

AMA/Specialty Society Relative Value Update Committee (RUC)

Final Vote Release – CPT 2014

[Every year, the RUC holds three meetings](#) to review CPT codes that are either new, revised or considered potentially misvalued by either the Centers for Medicare and Medicaid Services (CMS) or the RUC's own process of identification performed by the Relativity Assessment Workgroup (RAW). In April 2012, the RUC approved a measure to release the final total RUC voting counts for each code reviewed during the most recently completed cycle. The release of these voting records will occur each year following the CMS publication of the Medicare Payment Schedule Final Rule in November.

For the CPT 2014 cycle, the RUC convened meetings on October 4-6, 2012; January 24-17, 2013; and April 25-28, 2013, and the Committee's final recommendations were submitted to CMS in May of 2013 for consideration in the 2014 Medicare Payment Schedule – Final Rule for 2014. CMS released the Final Rule on November 27, 2013. Further information about the RUC and its processes can be found at:

www.ama-assn.org/go/rbrvs

Below is a list of definitions and descriptions of RUC processes to help in the understanding the voting information published on the following pages:

- **CPT Code and Long Descriptor:** These first two columns simply state each individual CPT codes and Long Descriptor.
- **Pre-Facilitation (Yes/No):** Prior to each meeting, RUC members undergo a rigorous review of each CPT code's recommendation as submitted by the specialty society(ies). If significant concerns are raised by either the reviewing RUC members or the specialty society(ies) a request for pre-facilitation may occur. Pre-facilitation meetings are assigned to a specific subset of RUC members and Advisors called a facilitation committee (*described below*) and can occur either by phone or on site, prior to the presentation of the code(s) during the RUC meeting. During the pre-facilitation meetings, issues are discussed and the specialty society(ies) have the opportunity (but have no obligation) to revise their recommendations.
- **Specialty Work RVU modified prior to Presentation (Yes/No):** This field indicates whether or not the specialty society(ies) involved in surveying a specific code have revised their work RVU recommendation prior to presenting the code to the RUC. These modifications are typically made after review of pre-facilitation committee discussion (see above) or after consideration of RUC reviewer comments.
- **Specialty Work RVU passed by RUC (Yes/No):** This field indicates whether or not the initially presented work RVU recommendation, as presented to the RUC by the specialty society(ies), was approved.
- **Specialty Work RVU facilitated by RUC (Yes/No):** Each meeting, three facilitation committees are established. Each committee consists of a subset of RUC members, specialty society Advisors and a member of the non-MD/DO Health Care Professional Advisory Committee (HCPAC) who, when a code does not meet the required two-third vote for approval, meet with the appropriate specialty society(ies) to reach consensus on a revised work RVU and direct practice expense. At the conclusion of a facilitation committee meeting, a report is written providing a rationale for the revised recommendations and the RUC again votes to either approve or disapprove these work RVU recommendations.

- **Specialty Work RVU modified by RUC (Yes/No):** This field indicates if, for any reason, the specialty society(ies) RVU recommendations from initial submissions were modified by the RUC. Modifications can happen for any number of reasons: 1) a pre-facilitation committee meeting could offer alternative suggestions that the specialties include; 2) comments made during the review process or at the table during the presentation of the code could result in modifications; 3) a facilitation committee meeting can reach consensus on revised work RVUs.
- **Final RUC Vote- work RVU:** This field indicates the final RUC vote total for each code. These vote totals represent the final RUC determinations on each code. CPT code RVU recommendations could have changed substantially from the original specialty societies' recommendation through any of the mechanisms laid out in the fields listed in the table and described above. [There are 28 voting members on the RUC.](#) A vote total may not add up to 28 for two reasons: 1) a voting member can abstain and/or 2) a voting member may not be present at the table during the vote. The RUC requires that at least 2/3 of the member voting must approve the recommendation in order for it to be submitted to CMS. A quorum, consisting of 16 member of the RUC, must be present to conduct any business. When a vote is less than 28, a footnote will state the reason.
- **Final RUC Vote- Direct Practice Expense:** This field indicates the final RUC vote total for each code's direct practice expense inputs (clinical labor, supplies and equipment) as recommended by the Practice Expense (PE) Subcommittee. As with the work RVU recommendations, direct PE input recommendations could have changed substantially from the original specialty societies' recommendation. The PE subcommittee meets for a full day prior to the RUC proceeding and reviews specialty society submissions for direct PE inputs and makes recommendations directly to the RUC. Following each vote on work RVUs, the RUC holds a separate vote to accept the direct PE inputs as modified and/or approved by the PE Subcommittee. The same voting protocol for work RVUs apply to direct PE inputs.

RUC Vote Totals – CPT 2014 Summary (Physician Work Only)		
Vote Total	Number of Vote Total Instances	Percentage of Vote Total Instances
28-0	142	66%
27-0*	1	1%
27-1	32	15%
26-2	12	6%
25-3	5	2%
24-3*	2	1%
24-4	12	6%
22-5*	1	-
23-5	5	2%
22-6	1	-
21-7	1	-
20-8	1	-
19-9	1	-

Two-Thirds of RUC Recommendations to CMS for 2014 were based on unanimous votes of the Committee

*Represents vote totals in which a RUC member was out of the room

RUC Vote Totals – CPT 2014

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	No	No	No	Yes	No	28-0	28-0
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	No	No	No	Yes	No	23-5	28-0
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)	No	No	No	Yes	Yes	23-5	28-0
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	No	No	No	Yes	Yes	23-5	28-0

*Reviewed for direct PE inputs only

Page 1 of 59

**RUC recommended carrier pricing

***A RUC member was out of the room during the vote

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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	No	No	Yes	No	No	24-4	28-0
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)	No	No	Yes	No	No	26-2	28-0

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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	No	No	Yes	No	No	26-2	28-0
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)	No	No	Yes	No	No	26-2	28-0

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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)	No	No	Yes	No	No	26-2	28-0
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	Yes	No	No	No	Yes	26-2	28-0
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)	Yes	No	Yes	No	Yes	28-0	28-0

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19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	Yes	No	Yes	No	No	26-2	28-0
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)	Yes	No	Yes	No	No	28-0	28-0
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	Yes	No	Yes	No	No	28-0	28-0

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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)	Yes	No	Yes	No	No	28-0	28-0
19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	Yes	No	Yes	No	No	28-0	28-0
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)	Yes	No	Yes	No	No	28-0	28-0

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19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	Yes	No	Yes	No	No	28-0	28-0
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)	Yes	No	Yes	No	No	28-0	28-0
19285	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	Yes	No	Yes	No	No	28-0	28-0

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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)	Yes	No	Yes	No	No	28-0	28-0
19287	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	Yes	No	Yes	No	No	28-0	28-0
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)	Yes	No	Yes	No	No	28-0	28-0
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)	No	Yes	No	No	Yes	24-4	28-0

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Page 8 of 59

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23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	No	Yes	No	No	Yes	24-4	28-0
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)	No	Yes	No	No	Yes	24-4	28-0
24160	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components	No	Yes	No	No	Yes	27-1	27-1
24164	Removal of prosthesis, includes debridement and synovectomy when performed; radial head	No	No	Yes	No	No	27-1	27-1
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	No	No	No	Yes	Yes	28-0	28-0

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Page 9 of 59

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27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	No	No	Yes	No	No	26-2	28-0
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	No	No	Yes	No	No	22-6	28-0
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	No	No	No	Yes	Yes	28-0	28-0
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	No	Yes	No	No	Yes	27-1	28-0
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	No	No	Yes	No	No	25-3	28-0

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Page 10 of 59

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31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	No	Yes	Yes	No	Yes	27-1	28-0
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	No	No	Yes	No	No	28-0	28-0
33282	Implantation of patient-activated cardiac event recorder	No	No	No	No	Yes	28-0	28-0
33284	Removal of an implantable, patient-activated cardiac event recorder	No	No	Yes	No	No	28-0	28-0
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	No	No	Yes	No	No	27-1	27-1

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34841**	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	No	N/A	N/A	N/A	N/A	28-0	N/A
34842**	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	No	N/A	N/A	N/A	N/A	28-0	N/A

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34843**	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	No	N/A	N/A	N/A	N/A	28-0	N/A
34844**	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	No	N/A	N/A	N/A	N/A	28-0	N/A

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34845**	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	No	N/A	N/A	N/A	N/A	28-0	N/A
34846**	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	No	N/A	N/A	N/A	N/A	28-0	N/A

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34847**	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	No	N/A	N/A	N/A	N/A	28-0	N/A
34848**	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	No	N/A	N/A	N/A	N/A	28-0	N/A

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35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	No	No	No	Yes	Yes	28-0	28-0
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	No	Yes	No	No	Yes	27-1	28-0
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	No	No	Yes	No	No	23-5	28-0

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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	No	No	Yes	No	No	25-3	28-0
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)	No	No	No	Yes	No	28-0	28-0
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	No	No	No	Yes	No	28-0	28-0

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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)	No	No	No	Yes	Yes	28-0	28-0
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)	No	No	No	Yes	Yes	28-0	28-0
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)	No	No	No	Yes	Yes	28-0	28-0

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RUC Vote Totals – CPT 2014

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
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	No	No	No	Yes	Yes	28-0	28-0
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	No	No	No	Yes	Yes	28-0	28-0
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	Yes	No	Yes	No	No	24-4	28-0
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	Yes	No	Yes	No	No	27-1	28-0

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RUC Vote Totals – CPT 2014

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43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	Yes	No	Yes	No	No	24-4	28-0
43194	Esophagoscopy, rigid, transoral; with removal of foreign body	Yes	No	Yes	No	No	24-4	28-0
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	Yes	Yes	No	No	Yes	27-1	28-0
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	Yes	Yes	No	No	Yes	27-1	28-0
43197	Esophagoscopy, flexible, transnasal; diagnostic, includes collection of specimen(s) by brushing or washing when performed (separate procedure)	Yes	No	Yes	No	No	27-1	28-0

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Page 20 of 59

**RUC recommended carrier pricing

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RUC Vote Totals – CPT 2014

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple	Yes	No	Yes	No	No	28-0	28-0
43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	No	Yes	No	No	25-3	28-0
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Yes	No	No	Yes	Yes	28-0	28-0
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	Yes	No	No	Yes	No	28-0	28-0
43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	Yes	No	No	Yes	Yes	28-0	28-0

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Page 21 of 59

**RUC recommended carrier pricing

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RUC Vote Totals – CPT 2014

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	Yes	No	No	Yes	Yes	28-0	28-0
43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	Yes	No	No	Yes	Yes	28-0	28-0
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	Yes	Yes	No	Yes	Yes	27-1	28-0
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	No	Yes	Yes	27-1	28-0
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	Yes	No	No	Yes	No	27-1	28-0

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Page 22 of 59

**RUC recommended carrier pricing

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RUC Vote Totals – CPT 2014

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	Yes	Yes	No	Yes	Yes	27-1	28-0
43215	Esophagoscopy, flexible, transoral; with removal of foreign body	Yes	No	No	Yes	No	28-0	28-0
43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	Yes	No	No	Yes	No	28-0	28-0
43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Yes	No	No	Yes	No	28-0	28-0
43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	Yes	No	No	Yes	No	28-0	28-0

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Page 23 of 59

**RUC recommended carrier pricing

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RUC Vote Totals – CPT 2014

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire	Yes	No	No	Yes	No	28-0	28-0
43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method	Yes	No	No	Yes	Yes	28-0	28-0
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	No	Yes	Yes	27-1	28-0
43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	Yes	No	Yes	No	No	28-0	28-0
43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	Yes	No	Yes	No	No	28-0	28-0

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Page 24 of 59

**RUC recommended carrier pricing

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RUC Vote Totals – CPT 2014

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	Yes	No	No	Yes	Yes	28-0	28-0
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	No	No	Yes	Yes	28-0	28-0
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Yes	No	No	Yes	Yes	28-0	28-0
43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures	Yes	No	Yes	No	No	28-0	28-0

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RUC Vote Totals – CPT 2014

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
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)	Yes	No	Yes	No	No	28-0	28-0
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	Yes	No	No	Yes	Yes	28-0	28-0
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)	Yes	No	Yes	No	No	28-0	28-0
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	Yes	No	No	Yes	No	28-0	28-0

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RUC Vote Totals – CPT 2014

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
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)	Yes	No	Yes	No	No	28-0	28-0
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	Yes	No	No	Yes	No	28-0	28-0
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	Yes	No	No	Yes	No	28-0	28-0
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	Yes	No	No	Yes	No	28-0	28-0

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RUC Vote Totals – CPT 2014

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	Yes	No	Yes	No	No	28-0	28-0
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body	Yes	No	No	Yes	Yes	28-0	28-0
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	Yes	No	No	Yes	Yes	28-0	28-0
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	Yes	No	No	Yes	Yes	28-0	28-0
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	Yes	No	No	Yes	Yes	28-0	28-0

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RUC Vote Totals – CPT 2014

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Yes	No	Yes	No	No	28-0	28-0
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	Yes	No	No	Yes	Yes	28-0	28-0
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)	Yes	Yes	No	No	Yes	28-0	28-0
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	Yes	No	No	Yes	Yes	28-0	28-0

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Page 29 of 59

**RUC recommended carrier pricing

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RUC Vote Totals – CPT 2014

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	Yes	No	No	Yes	No	28-0	28-0
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	Yes	No	No	Yes	No	28-0	28-0
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	Yes	No	Yes	No	No	28-0	28-0
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	No	Yes	No	No	27-1	28-0

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RUC Vote Totals – CPT 2014

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43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	Yes	No	Yes	No	No	28-0	28-0
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	Yes	No	Yes	No	No	28-0	28-0
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	Yes	No	Yes	No	No	25-3	28-0
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	Yes	No	Yes	No	No	28-0	28-0
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	Yes	No	Yes	No	No	28-0	28-0

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RUC Vote Totals – CPT 2014

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43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Yes	No	No	Yes	Yes	28-0	28-0
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)	Yes	No	No	Yes	Yes	28-0	28-0
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	Yes	No	Yes	No	No	28-0	28-0
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	Yes	No	Yes	No	No	27-1	28-0

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RUC Vote Totals – CPT 2014

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	Yes	No	Yes	No	No	28-0	28-0
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	Yes	No	Yes	No	No	26-2	28-0
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	Yes	No	Yes	No	No	28-0	28-0

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RUC Vote Totals – CPT 2014

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
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	Yes	No	Yes	No	No	28-0	28-0
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	Yes	No	Yes	No	No	28-0	28-0
43453	Dilation of esophagus, over guide wire	Yes	No	Yes	No	No	28-0	28-0
49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	No	No	No	Yes	Yes	28-0	28-0

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RUC Vote Totals – CPT 2014

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
49406	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous	No	No	No	Yes	Yes	28-0	28-0
49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal	No	No	No	Yes	No	28-0	28-0
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	No	No	No	Yes	Yes	24-4	28-0
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	No	No	Yes	No	No	28-0	N/A
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	No	No	Yes	No	No	28-0	N/A

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Page 35 of 59

**RUC recommended carrier pricing

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RUC Vote Totals – CPT 2014

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	No	No	No	No	Yes	27-1	28-0
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	No	No	No	Yes	Yes	28-0	28-0
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)	No	No	No	Yes	No	28-0	28-0

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RUC Vote Totals – CPT 2014

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
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	No	No	No	Yes	No	28-0	28-0
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)	No	No	No	Yes	No	28-0	28-0
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	No	No	Yes	No	No	27-1	27-1

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Page 37 of 59

**RUC recommended carrier pricing

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RUC Vote Totals – CPT 2014

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
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)	No	No	Yes	No	No	27-1	N/A
63650*	Percutaneous implantation of neurostimulator electrode array, epidural	No	N/A	N/A	N/A	N/A	N/A	28-0
64612	Chemodeneration of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)	Yes	No	Yes	No	No	28-0	N/A
64615	Chemodeneration of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	Yes	No	Yes	No	No	28-0	28-0

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Page 38 of 59

**RUC recommended carrier pricing

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RUC Vote Totals – CPT 2014

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	Yes	Yes	No	Yes	Yes	28-0	28-0
64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	Yes	Yes	No	Yes	Yes	28-0	28-0
64642	Chemodenervation of one extremity; 1-4 muscle(s)	Yes	Yes	No	Yes	Yes	28-0	28-0
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	Yes	Yes	No	Yes	Yes	28-0	28-0
64644	Chemodenervation of one extremity; 5 or more muscle(s)	Yes	Yes	No	Yes	Yes	28-0	28-0

*Reviewed for direct PE inputs only

Page 39 of 59

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RUC Vote Totals – CPT 2014

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
64645	Chemodeneration of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure)	Yes	Yes	No	Yes	Yes	28-0	28-0
64646	Chemodeneration of trunk muscle(s); 1-5 muscle(s)	Yes	Yes	No	Yes	Yes	28-0	28-0
64647	Chemodeneration of trunk muscle(s); 6 or more muscle(s)	Yes	Yes	No	Yes	Yes	28-0	28-0
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	No	No	Yes	No	No	19-9	28-0
67914	Repair of ectropion; suture	No	No	Yes	No	No	21-7	28-0

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67915	Repair of ectropion; thermocauterization	No	No	No	Yes	Yes	28-0	28-0
67916	Repair of ectropion; excision tarsal wedge	No	No	No	Yes	No	28-0	28-0
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	No	No	No	Yes	Yes	28-0	28-0
67921	Repair of entropion; suture	No	No	No	Yes	No	28-0	28-0
67922	Repair of entropion; thermocauterization	No	No	No	Yes	Yes	28-0	28-0
67923	Repair of entropion; excision tarsal wedge	No	No	No	Yes	Yes	28-0	28-0

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67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	No	No	No	Yes	No	28-0	28-0
69210	Removal impacted cerumen requiring instrumentation, unilateral	No	No	No	No	Yes	27-1	27-1
70450	Computed tomography, head or brain; without contrast material	No	No	Yes	No	No	27-1	27-1
70460	Computed tomography, head or brain; with contrast material(s)	No	No	Yes	No	No	27-1	27-1
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	No	No	Yes	No	No	27-1	27-1

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Page 42 of 59

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RUC Vote Totals – CPT 2014

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70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	No	No	No	Yes	No	24-4	24-4
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	No	No	No	Yes	No	24-4	24-4
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	No	No	No	Yes	No	24-4	24-4
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	No	No	No	Yes	Yes	28-0	28-0
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	No	No	No	Yes	Yes	28-0	28-0

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Page 43 of 59

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RUC Vote Totals – CPT 2014

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72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	No	No	No	Yes	Yes	28-0	28-0
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	No	No	No	Yes	Yes	28-0	28-0
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	No	No	No	Yes	No	28-0	28-0
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	No	No	No	Yes	No	28-0	28-0
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	No	No	No	Yes	No	28-0	28-0

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Page 44 of 59

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RUC Vote Totals – CPT 2014

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72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	No	No	No	Yes	No	28-0	28-0
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	No	No	No	Yes	No	28-0	28-0
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	No	No	No	No	Yes	28-0	28-0
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	No	No	No	No	Yes	28-0	28-0

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74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	No	No	No	No	Yes	28-0	28-0
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)	No	No	Yes	No	No	28-0	28-0
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	No	No	Yes	No	No	20-8	28-0

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77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	No	No	Yes	No	No	28-0	28-0
77280	Therapeutic radiology simulation-aided field setting; simple	No	No	Yes	No	No	28-0	28-0
77285	Therapeutic radiology simulation-aided field setting; intermediate	No	No	Yes	No	No	28-0	28-0
77290	Therapeutic radiology simulation-aided field setting; complex	No	No	Yes	No	No	28-0	28-0
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	No	No	Yes	No	No	23-5	28-0

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77295	3-dimensional radiotherapy plan, including dose-volume histograms	No	No	No	Yes	Yes	28-0	28-0
77301*	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	No	N/A	N/A	N/A	N/A	N/A	28-0
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	No	N/A	N/A	N/A	N/A	N/A	28-0
77338*	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	No	N/A	N/A	N/A	N/A	N/A	28-0

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77372*	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	No	N/A	N/A	N/A	N/A	N/A	28-0
77373*	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	No	N/A	N/A	N/A	N/A	N/A	28-0
77600*	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	No	N/A	N/A	N/A	N/A	N/A	28-0
77785*	Remote afterloading high dose rate radionuclide brachytherapy; 1 channel	No	N/A	N/A	N/A	N/A	N/A	28-0
77786*	Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels	No	N/A	N/A	N/A	N/A	N/A	28-0

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77787*	Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels	No	N/A	N/A	N/A	N/A	N/A	28-0
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	No	No	Yes	No	No	28-0	28-0
88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	No	No	No	No	Yes	27-1	28-0
88342	Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; first separately identifiable antibody per slide	No	No	Yes	No	No	28-0	28-0

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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)	No	No	Yes	No	No	28-0	28-0
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	No	No	Yes	No	No	28-0	28-0
90785	Interactive complexity (List separately in addition to the code for primary procedure)	No	No	Yes	No	No	26-2	28-0
90839	Psychotherapy for crisis; first 60 minutes	Yes	Yes	No	No	Yes	26-2	28-0
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	Yes	Yes	No	No	Yes	24-4	28-0

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91065*	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	No	N/A	N/A	N/A	N/A	N/A	28-0
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	No	No	Yes	No	No	28-0	28-0
93005*	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	No	N/A	N/A	N/A	N/A	N/A	28-0
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	No	No	Yes	No	No	27-1	28-0
93582	Percutaneous transcatheter closure of patent ductus arteriosus	No	No	No	Yes	No	26-2	26-2

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93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	No	No	No	No	Yes	26-2	26-2
93880	Duplex scan of extracranial arteries; complete bilateral study	No	No	Yes	No	No	28-0	28-0
93882	Duplex scan of extracranial arteries; unilateral or limited study	No	No	Yes	No	No	28-0	28-0
94667*	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	No	N/A	N/A	N/A	N/A	N/A	28-0
94668*	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	No	N/A	N/A	N/A	N/A	N/A	28-0

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Page 53 of 59

**RUC recommended carrier pricing

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RUC Vote Totals – CPT 2014

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94669*	Mechanical chest wall oscillation to facilitate lung function, per session	No	N/A	N/A	N/A	N/A	N/A	28-0
95816	Electroencephalogram (EEG); including recording awake and drowsy	No	No	Yes	No	No	27-1	28-0
95819	Electroencephalogram (EEG); including recording awake and asleep	No	No	Yes	No	No	27-1	28-0
95822	Electroencephalogram (EEG); recording in coma or sleep only	No	No	No	No	Yes	25-3	28-0
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	Yes	No	Yes	No	No	28-0	28-0

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95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	Yes	No	Yes	No	No	28-0	28-0
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	No	No	Yes	No	No	27-1	27-1
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	No	No	Yes	No	No	27-1	27-1
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)	No	No	Yes	No	No	27-1	27-1

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96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	No	No	Yes	No	No	27-1	27-1
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	No	No	Yes	No	No	28-0	24-4
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	No	No	Yes	No	No	28-0	24-4
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)	No	No	Yes	No	No	28-0	24-4

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99170*	Anogenital examination, magnified, in childhood for suspected trauma, including image recording when performed	No	N/A	N/A	N/A	N/A	N/A	28-0
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	Yes	Yes	No	No	Yes	27-0***	N/A
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	Yes	Yes	No	No	Yes	24-3***	N/A

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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	Yes	Yes	No	No	Yes	22-5***	N/A
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	Yes	Yes	No	No	Yes	24-3***	N/A
99481**	Total body systemic hypothermia in a critically ill neonate per day (List separately in addition to code for primary procedure)	Yes	Yes	No	No	Yes	28-0	N/A

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99482**	Selective head hypothermia in a critically ill neonate per day (List separately in addition to code for primary procedure)	Yes	Yes	No	No	Yes	28-0	N/A

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