	**0**		
60	kit, HER-2/neu DNA Probe	SL196	kit assay	**0**	**0**	**3**	**1.5**	**1.5**
61	Kappa Probe Cocktails	Invoice12	ul	**40**	**0**	**0**		
62	Lambda Probe Cocktail	Invoice13	ul	**0**	**40**	**0**		
63	CMV DNA Probe Cocktail	Invoice14	ul	**0**	**0**	**0**		
64	slide, negative control, Her-2	SL184	item	**0**	**0**	**0.5**	**0.5**	
65	slide, positive control, Her-2	SL185	item	**0**	**0**	**0.5**	**0.5**	**0.5**
66	formamide	SL192	ml			**12.5**	**12.5**	
67	ethanol, 70%	SL190	ml	**12.5**		**12.5**	**12.5**	
68	ethanol, 85%	SL191	ml	**12.5**		**12.5**	**12.5**	
69	ethanol, 95%	SL248	ml	**37.5**	**37.5**	**37.5**	**250**	
70	ethanol, 100%	SL189	ml	**37.5**	**37.5**	**37.5**	**37.5**	
71	cover slip, glass	SL030	item	**2**	**2**	**4**	**2.5**	
72	pipette tips, sterile	SL181	item	**1**	**1**	**1**	**1**	

	A	B	C	D	E	F	G	H
2	**TAB 21**			**88368**	**88369**	**88377**	**88368**	**88369**
3	**Meeting Date: April 2014** **Pathology** **In Situ Hybridization**	**CMS Code**	**Staff**	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each single probe stain procedure	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)	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, each separately identifiable probe per block, cytologic preparation, or hematologic smear; each additional separately identifiable probe per slide (List separately in addition to code for primary procedure)
4	**LOCATION**			**NF**	**NF**	**NF**	**NF**	**NF**
73	rubber cement	SJ070	ml	**0.4**	**0.4**	**0.4**	**0.4**	
74	mounting media (DAPI II counterstain)	SL182	ml	**0.015**	**0.015**	**0.015**	**0.015**	
75	syringe 5-6ml	SC057	item	**0.25**	**0.25**	**0.25**	**0.25**	
76	1.0N NaOH	SL179	ml	**0.25**	**0.25**	**0.25**	**0.25**	
77	label for microscope slides	SL085	item	**2**	**2**	**2**	**2.5**	
78	immersion oil	SL080	ml	**0.1**	**0.1**	**0.1**	**0.1**	
79	eosin solution	SL063	ml	**4**	**4**	**4**	**4**	
80	stain, hematoxylin	SL135	ml	**16**	**16**	**16**	**16**	
81	water, distilled*	SK087	mL	**175**	**175**	**175**	**175**	
82	towel, paper (Bounty) (per sheet)	SK082	item	**0.5**	**0.5**	**0.5**	**0.5**	**0.1**
83	forceps, sterile, blunt tip, polystyrene	SD226	item	**0.5**	**0.5**	**0.5**	**0.5**	
84	wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item	**0.5**	**0.5**	**0.5**	**0.5**	
85	bleach	SL020	mL	**10**		**10**	**10**	**10**
86	Universal Detection Kit	invoice 16	kit assay	**2**	**2**			
87	**Equipment**							
88	microscope, compound	EP024		**42**	**42**	**1**	**1**	
89	microscope, fluorescence	EP027		**0**	**0**	**41**	**41**	
90	pH conductivity meter	EP030		**6**	**6**	**6**	**6**	
91	chamber, hybridization	EP045		**240**	**240**	**240**	**240**	
92	microfuge, benchtop	EP048		**1**	**1**	**1**	**1**	
93	oven, isotemp (lab)	EP049		**1**	**1**	**1**	**1**	
94	scanner, AutoVysion	EP050		**0**	**0**	**0**		
95	slide warmer	EP051		**0**	**0**	**0**		
96	water bath, FISH procedures (lab)	EP054		**13**	**13**	**13**	**13**	
97	microtome	ER041		**2.5**	**2.5**	**3**	**3**	
98	ThermoBrite	EP088		**0**	**0**	**2.5**	**2.5**	
99	freezer	EP110		**1**	**1**	**1**	**1**	
100	VP-2000 Processor	Invoice15		**30**		**30**	**30**	
101	camera, digital system, 12 megapixel (medical grade)*	ED005		**7**	**5**	**7**	**7**	
102								

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS/Other Source—Utilization over 250,000

September 2014

Immunofluorescent Study

In April 2013, the RUC identified CPT code 88346 through the CMS/Other source screen for codes with Medicare utilization of 250,000 or more. The RUC noted that this service was never surveyed but is frequently reported. The specialty society added CPT code 88347 as part of this family. The RUC requested these services be surveyed for work and review the practice expense for the September 2014 RUC meeting.

In September 2014, the specialty societies indicated and the RUC agreed that CPT codes 88346 and 88347 should be referred to the October 2014 CPT Editorial Panel as the specialty society has already submitted a code change proposal. The specialty society intends on revising the vignettes and descriptors to clarify current practice.

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
88346	Immunofluorescent study, each antibody; direct method	XXX	Refer to CPT Editorial Panel
88347	Immunofluorescent study, each antibody; indirect method	XXX	Refer to CPT Editorial Panel

May 29, 2014

Barbara Levy, M.D.
Chair, Relative Value Scale Update Committee
American Medical Association
330 N. Wabash
Chicago, Illinois 60611-5885

RE: Referral of CPT Codes 88346 and 88347 to CPT Editorial Panel for revision and clarification

Dear Doctor Levy;

The RUC identified code 88346-*Immunofluorescent study, each antibody; direct method* in April 2013, through the CMS/Other source screen for codes with Medicare utilization of 250,000 or more. CPT code 88347-*Immunofluorescent study, each antibody; indirect method* was added as part of this family. The RUC requested these services be surveyed for physician work and their practice expense reviewed at the September 2014 RUC meeting.

While preparing to survey for the September 2014 RUC meeting, CAP reviewed the vignettes and current data and recognized the need for CPT clarification for accurate physician work and practice expense valuation. Therefore, CAP requests CPT referral rather than surveying these codes for the September 2014 RUC meeting.

CAP will submit a Code Change Proposal for consideration at the next AMA CPT Editorial Panel meeting. The CAP requests the postponement of the RUC review of these services until the January 2015 meeting, pending CPT approval of our CPT proposal.

If you have any questions or concerns, please contact, Todd Klemp, Assistant Director of Economic and Regulatory Affairs at (847) 832-7403 or tklemp@cap.org.

Sincerely,

Jonathan L. Myles, MD, FCAP
RUC Advisor
College of American Pathologists

cc: Edith Hambrick, MD, JD, CMS
Sherry Smith, AMA
Maurine Spillman Dennis, AMA
Pam Johnson, CAP Staff
Todd Klemp, CAP Staff
Ayanna Wooding, CAP Staff

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2014

Excision of Nail Bed

In January 2014, the RUC reviewed 010-day global services (based on 2012 Medicare utilization data) and identified 18 services with >1.5 office visits and 2012 Medicare utilization data over 1,000. CPT codes 11750 and 11752 were identified by the RAW 010-day global post-operative visit screen with more than one post-op visit identified in the database. The RUC requested these services be surveyed for work and review the practice expense for the September 2014 RUC meeting.

11750 ***Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;***
The HCPAC reviewed the survey results from 83 podiatrists. The HCPAC determined that the survey 25th percentile work RVU of 1.99 for CPT code 11750, which is 20% less than the current work RVU, is appropriate. The HCPAC compared 11750 to key reference code 10061 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level* (work RVU = 2.45 and intra-service time of 25 minutes) and determined that 10061 requires more work and time. The HCPAC requested and the specialty society agreed to remove 2 minutes of pre-service evaluation time. The HCPAC referenced MPC codes 64483 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single leve*l (work RVU = 1.90) and 64479 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single leve*l (work RVU= 2.29) and determined the survey 25th percentile work RVU of 1.99 appropriately accounts for work and time to perform this service. **The HCPAC recommends a work RVU of 1.99 for CPT code 11750.**

11752 ***Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx***
The American Podiatric Medical Association (APMA) submitted a request and the HCPAC agreed to table CPT code 11752 until the January 2015 RUC meeting. This will allow the specialties that perform this service to determine whether code 11752 should be deleted or requires some other CPT action which could include a RUC survey with all physicians and health care professionals that perform this service.

Practice Expense
The HCPAC accepted the direct practice expense inputs as approved by the PE Subcommittee.

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	010	1.99
11752	; with amputation of tuft of distal phalanx	010	Tabled until January 2015

American Podiatric Medical Association

100 YEARS OF ADVANCING PODIATRIC MEDICINE 1912-2012

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Tel: 301-571-9200
Fax: 301-530-2752
www.apma.org

August 25, 2014

William J. Mangold, Jr, MD
Chair, RUC Health Care Professionals Advisory Committee Review Board
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

Subject: Tab 26 Excision of Nail Bed

Dear Dr. Mangold,

Code 11750 *Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;* and code 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* were identified by the RAW 010-Day Global Post-Operative Visit Screen with more than one postop office visit in the RUC database.

We have submitted work and practice expense recommendations for code 11750, however after APMA expert panel discussion, we request that review of low volume code 11752 be tabled until the January 2015 meeting. This request is based on the APMA survey results (attached) for code 11752 that indicate the typical site of service is a facility, which is inconsistent with the site of service data for Medicare and Medicaid utilization in the RUC database. This is also inconsistent with the vignette that was used for the survey which stated the procedure was performed in an office.

Our expert panel initially determined that code 11752 should be deleted, as it does not reflect current practice. Although podiatrists are the dominant provider for Medicare-aged patients (68%), there are a variety of other surgical and non-surgical providers reporting this service, and therefore, we cannot make a unilateral decision about this code.

The APMA is not comfortable at this time with making a recommendation based on our survey data that clearly indicate this procedure would typically be performed in a facility. We are also not comfortable with making a recommendation regarding a CPT action. Tabling review of this code until time certain will allow discussion by all specialties that may have an interest but chose not to participate in physician work and practice expense review.

Thank you for consideration of this request.

Sincerely,

Timothy H. Tillo, DPM
APMA Advisor to the HCPAC

cc: Anthony Hamm, DC
Barbara Levy, MD
Sherry Smith

Attachment

August 25, 2014
William J. Mangold, Jr, MD
Attachment

Survey summary data for 11752 (APMA; 44 responses)

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

Vignette: A 38 year-old male undergoes the total removal of nail and matrix with the amputation of the tuft of the distal phalanx left hallux in office (assumes block administered by surgeon).

			RVW					PRE			INTRA					POST			
SOURCE	CPT	IWPUT	MIN	25th	MED	75th	MAX	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	SD	38	13	12
DNU(95)	11752	0.002			3.63			15					25			15		3	
SVY	11752	0.009	2.00	2.71	3.35	4.02	4.50	30	5	9	8	15	20	25	40	10	0.5	1	1

Site of service statistics:

SITE OF SERVICE	HOSP	ASC	OFFICE
	30%	43%	27%

DISCHARGE	SAMEDAY	OVERNITE	ADMIT
	98%	2%	0%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:11750 Tracking Number Original Specialty Recommended RVU: **1.99**
Presented Recommended RVU: **1.99**
Global Period: 010 RUC Recommended RVU: **1.99**

CPT Descriptor: Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 27-year-old female undergoes the partial excision of nail and matrix for permanent removal of an ingrown toenail in office (assumes block administered by surgeon).

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 1% , In the ASC 1%, In the office 98%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review chart and update medical history including current medications and allergies. Examine patient including evaluation of neurovascular status of the digit, along with a dermatologic examination. Discuss operative risks and benefits and obtain informed consent. Verify that all supplies and equipment for the procedure are available. Position the patient supine with foot stabilized. Prep and drape the operative site. Scrub and gown. Perform surgical time out. Ethyl chloride is applied prior to administering digit block to 2 dorsal and 2 plantar nerves. Apply digital tourniquet.

Description of Intra-Service Work: The ingrown nail border is freed, and then the medial or lateral quarter of the nail is gently lifted from the nail bed. Next, the nail is divided to a point several millimeters proximal to the eponychium with care not to injure the eponychium itself. Underlying matrix that may still be attached is removed with a scalpel. The nail fragment is then grasped with a hemostat and pulled out with a twisting motion toward the remaining nail. Phenol is applied for a total of 90 seconds with 3 separate 30 second applications using sterile applicators. Alcohol is then applied to neutralize the phenol and the matrixectomy is completed, assuring the nail matrix is totally removed. The tissue exposed by nail removal is then gently debrided. The tourniquet is removed. Hemostasis is achieved.

Description of Post-Service Work: Antibiotic ointment and a sterile dressing are applied. The patient's neurovascular status is assessed. Written orders for pain medicine and homecare instructions (eg, dressing changes, bathing and weight-bearing activity) are provided and explained to the patient. Procedure notes are dictated for the medical chart, with copy to referring provider and/or PCP. At the postop office visit, the wound is assessed for infection, debridement of any necrotic tissue is completed, and the wound is redressed. Homecare instructions are modified and explained to the patient. Procedure and evaluation notes are dictated for the medical chart, with copy to referring provider and/or PCP.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014				
Presenter(s):	Timothy Tillo, DPM				
Specialty(s):	APMA				
CPT Code:	11750				
Sample Size:	348	**Resp N:**	83	**Response:** 23.8 %	
Description of Sample:	random membership sample				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	30.00	**90.00**	125.00	520.00
Survey RVW:	1.22	1.99	**2.45**	2.79	4.09
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	5.00	10.00	**15.00**	15.00	30.00

Immediate Post Service-Time:	**7.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**16.00**	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	11750	**Recommended Physician Work RVU: 1.99**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**17.00**	**17.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**7.00**	**0.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**16.00**	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
10061	010	2.45	**RUC Time**

CPT Descriptor Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64483	000	1.90	**RUC Time**	873,545

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64479	000	2.29	**RUC Time**	39,640

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 27.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 11750**	**Key Reference CPT Code:** 10061	**Source of Time**
Median Pre-Service Time	25.00	16.00	
Median Intra-Service Time	15.00	25.00	
Median Immediate Post-service Time	7.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	16.0	32.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**63.00**	**83.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)	
The number of possible diagnosis and/or the number of management options that must be considered	2.70 / 2.83
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.39 / 3.22
Urgency of medical decision making	2.43 / 2.52
Technical Skill/Physical Effort (Mean)	
Technical skill required	2.91 / 2.91
Physical effort required	2.91 / 3.04
Psychological Stress (Mean)	
The risk of significant complications, morbidity and/or mortality	2.87 / 3.39
Outcome depends on the skill and judgment of physician	3.61 / 3.48
Estimated risk of malpractice suit with poor outcome	3.09 / 3.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.26	3.26
Intra-Service intensity/complexity	3.70	3.48

Post-Service intensity/complexity	3.04	3.04

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

BACKGROUND

Code 11750 was identified by the RAW 010-Day Global Post-Operative Visit Screen with more than one postop office visit in the RUC database. Code 11750 has been flagged to indicate 11750 is not be used to validate physician work as the HCPAC determined that the specialty did not have compelling evidence to justify a change in the work RVU. Additional support that the RUC database details are not related to the current work RVU is the fact that the current IWPUT is 0.007 which is inconsistent with a surgical procedure. In addition, the Harvard data from a survey of 12 general surgeons included only one postop office visit.

RECOMMENDATION

We recommend a work RVU of 1.99 which is the survey 25th percentile and is 20% less than the current work RVU. This recommendation is based on a review of the survey data and comparison to other codes.

Pre-Time
The Medicare 5% file indicates an office E/M is reported 49.8% of the time with 11750, however, the typical patient is not Medicare-aged and the expert panel agrees that an E/M would not typically be performed when considering patients of all ages, most of which are not Medicare-aged. When patients are referred to a podiatrist for an ingrown toenail, the first visit will typically be for evaluation and instructions for nonsurgical management. If nonsurgical management does not resolve the problem and nail plate removal is required, an E/M will not be reported in conjunction with 11750. In addition, in current practice it is not typical to perform an unscheduled surgical procedure when a patient is seen for a clinic appointment. The procedure will almost always be scheduled for a future date. Based on this discussion, we believe that package pre-time should not be reduced.

Pre-Time Package 6a is appropriate. *6a: Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect.* Two minutes have been added to positioning time to account for supine positioning and the additional work to stabilize both legs and position the operative leg for clear access to the operative site and surgical instruments.

Key Reference Comparison
KRS 10061 *Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple* requires more work related to draining, packing, and follow-up care when compared with 11750 and is appropriately valued higher than the recommendation for 11750.

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	SD-POST	OV
11750	Remove nail bed	1.99	0.058	63	25	15	7	1
10061	I&D skin abscess	2.45	0.039	83	16	25	10	2

MPC Comparison

There are not many recently reviewed MPC codes with 15 minutes of intra-service time. We have selected codes 64483 and 64479, which were reviewed in 2009. Although these codes have a 0-day global assignment, the day of procedure pre/intra/post-times are similar to 11750. The only difference is the postop office visit. The 30-50% higher IWPUT for the injection codes is justified by the intensity of injecting into the spine.

RUC	CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	SD-POST	OV
2009	64483	Inj foramen l/s	1.90	0.082	49	24	15	10	0
	11750	Remove nail bed	1.99	0.058	63	25	15	7	1
2009	64479	Inj foramen c/t	2.29	0.108	49	24	15	10	0

Comparison of Total Physician Work and Intra-service Intensity

When considering magnitude estimation and comparison of total work and intra-service work between codes and across specialties, other low work RVU codes that have been recently reviewed by the RUC support a work RVU of 1.99 for code 11750.

The table below provides recently reviewed codes with a 15 minute intra-service time and similar same-day pre/post times. Although these codes do not include a postop office visit (even the two codes that have a 10-day global period), their work RVUs closely bracket the recommendation for 11750.

RUC	CPT	Descriptor	GLOB	RVW	IWPUT	Tot Time	PRE	INTRA	POST	OV
2012	**43201**	Esoph scope w/submucous inj	000	1.80	0.070	52	27	15	10	0
2011	**15275**	Skin sub graft face/nk/hf/g	000	1.83	0.083	45	20	15	10	0
2012	**64615**	Chemodenerv musc migraine	010	1.85	0.093	35	15	15	5	0
2013	**64617**	Chemodener musc larynx	010	1.90	0.095	36	16	15	5	0
	11750	Remove nail bed	010	1.99	0.058	63	25	15	7	1
2010	**69801**	Incise inner ear	000	2.06	0.100	43	18	15	10	0
2013	**43235**	Egd diagnostic brush wash	000	2.17	0.091	54	27	15	12	0
2010	**92960**	Cardioversion electric ext	000	2.25	0.101	51	21	15	15	0
2013	**43239**	Egd biopsy single/multiple	000	2.47	0.111	54	27	15	12	0

The table below provides codes with the same IWPUT as 11750 (0.058). Although the global period assignment and work-RVU varies, the intra-service intensity/complexity of this set of codes is similar. We cannot speak to code 62284, but we are familiar with performing biopsies and complex repair and agree that the intra-service intensity for the other three codes is similar to 11750.

RUC	CPT	Descriptor	GLOB	RVW	IWPUT	Tot Time	PRE	INTRA	POST	OV
2011	**40490**	Biopsy of lip	000	1.22	0.058	34	14	15	5	0
2010	**62284**	Injection for myelogram	000	1.54	0.058	49	24	15	10	0
	11750	Remove nail bed	010	1.99	0.058	63	25	15	7	1
2012	**13101**	Cmplx rpr trunk 2.6-7.5 cm	010	3.50	0.058	82	11	45	10	1
2012	**13131**	Cmplx rpr f/c/c/m/n/ax/g/h/f	010	3.73	0.058	92	16	45	15	1

SUMMARY

- Code 11750 is tagged in the RUC database as “do not use to validate physician work” because the survey data was not accepted by the HCPAC; the work RVU was not increased during the first 5YR process based on lack of compelling evidence and the Harvard-based work RVU was maintained.
- The typical patient is not Medicare-aged.
- The typical patient will not have an E/M service reported on the same date as the procedure.

- The survey median work RVU is inconsistent with the intensity and complexity of this procedure, therefore the survey 25th percentile work RVU of 1.99 is recommended. This value is 20% less than the current work RVU.
- A work RVU of 1.99 is bracketed by MPC codes when comparing total physician work.
- A work RVU of 1.99 is bracketed by other recently reviewed codes when comparing total physician work.
- A work RVU of 1.99 is bracketed by other recently reviewed codes when comparing intra-service physician work intensity.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 11750

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty podiatry How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 220,223 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2013(early) Medicare data per RUC database

Specialty podiatry Frequency 205400 Percentage 93.26 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 11750

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Excision of Nail Bed

TAB: 26

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	Office 15	Office 14	Office 13	Office 12	Office 11
KEY-REF	10061	Incision and drainage of abscess (eg,	23	0.039			2.45			83		8	3	5			25			10				2	
DNU*	11750	Excision of nail and nail matrix, partial		0.007			2.50			81		10					15			10			2		
SVY	11750	Excision of nail and nail matrix, partial	83	0.073	1.22	1.99	2.45	2.79	4.09	73		25	5	5	5	10	15	15	30	7				1	
REC	11750	25th pctl RVW		0.058			1.99			63	6A	17	3	5			15			7				1	

* Do not use to validate physician work.

26
Tab Number

Excision of Nail Bed
Issue

11750-11752
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Timothy H. Tillo, DPM
Printed Signature

American Podiatric Medical Association
Specialty Society

August 25, 2014
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
FACILITY Direct Inputs

CPT Long Descriptor:
11750 Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;

Global Period 010 Meeting Date: 09/2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An APMA expert panel reviewed the current PE details for 11750, updating clinical staff time using standards and adjusting supplies and equipment to reflect current practice.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale: N/A

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Code 11750 is not typically performed in a facility. When a facility is required, it is usually due to comorbidities requiring facility support. In these instances, phone calls between physician clinical staff and insurance / facility staff will be necessary. We are recommending one phone call for each of these activities: complete pre-service diagnostic & referral forms; coordinate pre-surgery services; and schedule space and equipment in facility. In addition, one phone call is made to the patient to confirm which medications to continue or stop and to reinforce appropriate shoes to wear and the need for assistance returning home.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Supplies and Equipment: Some of the supplies/equipment have been deleted or adjusted to account for work at POV.

	SUPPLIES AND EQUIPMENT EDITS FOR POSTOP VISIT ONLY WHEN PROCEDURE PERFORMED IN A FACILITY			
		2002 PEAC	2014 REC	Changes to Current PE Inputs
58	**MEDICAL SUPPLIES****			
60	pack, minimum multi-specialty visit	**2**	**1**	Decrease: only one POV
65	gloves, sterile		**1**	Add: 1 for physician for POV debridement
83	underpad 2ft x 3ft (Chux)		**1**	Add: for POV during debridement
94	bacitracin oint (0.9gm single use)		**1**	Add: replaces supply in row 95 – for POV dressing change
95	silver sulfadiazene cream (Silvadene)	**0.5**		Delete
97	bandage, elastic, self-adherent wrap 1in (Coban)		**1**	Add: replaces supply in row 98 – for POV dressing change
98	bandage, Kling, non-sterile 2in	**1**		Delete

	SUPPLIES AND EQUIPMENT EDITS FOR POSTOP VISIT ONLY WHEN PROCEDURE PERFORMED IN A FACILITY			
		2002 PEAC	2014 REC	Changes to Current PE Inputs
107	**EQUIPMENT**			
108	light, exam	**72**	**27**	Reduced: =G55
109	table, power	**72**	**27**	Reduced: =G55

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: Code 11750 is not typically performed in a facility. When a facility is required, it is usually due to comorbidities requiring facility support. In these instances, phone calls between physician clinical staff and insurance / facility staff will be necessary. We are recommending one phone call for each of these activities: complete pre-service diagnostic & referral forms; coordinate pre-surgery services; and schedule space and equipment in facility. In addition, one phone call is made to the patient to confirm which medications to continue or stop and to reinforce appropriate shoes to wear and the need for assistance returning home.

Service (day of procedure) Clinical Labor Activities: Standard 6 minutes for same day discharge.

Post-Service Clinical Labor Activities: Assist physician during office visit including positioning patient, setting up supplies and equipment for debridement and dressing change

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non-Facility (OFFICE) Direct Inputs

CPT Long Descriptor:
11750 Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;

Global Period 010 Meeting Date: 09/2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An APMA expert panel reviewed the current PE details for 11750, updating clinical staff time using standards and adjusting supplies and equipment to reflect current practice.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale: N/A

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Clinical Staff Time:

- Row 23: This activity that was previously assigned to pre-service time has been reduced and moved to day of procedure.
- Row 30: Fifteen minutes represents 100% assist physician. This is a sterile procedure that includes injections, instruments, and solutions. The clinical staff that assists will need to be available throughout the procedure.
- Row 37: The development of cleaning time and cleaning supplies was added after this code was reviewed in 2002.

Supplies and Equipment: We have organized the supplies into different categories to assist review. Some of the supplies/equipment have been deleted; some have been updated to account for debridement at POV; some have been corrected (eg, change one size syringe to a different size).

SUPPLIES AND EQUIPMENT EDITS FOR DAY OF PROCEDURE AND POSTOP VISIT WHEN PERFORMED IN AN OFFICE SETTING				
ROW		**2002 PEAC**	**2014 REC**	**Changes to current PE inputs**
	MEDICAL SUPPLIES**			
59	***PATIENT***			
60	pack, minimum multi-specialty visit	**3**	**2**	Decrease: 1 for procedure and 1 for POV
61	slippers, paper	**3**		Delete
62	***STAFF***			
63	gown, staff, impervious	**2**	**2**	No change

SUPPLIES AND EQUIPMENT EDITS FOR DAY OF PROCEDURE AND POSTOP VISIT WHEN PERFORMED IN AN OFFICE SETTING				
ROW		**2002 PEAC**	**2014 REC**	**Changes to current PE inputs**
64	mask, surgical, with face shield	**2**	**2**	No change
65	gloves, sterile	**2**	**3**	Increase: 1 for physician & staff for procedure and 1 for physician for POV
66	cap, surgical	**2**		Delete
67	scrub brush (impregnated)	**3**		Delete
68	***DRAPE***			
69	drape, sterile, fenestrated 16in x 29in	**1**	**1**	No change
70	drape, sterile, for Mayo stand	**1**	**1**	No change
71	drape-towel, sterile 18in x 26in	**2**		Delete
72	***ANESTHETIC***			
73	ethyl chloride spray	**1**	**1**	No change
74	needle, 18-27g	**2**	**1**	Decrease: only Marcaine is typical
75	syringe 5-6ml		**1**	Add: replaces supplies in rows 76 and 77
76	syringe 20ml	**1**		Delete
77	syringe w-needle, OSHA compliant (SafetyGlide)	**1**		Delete
78	swab-pad, alcohol	**2**	**2**	No change, for Marcaine top and for injection sites
79	bupivacaine 0.25% inj (Marcaine)	**10**	**10**	No change
80	lidocaine 1%-2% inj (Xylocaine)	**10**		Delete: only Marcaine is typical
81	***PROCEDURE***			
82	penrose drain (0.25in x 4in)	**1**	**1**	No change: used for tourniquet
83	underpad 2ft x 3ft (Chux)		**2**	Add: protection for solution spills and blood
84	applicator, cotton-tipped, non-sterile 6in	**3**		Delete: replaced with sterile applicators
85	applicator, cotton-tipped, sterile, 6in		**4**	Increase: 3 for phenol and 1 for alcohol
86	phenol, liquified, USP		**2**	Add: typical for matrixectomy
87	alcohol ethyl 100%		**2**	Add: used to dilute phenol
88	sodium chloride 0.9% flush syringe	**1**		Delete: irrigation not performed
89	blade, surgical 64,65,67 (Beaver)		**1**	Add: replaces supply in row 91
91	scalpel with blade, surgical (#10-20)	**1**		Delete
92	gauze, sterile 4in x 4in (10 pack uou)	**1**	**2**	Increase: used for procedure and for POV
93	***DRESSING***			
94	bacitracin oint (0.9gm single use)		**2**	Add: replaces supply in row 95 – for both procedure and POV
95	silver sulfadiazene cream (Silvadene)	**1**		Delete
96	dressing, 3in x 3in (Adaptic)	**1**	**2**	Increase: for both procedure and POV
97	bandage, elastic, self-adherent wrap 1in (Coban)		**2**	Add: replaces supply in row 98 – for both procedure and POV
98	bandage, Kling, non-sterile 2in	**1**		Delete
99	steri-strip (6 strip uou)	**2**		Delete

SUPPLIES AND EQUIPMENT EDITS FOR DAY OF PROCEDURE AND POSTOP VISIT WHEN PERFORMED IN AN OFFICE SETTING				
ROW		**2002 PEAC**	**2014 REC**	**Changes to current PE inputs**
100	***CLEANUP***			
101	pack, cleaning, surgical instruments		**1**	Add: for cleaning basic pack
102	***MISC***			
103	suture, nylon, 3-0 to 6-0, c	**1**		Delete
104	kit, suture removal	**1**		Delete
105	cautery, monopolar, electrode, needle	**1**		Delete
105	cautery, patient ground pad w-cord	**1**		Delete
107	**EQUIPMENT**			
108	light, exam	**107**	**54**	Reduced: =+F24+F26+F27+F30+F34+F35+F38+F40+F55
109	table, power	**107**	**54**	Reduced: =+F24+F26+F27+F30+F34+F35+F38+F40+F55
110	instrument pack, basic ($500-$1499)		**27**	Add: Replaces row 112 =+F24+F26+F27+F30+F34+F35+F37+F38+F40
111	mayo stand		**27**	Add: needed for instruments and solutions =+F24+F26+F27+F30+F34+F35+F38+F40
112	instrument pack, medium ($1500 and up)	**35**		Delete
113	electrocautery-hyfrecator, up to 45 watts	**35**		Delete

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: The patient is called to confirm which medications to continue or stop and to reinforce appropriate shoes to wear.

Service (day of procedure) Clinical Labor Activities: All minutes are at or below standard.

	2002 PEAC	**2014 REC**
SERVICE PERIOD		
Start: When patient enters office/facility for surgery/procedure:		
Greet patient, provide gowning, ensure appropriate medical records are available *(Reduced to current standard time)*	**5**	**3**
Obtain vital signs	**3**	**3**
Provide pre-service education/obtain consent *(Moved from pre-service period)*		**2**
Prepare room, equipment, supplies *(set up sterile instruments and solutions)*	**3**	**2**
Prepare and position patient/ monitor patient/ set up IV *(assist position / pad patient legs, drape, set up anesthetic supplies)*	**2**	**2**
Sedate/apply anesthesia *(application of ethyl chloride and assist with digital block of four nerves)*	**3**	**2**
Intra-service		
Assist physician in performing procedure *(100% - sterile procedure)*	**10**	**15**
Post-Service		
Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation) *(double task while cleaning room)*		**0**

Clean room/equipment by physician staff	**3**	**3**
Clean Surgical Instrument Package *(standard for basic pack)*		**10**
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**3**	**3**

Post-Service Clinical Labor Activities: Assist physician during office visit including positioning patient, setting up supplies and equipment for debridement and dressing change

	A	B	C	D	E	F	G
1				PEAC 2002		Recommend	
2				11750		11750	
3	**Meeting Date: September 2014** **Tab: 26** **Specialty: APMA**	**CMS Code**	**Staff Type**	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;		Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**117**	**108**	**73**	**45**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**10**	**30**	**3**	**12**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**35**	**6**	**43**	**6**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**72**	**72**	**27**	**27**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**3**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**10**		**3**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**5**		**3**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**7**	**7**		
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**5**		**3**	
22	Obtain vital signs	L037D	RN/LPN/MTA	**3**		**3**	
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			**0**	
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**3**		**2**	
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**	
27	Sedate/apply anesthesia	L037D	RN/LPN/MTA	**3**		**2**	
29	**Intra-service**						
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	**10**		**15**	
32	**Post-Service**						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA				
35	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**	
37	Clean Surgical Instrument Package	L037D	RN/LPN/MTA			**10**	
38	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**3**			
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**	
41	*Other Clinical Activity - *specify:*	L037D	RN/LPN/MTA				
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**	**6**	**n/a**	**6**
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27			**1**	**1**
52	99213 36 minutes		36	**2**	**2**		
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**	L037D	RN/LPN/MTA	**72**	**72**	**27**	**27**
57	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
1				PEAC 2002		Recommend	
2				11750		11750	
3	**Meeting Date: September 2014** **Tab: 26** **Specialty: APMA**	**CMS Code**	**Staff Type**	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;		Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	***PATIENT***						
60	pack, minimum multi-specialty visit	SA048	pack	**3**	**2**	**2**	**1**
61	slippers, paper	SB040	pair	**3**			
62	***STAFF***						
63	gown, staff, impervious	SB027	item	**2**		**2**	**0**
64	mask, surgical, with face shield	SB034	item	**2**		**2**	**0**
65	gloves, sterile	SB024	pair	**2**		**3**	**1**
66	cap, surgical	SB001	item	**2**			
67	scrub brush (impregnated)	SM023	item	**3**			
68	***DRAPE***						
69	drape, sterile, fenestrated 16in x 29in	SB011	item	**1**		**1**	**0**
70	drape, sterile, for Mayo stand	SB012	item	**1**		**1**	**0**
71	drape-towel, sterile 18in x 26in	SB019	item	**2**			
72	***ANESTHETIC***						
73	ethyl chloride spray	SJ025	oz	**1**		**1**	**0**
74	needle, 18-27g	SC029	item	**2**		**1**	**0**
75	syringe 5-6ml	SC057	item			**1**	**0**
76	syringe 20ml	SC053	item	**1**			
77	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	**1**			
78	swab-pad, alcohol	SJ053	item	**2**		**1**	**0**
79	bupivacaine 0.25% inj (Marcaine)	SH021	ml	**10**		**10**	**0**
80	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	**10**			
81	***PROCEDURE***						
82	penrose drain (0.25in x 4in)	SG067	item	**1**		**1**	**0**
83	underpad 2ft x 3ft (Chux)	SB044	item			**2**	**1**
84	applicator, cotton-tipped, non-sterile 6in	SG008	item	**3**			
85	applicator, cotton-tipped, sterile, 6in	SG081	item			**4**	**0**
86	phenol, liquified, USP	SH088	ml			**2**	**0**
87	alcohol ethyl 100%	SL154	ml			**2**	**0**
88	sodium chloride 0.9% flush syringe	SH065	item	**1**			
89	blade, surgical 64,65,67 (Beaver)	SF008	item			**1**	**0**
90	blade, surgical (Bard-Parker)	SF007	item			**1**	**1**
91	scalpel with blade, surgical (#10-20)	SF033	item	**1**			
92	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**1**	**1**	**2**	**1**
93	***DRESSING***						
94	bacitracin oint (0.9gm single use)	SJ007	item			**2**	**1**
95	silver sulfadiazene cream (Silvadene)	SH064	gm	**1**	**0.5**		
96	dressing, 3in x 3in (Adaptic)	SG034	item	**1**	**1**	**2**	**1**
97	bandage, elastic, self-adherent wrap 1in (Coban)	SG014	item			**2**	**1**
98	bandage, Kling, non-sterile 2in	SG017	item	**1**	**1**		
99	steri-strip (6 strip uou)	SG074	item	**2**			
100	***CLEANUP***						
101	pack, cleaning, surgical instruments	SA043	pack			**1**	**0**
102	***MISC***						
103	suture, nylon, 3-0 to 6-0, c	SF036	item	**1**			
104	kit, suture removal	SA031	kit	**1**			
105	cautery, monopolar, electrode, needle	SF018	item	**1**			
106	cautery, patient ground pad w-cord	SF021	item	**1**			
107	**EQUIPMENT**	**CODE**					
108	light, exam	EQ168		**107**	**72**	**54**	**27**
109	table, power	EF031		**107**	**72**	**54**	**27**
110	instrument pack, basic ($500-$1499)	EQ137				**34**	**0**
111	mayo stand	EF015				**27**	**0**
112	instrument pack, medium ($1500 and up)	EQ138		**35**	**0**		
113	electrocautery-hyfrecator, up to 45 watts	EQ110		**35**	**0**		