AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2019
January 2018 Meeting

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AMA
AMERICAN MEDICAL ASSOCIATION

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February 5, 2018

Seema Verma, MPH
Administrator
Center for Medicare
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: RUC Recommendations

Dear Administrator Verma:

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 2019*, as well as to existing services identified by the RUC's Relativity Assessment Workgroup and CMS.

Enclosed are the RUC recommendations for all the CPT codes reviewed at the January 10-13, 2018 RUC meeting.

CPT 2019 New and Revised Codes – *January 2018 RUC Submission*

The enclosed binder contains RUC recommendations, including those for new and revised CPT codes. The RUC considered 49 new/revised/related family CPT codes at the January 2018 meeting. The RUC submits work value and/or practice expense inputs for 49 new/revised/related family CPT codes from the January meeting.

CPT 2019 New and Revised Codes – *Entire CPT 2019 Cycle*

The total number of coding changes for the entire *CPT 2019 cycle* is 195, including 94 additions, 46 revisions, and 55 deletions. In addition, 10 new codes were identified as part of the family for review in relationship to the new/revised codes. The 150 new/revised/related family CPT codes are summarized as follows:

- 25 services are not payable on the RBRVS or do not require physician work at this time (eg, laboratory services and vaccines), and accordingly, the RUC does not submit any information on these codes.
- The HCPAC submits recommendations for 9 new/revised CPT codes.

The RUC submits work value and/or practice expense inputs for 116 new/revised/related family CPT codes for the 2019 Medicare Physician Payment Schedule.

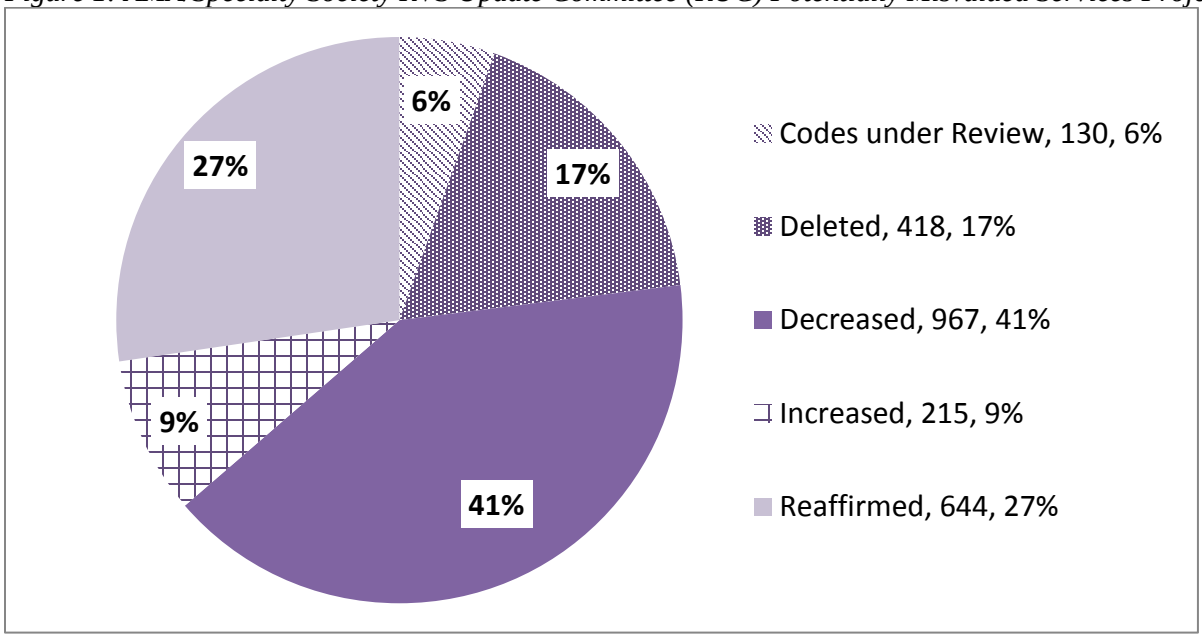
Existing Services Identified by RUC and CMS for Review

In addition to the new/revised CPT code submission, the RUC submits recommendations for 7 services identified by the RUC or CMS as potentially misvalued and reviewed at the January 2018 RUC meeting. The RUC recommends work relative values for 6 codes and direct practice expense inputs only for one code. These recommendations are in addition to the 56 recommendations for existing services submitted to CMS following the RUC's April and October 2017 meetings.

RUC Progress in Identifying and Reviewing Potentially Misvalued Codes

Since 2006, the RUC has identified 2,374 potentially misvalued services through objective screening criteria and has completed review of 2,244 of these services. The RUC has recommended that over half of the services identified be decreased or deleted (Figure 1). The RUC has worked vigorously over the past several years to identify and address misvaluations in the RBRVS through provision of revised physician time data and resource recommendations to CMS. The RUC looks forward to working with CMS on a concerted effort to address potentially misvalued services. *A detailed report of the RUC's progress is appended to this letter*.

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



RUC Identified Potentially Misvalued Services

Digital Breast Tomosynthesis

The RUC established a screen to examine services that were established by CMS/Other methodology. These services have not been reviewed by the Harvard studies or the RUC and were either gap filled, most often via crosswalk by CMS or were part of a radiology fee schedule. In October 2017, the RUC lowered the threshold to the CMS/Other source codes with Medicare utilization of 30,000 or more and identified G0279 *Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to G0204 or G0206).* When reviewing this service the RUC determined that G0279 should be deleted as CPT codes 77061 *Digital breast tomosynthesis; unilateral* and 77062 *Digital breast*

tomosynthesis; bilateral are available to report these services. **The RUC recommends that CMS delete G0279 and accept the RUC recommendation of 0.70 work RVUs for CPT code 77061 and 0.90 work RVUs for CPT code 77062 as recommended for CPT 2015.** *The April 2014 RUC recommendations are appended to this letter.*

Potentially Misreported Services

Muscle Testing

CPT code 95831 *Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk* was identified via the CMS/Other source with Medicare utilization over 30,000 screen. In January 2018, the Relativity Assessment Workgroup reviewed an action plan for this issue. The primary specialty providing this service is physical medicine and rehabilitation. However, the AAPM&R indicated that their physicians are not performing this service. The RUC noted that most of the Medicare claims for CPT code 95831 are being reported from one geographic location. **The RUC is notifying CMS of the possible inappropriate reporting of CPT code 95831.**

Practice Expense Subcommittee

New Clinical Activities

The attached materials include direct practice expense (PE) input (clinical staff time, supplies and equipment) recommendations for each code reviewed. Some CPT codes under review contain new clinical activities to be assigned a code number and added to the list of clinical activities that can be recommended for clinical staff time as part of the RUC's recommendations. Indicated in the list below are the new clinical activity code numbers and descriptions from the January 2018 RUC meeting. The CPT code that the RUC recommends the activity be allocated minutes for is included in parenthesis:

- CA045, Setup scope at global postop office visit (46500)
- CA046, Clean scope at global postop office visit (46500)

The RUC will add these clinical activities to the list of clinical activities labelled "clin activities" (second spreadsheet) following the PE spreadsheet in the PE workbook. The RUC requests that CMS add the clinical activity codes, CA045 and CA046, to your practice expense inputs database.

Minimum Multi-Specialty Visit Supply Pack Duplication Error

There are 165 CPT codes billed with an office evaluation and management or eye visit code more than 50% of the time in the nonfacility setting that have more minimum multi-specialty visit supply packs (SA048) then post-operative visits. This indicates that either they were not billed with an E/M when they were reviewed by the PE Subcommittee or the PE Subcommittee approved a minimum multi-specialty visit supply pack (SA048) without considering the resulting overlap of supplies between SA048 and the E/M supply pack (SA047). The RUC considers this a simple duplication error that should be corrected. **The RUC requests that CMS remove the appropriate number of supply item SA048 from 165 codes as identified by the RUC in the attached spreadsheet titled "Minimum Supply Pack Analysis".**

RUC Expected Specialty Recommendations for Low Volume Services CY2018 NPRM

There were some codes missing from the list of Expected Specialty Recommendations for Low Volume Services submitted to CMS with the RUC's recommendations for CY2018 NPRM. The original RUC analysis was based on the Medicare payment status for the global setting, whereas there are a few codes that only have their 26 modifier covered. As a result, there were an additional 28 codes that should be included on the list and recommendations are attached accordingly. **The RUC recommends that CMS add these codes to the list for rate-setting for the CY 2018 Medicare Physician Payment Schedule.**

Enclosed Recommendations and Supporting Materials:

Included in these binders and on the enclosed USB drive are:

- RUC Recommendation Status Report for New and Revised Codes
- RUC Recommendation Status Report for 2,374 services identified to date by the Relativity Assessment Workgroup and CMS as potentially misvalued. In addition, a spreadsheet containing the codes specific to this submission is included.
- RUC Referrals to the CPT Editorial Panel – both for CPT nomenclature revisions and *CPT Assistant* articles.
- Physician Time File: A list of the physician time data for each of the CPT codes reviewed at the January 2018 RUC meeting.
- Pre-Service and Post-Service Time Packages Definitions: The RUC developed physician pre-service and post-service time packages which have been incorporated into these recommendations. The intent of these packages is to streamline the RUC review process as well as create standard pre-service and post-service time data for all codes reviewed by the RUC.
- PLI Crosswalk Table: The RUC has committed to selecting appropriate professional liability insurance crosswalks for new and revised codes and existing codes under review. We have provided a PLI Crosswalk Table listing the reviewed code and its crosswalk code for easy reference. We hope that the provision of this table will assist CMS in reviewing and implementing the RUC recommendations.
- BETOS Assignment Table: The RUC, for each meeting, provides CMS with suggested BETOS classification assignments for new/revised codes. Furthermore, if an existing service is reviewed and the specialty believes the current assignment is incorrect, this table will reflect the desired change.
- 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 2019 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 570 of these procedures through the review of new CPT codes. A table of these codes identified as new technology services and the date of review is enclosed, as well as a flow chart providing a detailed description of the process to be utilized to review these services.

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

Sincerely,



Peter K. Smith, MD

Enclosures

cc: RUC Participants
Edith Hambrick, MD
Ryan Howe
Karen Nakano, MD
Marge Watchorn
Michael Soracoe

CPT Code	Long Descriptor	Global	Billed with same day occurances (2015 5% file)	CPT Code Utilization (2015 5% file)	Percentage CPT Code Billed with Office E/M or Eye Visit Code (99201-99215; 92002-92014)	Most Recent RUC Review	PEAC Review	Number of Post-Op Office Visits	Non-Fac Quantity of Minimum Visit Pack (SA048)	Difference Between Min Supply Pack and Post-Op Office Visits REMOVE
10040	Acne surgery (eg, marsupialization, opening or removal of multiple	010	1260	1630	77%	Apr16	Yes	1	2	1
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidrad	010	9235	17895	52%	Oct10	Yes	1	2	1
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidrad	010	2552	4916	52%	Oct10	Yes	2	3	1
10080	Incision and drainage of pilonidal cyst; simple	010	32	56	57%	Aug95	Yes	1	2	1
10120	Incision and removal of foreign body, subcutaneous tissues; simple	010	1106	1712	65%	Sept11	Yes	1	2	1
10121	Incision and removal of foreign body, subcutaneous tissues; compli	010	118	206	57%		Yes	1	2	1
10180	Incision and drainage, complex, postoperative wound infection	010	65	118	55%		Yes	1	2	1
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (inc	000	126837	158533	80%	Aug05	Yes	0	1	1
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to	010	3661	4837	76%	Apr97	Yes	1	2	1
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or	000	2717	3659	74%	Apr12	Yes	0	1	1
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or	000	5497	7508	73%	Apr12	Yes	0	1	1
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or	000	3311	4849	68%	Apr12	Yes	0	1	1
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or	000	465	735	63%	Apr12	Yes	0	1	1
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, ha	000	2543	4187	61%	Apr12	Yes	0	1	1
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, ha	000	1383	2277	61%	Apr12	Yes	0	1	1
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyel	000	2273	3272	69%	Apr12	Yes	0	1	1
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyel	000	3229	4429	73%	Apr12	Yes	0	1	1
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyel	000	1470	2187	67%	Apr12	Yes	0	1	1
11400	Excision, benign lesion including margins, except skin tag (unless lis	010	633	1225	52%	Aug05	Yes	1	2	1
11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or	010	4647	8633	54%	Sept14		1	2	1
11900	Injection, intralesional; up to and including 7 lesions	000	6942	9803	71%	Apr10	Yes	0	1	1
11901	Injection, intralesional; more than 7 lesions	000	1791	3003	60%	Apr10	Yes	0	1	1
12001	Simple repair of superficial wounds of scalp, neck, axillae, external g	000	1550	2367	65%	Apr10	Yes	0	1	1
12002	Simple repair of superficial wounds of scalp, neck, axillae, external g	000	875	1386	63%	Apr10	Yes	0	1	1
12004	Simple repair of superficial wounds of scalp, neck, axillae, external g	000	85	148	57%	Apr10	Yes	0	1	1
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips	000	371	602	62%	Apr10	Yes	0	1	1
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips	000	150	228	66%	Apr10	Yes	0	1	1
16020	Dressings and/or debridement of partial-thickness burns, initial or s	000	261	381	69%	Oct10	Yes	0	1	1
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemos	010	214427	265735	81%	Apr13	Yes	1	2	1
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemos	010	33207	40928	81%	Apr13	Yes	1	2	1
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemos	010	73966	94691	78%	Apr97	Yes	1	2	1
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemos	010	3587	4904	73%	Apr97	Yes	1	2	1
17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cry	010	447	854	52%	Oct10	Yes	1	2	1
17270	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cry	010	264	475	56%	Oct10	Yes	1	2	1
17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cry	010	786	1537	51%	Oct10	Yes	1	2	1
19100	Biopsy of breast; percutaneous, needle core, not using imaging guid	000	83	111	75%	Apr93	Yes	0	1	1
20005	Incision and drainage of soft tissue abscess, subfascial (ie, involves t	010	42	74	57%		Yes	1	2	1
20520	Removal of foreign body in muscle or tendon sheath; simple	010	45	75	60%		Yes	1	2	1
21215	Graft, bone; mandible (includes obtaining graft)	090	34	57	60%		Yes	6	7	1
21550	Biopsy, soft tissue of neck or thorax	010	32	53	60%		Yes	1	2	1
21920	Biopsy, soft tissue of back or flank; superficial	010	30	53	57%		Yes	1	2	1
22310	Closed treatment of vertebral body fracture(s), without manipulati	090	178	216	82%	Apr95	Yes	1.5	2.5	1
23500	Closed treatment of clavicular fracture; without manipulation	090	226	328	69%		Yes	2.5	3.5	1
23570	Closed treatment of scapular fracture; without manipulation	090	54	72	75%		Yes	2.5	3.5	1
23620	Closed treatment of greater humeral tuberosity fracture; without r	090	99	139	71%		Yes	3	4	1

24500	Closed treatment of humeral shaft fracture; without manipulation	090	96	139	69%		Yes	4	5	1
24530	Closed treatment of supracondylar or transcondylar humeral fractu	090	33	53	62%		Yes	4	5	1
24650	Closed treatment of radial head or neck fracture; without manipula	090	191	294	65%		Yes	3	4	1
24670	Closed treatment of ulnar fracture, proximal end (eg, olecranon or	090	59	74	80%		Yes	3	4	1
25530	Closed treatment of ulnar shaft fracture; without manipulation	090	60	81	74%		Yes	3	4	1
25600	Closed treatment of distal radial fracture (eg, Colles or Smith type)	090	1114	1589	70%	Oct10	Yes	5	6	1
25605	Closed treatment of distal radial fracture (eg, Colles or Smith type)	090	246	320	77%	Oct10	Yes	5	6	1
25622	Closed treatment of carpal scaphoid (navicular) fracture; without m	090	65	89	73%		Yes	3.5	4.5	1
25630	Closed treatment of carpal bone fracture (excluding carpal scaphoi	090	62	80	78%		Yes	3	4	1
26600	Closed treatment of metacarpal fracture, single; without manipulat	090	348	509	68%	Aug05	Yes	4	5	1
26720	Closed treatment of phalangeal shaft fracture, proximal or middle p	090	214	292	73%		Yes	2	3	1
26740	Closed treatment of articular fracture, involving metacarpophalang	090	36	53	68%		Yes	2.5	3.5	1
26750	Closed treatment of distal phalangeal fracture, finger or thumb; wit	090	103	162	64%		Yes	2	3	1
27508	Closed treatment of femoral fracture, distal end, medial or lateral c	090	43	53	81%		Yes	4	5	1
27520	Closed treatment of patellar fracture, without manipulation	090	187	268	70%		Yes	3.5	4.5	1
27530	Closed treatment of tibial fracture, proximal (plateau); without ma	090	138	200	69%	Oct10	Yes	4	5	1
27613	Biopsy, soft tissue of leg or ankle area; superficial	010	40	78	51%		Yes	1	2	1
27750	Closed treatment of tibial shaft fracture (with or without fibular fra	090	45	64	70%	Jun92	Yes	3.5	4.5	1
27760	Closed treatment of medial malleolus fracture; without manipulati	090	78	104	75%		Yes	4	5	1
27780	Closed treatment of proximal fibula or shaft fracture; without mani	090	78	112	70%		Yes	3.5	4.5	1
27786	Closed treatment of distal fibular fracture (lateral malleolus); witho	090	639	946	68%		Yes	3.5	4.5	1
27808	Closed treatment of bimalleolar ankle fracture (eg, lateral and med	090	78	107	73%		Yes	4	5	1
28190	Removal of foreign body, foot; subcutaneous	010	157	276	57%	Aug95	Yes	1	2	1
28400	Closed treatment of calcaneal fracture; without manipulation	090	72	101	71%		Yes	3	4	1
28450	Treatment of tarsal bone fracture (except talus and calcaneus); wit	090	67	104	64%		Yes	2.5	3.5	1
28490	Closed treatment of fracture great toe, phalanx or phalanges; witho	090	134	206	65%		Yes	1.5	2.5	1
28510	Closed treatment of fracture, phalanx or phalanges, other than gre	090	314	490	64%		Yes	1.5	2.5	1
30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or	000	2013	2453	82%	Apr16	Yes	0	1	1
30903	Control nasal hemorrhage, anterior, complex (extensive cautery an	000	827	1036	80%	Apr16	Yes	0	1	1
30905	Control nasal hemorrhage, posterior, with posterior nasal packs an	000	45	59	76%	Apr16	Yes	0	1	1
31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural	010	101	132	77%		Yes	1	2	1
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate proce	000	21161	24456	87%	Jan17	Yes	0	1	1
31233	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via i	000	220	242	91%	Jun93	Yes	0	1	1
31235	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via p	000	54	64	84%	Jun93	Yes	0	1	1
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	000	871	1087	80%	Jan17	Yes	0	1	1
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, exc	000	147	239	62%		Yes	0	1	1
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, wh	000	38	57	67%	Jan15		0	1	1
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; v	000	113	133	85%	Oct12	Yes	0	1	1
36600	Arterial puncture, withdrawal of blood for diagnosis	XXX	771	1170	66%	Oct10	Yes	0	1	1
38220	Diagnostic bone marrow; aspiration(s)	XXX	262	465	56%	Apr16	Yes	0	1	1
40490	Biopsy of lip	000	1146	1570	73%	Sept11	Yes	0	1	1
42800	Biopsy; oropharynx	010	94	118	80%		Yes	1	2	1
43200	Esophagoscopy, flexible, transoral; diagnostic, including collection c	000	34	52	65%	Oct12	Yes	0	1	1
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection o	000	965	1150	84%	Feb07	Yes	0	1	1
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specime	000	386	606	64%	Oct13	Yes	0	1	1
46040	Incision and drainage of ischiorectal and/or perirectal abscess (sepa	090	33	51	65%	Aug05	Yes	3	4	1
46050	Incision and drainage, perianal abscess, superficial	010	46	73	63%		Yes	1	2	1
46083	Incision of thrombosed hemorrhoid, external	010	65	96	68%		Yes	1	2	1
46320	Excision of thrombosed hemorrhoid, external	010	60	76	79%		Yes	0.5	1.5	1
46500	Injection of sclerosing solution, hemorrhoids	010	392	557	70%	Sept14		1	2	1
46600	Anoscopy; diagnostic, including collection of specimen(s) by brushir	000	3797	4264	89%	Feb07	Yes	0	1	1

46604	Anoscopy; with dilation (eg, balloon, guide wire, bougie)	000	39	60	65%	Feb07	Yes	0	1	1
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscur	010	63	111	57%	Aug95	Yes	1	2	1
51102	Aspiration of bladder; with insertion of suprapubic catheter	000	40	73	55%	Apr08	Yes	0	2	2
51701	Insertion of non-indwelling bladder catheter (eg, straight catheteriz	000	6619	7700	86%	Jan16	Yes	0	1	1
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Fole	000	4789	9474	51%	Jan16	Yes	0	1	1
51703	Insertion of temporary indwelling bladder catheter; complicated (e	000	1196	1768	68%	Jan16	Yes	0	1	1
51710	Change of cystostomy tube; complicated	000	374	602	62%	Oct10	Yes	0	1	1
51725	Simple cystometrogram (CMG) (eg, spinal manometer)	000	334	485	69%	Aug95	Yes	0	1	1
51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical u	XXX	485	558	87%	Apr10	Yes	0	1	1
51741	Complex uroflowmetry (eg, calibrated electronic equipment)	XXX	16950	24167	70%	Apr10	Yes	0	1	1
51792	Stimulus evoked response (eg, measurement of bulbocavernosus re	000	333	637	52%	Aug95	Yes	0	1	1
51798	Measurement of post-voiding residual urine and/or bladder capacit	XXX	93037	103325	90%	Aug05	No	0	1	1
52000	Cystourethroscopy (separate procedure)	000	18229	34831	52%	Jan16	Yes	0	1	1
52001	Cystourethroscopy with irrigation and evacuation of multiple obstr	000	74	105	70%	Apr01	Yes	0	1	1
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser	000	184	317	58%	Jan12	Yes	0	1	1
52265	Cystourethroscopy, with dilation of bladder for interstitial cystitis; l	000	37	70	53%		Yes	0	1	1
52281	Cystourethroscopy, with calibration and/or dilation of urethral strid	000	1509	2687	56%	Apr10	Yes	0	1	1
52285	Cystourethroscopy for treatment of the female urethral syndrome	000	58	111	52%		Yes	0	1	1
53601	Dilation of urethral stricture by passage of sound or urethral dilator	000	258	394	65%		Yes	0	1	1
53621	Dilation of urethral stricture by passage of filiform and follower, ma	000	48	84	57%		Yes	0	1	1
53660	Dilation of female urethra including suppository and/or instillation;	000	352	485	73%		Yes	0	1	1
53661	Dilation of female urethra including suppository and/or instillation;	000	625	944	66%		Yes	0	1	1
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscu	010	39	59	66%		Yes	1	2	1
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscu	010	144	246	59%		Yes	1	2	1
54100	Biopsy of penis; (separate procedure)	000	90	121	74%	Aug95	Yes	0	1	1
54235	Injection of corpora cavernosa with pharmacologic agent(s) (eg, pa	000	515	829	62%		Yes	0	1	1
54450	Foreskin manipulation including lysis of preputial adhesions and str	000	59	68	87%		Yes	0	1	1
55000	Puncture aspiration of hydrocele, tunica vaginalis, with or without i	000	106	175	61%		Yes	0	1	1
56405	Incision and drainage of vulva or perineal abscess	010	108	186	58%		Yes	1	2	1
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	000	627	1192	53%	Aug95	Yes	0	1	1
56820	Colposcopy of the vulva;	000	174	269	65%	Apr02	Yes	0	1	1
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosur	010	40	54	74%		Yes	1	2	1
57100	Biopsy of vaginal mucosa; simple (separate procedure)	000	140	182	77%	Aug00	Yes	0	1	1
57150	Irrigation of vagina and/or application of medicament for treatmen	000	1081	1322	82%	Aug95	Yes	0	1	1
57160	Fitting and insertion of pessary or other intravaginal support device	000	2576	4222	61%	Sept05	Yes	0	1	1
57420	Colposcopy of the entire vagina, with cervix if present;	000	117	194	60%	Apr02	Yes	0	1	1
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with c	000	163	285	57%	Sept05	Yes	0	1	1
57505	Endocervical curettage (not done as part of a dilation and curettage	010	42	71	59%		Yes	1	2	1
58100	Endometrial sampling (biopsy) with or without endocervical sampli	000	1801	3080	58%	Apr01	Yes	0	1	1
62252	Reprogramming of programmable cerebrospinal shunt	XXX	131	244	54%	Apr00	Yes	0	1	1
62367	Electronic analysis of programmable, implanted pump for intrathec	XXX	250	327	76%	Feb11	Yes	0	1	1
62368	Electronic analysis of programmable, implanted pump for intrathec	XXX	1069	1801	59%	Feb11	Yes	0	1	1
62370	Electronic analysis of programmable, implanted pump for intrathec	XXX	1852	3509	53%	Feb11	No	0	1	1
64405	Injection, anesthetic agent; greater occipital nerve	000	1641	2851	58%	Oct10	Yes	0	1	1
64413	Injection, anesthetic agent; cervical plexus	000	230	320	72%		Yes	0	1	1
64420	Injection, anesthetic agent; intercostal nerve, single	000	107	161	66%		Yes	0	1	1
64450	Injection, anesthetic agent; other peripheral nerve or branch	000	3285	6408	51%	Sept11	Yes	0	1	1
64611	Chemodenervation of parotid and submandibular salivary glands, b	010	117	216	54%	Oct09	No	1	2	1
69000	Drainage external ear, abscess or hematoma; simple	010	52	67	78%		Yes	1	2	1
69100	Biopsy external ear	000	4877	6110	80%	Apr09	Yes	0	1	1
69145	Excision soft tissue lesion, external auditory canal	090	54	88	61%		Yes	1.5	2.5	1

69210	Removal impacted cerumen requiring instrumentation, unilateral	000	53265	71712	74%	Jan13	Yes	0	1	1
69420	Myringotomy including aspiration and/or eustachian tube inflation	010	498	654	76%		Yes	1	2	1
69433	Tympanostomy (requiring insertion of ventilating tube), local or top	010	1218	1915	64%	Sept11	Yes	1	2	1
69610	Tympanic membrane repair, with or without site preparation of pe	010	74	105	70%		Yes	1	2	1
93292	Interrogation device evaluation (in person) with analysis, review an	XXX	50	65	77%	Oct16	Yes	0	1	1
93303	Transthoracic echocardiography for congenital cardiac anomalies; c	XXX	133	252	53%	Apr96	Yes	0	1	1
94667	Manipulation chest wall, such as cupping, percussing, and vibration	XXX	606	756	80%		Yes	0	1	1
95044	Patch or application test(s) (specify number of tests)	XXX	573	1142	50%		Yes	0	0.028	0.028
95870	Needle electromyography; limited study of muscles in 1 extremity c	XXX	46	77	60%	Apr12	Yes	0	1	1
95921	Testing of autonomic nervous system function; cardiovagal innerva	XXX	1065	2069	51%	Apr12	Yes	0	1	1
95922	Testing of autonomic nervous system function; vasomotor adrener	XXX	137	244	56%	Apr12	Yes	0	1	1
95924	Testing of autonomic nervous system function; combined parasym	XXX	413	672	61%	Apr12/Oct12	Yes	0	1	1
95970	Electronic analysis of implanted neurostimulator pulse generator sy	XXX	859	1058	81%	May98	Yes	0	1	1
95972	Electronic analysis of implanted neurostimulator pulse generator sy	XXX	670	1336	50%	Apr15		0	1	1
95974	Electronic analysis of implanted neurostimulator pulse generator sy	XXX	439	521	84%	May98	Yes	0	1	1
95978	Electronic analysis of implanted neurostimulator pulse generator sy	XXX	811	1150	71%	Apr04	Yes	0	1	1
96904	Whole body integumentary photography, for monitoring of high ris	XXX	47	53	89%		Yes	0	1	1
G0268	Removal of impacted cerumen (one or both ears) by physician on s	000	6424	6848	94%		No	0	1	1

CPT Code	Mod	Long Descriptor	CY2018 RUC Recommendations	2016 Top Specialty (Medicare Claims Data)
70557	26	Magnetic resonance (eg, proton)	DIAGNOSTIC RADIOLOGY	DIAGNOSTIC RADIOLOGY
70558	26	Magnetic resonance (eg, proton)	DIAGNOSTIC RADIOLOGY	DIAGNOSTIC RADIOLOGY
74235	26	Removal of foreign body(s),	GASTROENTEROLOGY	GASTROENTEROLOGY
74301	26	Cholangiography and/or	DIAGNOSTIC RADIOLOGY	DIAGNOSTIC RADIOLOGY
74355	26	Percutaneous placement of	DIAGNOSTIC RADIOLOGY	DIAGNOSTIC RADIOLOGY
74445	26	Corpora cavernosography,	UROLOGY	UROLOGY
74742	26	Transcervical catheterization of	DIAGNOSTIC RADIOLOGY	DIAGNOSTIC RADIOLOGY
74775	26	Perineogram (eg, vaginogram, for sex	DIAGNOSTIC RADIOLOGY	DIAGNOSTIC RADIOLOGY
75801	26	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation	DIAGNOSTIC RADIOLOGY	GENERAL SURGERY
75803	26	Lymphangiography, extremity only,	DIAGNOSTIC RADIOLOGY	DIAGNOSTIC RADIOLOGY
75805	26	Lymphangiography, pelvic/abdominal,	DIAGNOSTIC RADIOLOGY	DIAGNOSTIC RADIOLOGY
75810	26	Splenoportography, radiological	DIAGNOSTIC RADIOLOGY	DIAGNOSTIC RADIOLOGY
76941	26	Ultrasonic guidance for intrauterine	OBSTETRICS/GYNECOLOGY	OBSTETRICS/GYNECOLOGY
76945	26	Ultrasonic guidance for chorionic	OBSTETRICS/GYNECOLOGY	OBSTETRICS/GYNECOLOGY
76975	26	Gastrointestinal endoscopic	GASTROENTEROLOGY	GASTROENTEROLOGY
78282	26	Gastrointestinal protein loss	DIAGNOSTIC RADIOLOGY	DIAGNOSTIC RADIOLOGY
79300	26	Radiopharmaceutical therapy, by	DIAGNOSTIC RADIOLOGY	DIAGNOSTIC RADIOLOGY
86327	26	Immunoelectrophoresis; crossed (2-	PATHOLOGY	CLINICAL LABORATORY (IND.
87164	26	Dark field examination, any source	PATHOLOGY	OBSTETRICS/GYNECOLOGY
88371	26	Protein analysis of tissue by Western	PATHOLOGY	PATHOLOGY
93532	26	Combined right heart catheterization	CARDIOLOGY	CARDIOLOGY
93533	26	Combined right heart catheterization	CARDIOLOGY	CARDIOLOGY
93561	26	Indicator dilution studies such as dye	CARDIOLOGY	CARDIOLOGY
93562	26	Indicator dilution studies such as dye	CARDIOLOGY	CRITICAL CARE (INTENSIVISTS)
93616	26	Esophageal recording of atrial	CARDIOLOGY	CARDIAC ELECTROPHYSIOLOGY
93624	26	Electrophysiologic follow-up study	CARDIOLOGY	CARDIAC ELECTROPHYSIOLOGY
95966	26	Magnetoencephalography (MEG),	NEUROLOGY	NEUROLOGY
95967	26	Magnetoencephalography (MEG),	NEUROLOGY	DIAGNOSTIC RADIOLOGY

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2019

RESOURCE MATERIALS
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CPT 2019 RUC and HCPAC Recommendations - February 2018

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
00X2M	XXX	N	Sept 2017	33	Admin MAAA Prostate Cancer		CLFS						☐		☐
0159T	ZZZ	D	June 2017	14	Breast MRI with Computer-Aided Detection		October 2017	06					☐		☐
0188T	XXX	D	Feb 2017	44	Category III Sundown		CatIII						☐		☐
0189T	XXX	D	Feb 2017	44	Category III Sundown		CatIII						☐		☐
0190T	XXX	D	Feb 2017	44	Category III Sundown		CatIII						☐		☐
0195T	XXX	D	Feb 2017	44	Category III Sundown		CatIII						☐		☐
0196T	XXX	D	Feb 2017	44	Category III Sundown		CatIII						☐		☐
0335T	YYY	D	Feb 2017	44	Category III Sundown		CatIII						☐		☐
0337T	YYY	D	Feb 2017	44	Category III Sundown		CatIII						☐		☐
0346T	YYY	D	Sept 2017	24	Ultrasound Elastography		January 2018	14					☐		☐
0359T	YYY	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐
0360T	YYY	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐
0361T	ZZZ	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐
0362T	YYY	R	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐
0363T	ZZZ	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐
0364T	YYY	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐
0365T	ZZZ	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0366T	YYY	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐
0368T	YYY	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐
0369T	ZZZ	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐
0370T	YYY	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐
0371T	YYY	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐
0372T	YYY	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐
0373T	YYY	R	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐
0374T	ZZZ	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐
0387T	XXX	D	Sept 2017	15	Leadless Pacemaker Procedures		January 2018	07					☐		☐
0388T	XXX	D	Sept 2017	15	Leadless Pacemaker Procedures		January 2018	07					☐		☐
0389T	XXX	D	Sept 2017	15	Leadless Pacemaker Procedures		January 2018	07					☐		☐
0390T	XXX	D	Sept 2017	15	Leadless Pacemaker Procedures		January 2018	07					☐		☐
0391T	XXX	D	Sept 2017	15	Leadless Pacemaker Procedures		January 2018	07					☐		☐
03X0T	XXX	N	Sept 2017	37	Electroretinography		January 2018	17					☐		☐
03X2T	XXX	N	Sept 2017	50	Cat III Macular Pigment Optical Density Measurement		CatIII						☐		☐
0406T	XXX	D	Sept 2017	48	Cat III Placement Drug-Eluting Implant		CatIII						☐		☐
0407T	XXX	D	Sept 2017	48	Cat III Placement Drug-Eluting Implant		CatIII						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
04X0T	XXX	N	Sept 2017	55	Cat III Bone Density Ultrasound Study		CatIII						☐		☐
04X1T	XXX	N	Sept 2017	49	Cat III Endovenous Arterial Revascularization		CatIII						☐		☐
04X5T	XXX	N	Sept 2017	54	Cat III Imaging of Meibomian Glands		CatIII						☐		☐
10021	XXX	R	June 2017	06	Fine Needle Aspiration		October 2017	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	1.20	1.20		☑		☐
10022	XXX	D	June 2017	06	Fine Needle Aspiration		October 2017	04					☑		☐
10X11	ZZZ	N	June 2017	06	Fine Needle Aspiration	G2	October 2017	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	0.80	0.80		☑		☐
10X12	XXX	N	June 2017	06	Fine Needle Aspiration	G3	October 2017	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	1.63	1.63		☑		☐
10X13	ZZZ	N	June 2017	06	Fine Needle Aspiration	G4	October 2017	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	1.00	1.00		☑		☐
10X14	XXX	N	June 2017	06	Fine Needle Aspiration	G5	October 2017	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	1.81	1.81		☑		☐
10X15	ZZZ	N	June 2017	06	Fine Needle Aspiration	G6	October 2017	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	1.18	1.18		☑		☐
10X16	XXX	N	June 2017	06	Fine Needle Aspiration	G7	October 2017	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	2.43	2.43		☑		☐
10X17	ZZZ	N	June 2017	06	Fine Needle Aspiration	G8	October 2017	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	1.65	1.65		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
10X18	XXX	N	June 2017	06	Fine Needle Aspiration	G9	January 2018	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE				☑	Carrier Price	☑
10X19	ZZZ	N	June 2017	06	Fine Needle Aspiration	G10	January 2018	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE				☑	Carrier Price	☑
11100	000	D	Feb 2017	65	Skin Biopsy		April 2017	05	AAD				☑		☐
11101	ZZZ	D	Feb 2017	65	Skin Biopsy		April 2017	05	AAD				☑		☐
11X02	000	N	Feb 2017	65	Skin Biopsy	A1	April 2017	05	AAD	0.80	0.66		☑		☐
11X03	ZZZ	N	Feb 2017	65	Skin Biopsy	A2	April 2017	05	AAD	0.50	0.38		☑		☐
11X04	000	N	Feb 2017	65	Skin Biopsy	A3	April 2017	05	AAD	1.00	0.83		☑		☐
11X05	ZZZ	N	Feb 2017	65	Skin Biopsy	A4	April 2017	05	AAD	0.64	0.45		☑		☐
11X06	000	N	Feb 2017	65	Skin Biopsy	A5	April 2017	05	AAD	1.20	1.01		☑		☐
11X07	ZZZ	N	Feb 2017	65	Skin Biopsy	A6	April 2017	05	AAD	0.99	0.54		☑		☐
209X3	ZZZ	N	Feb 2017	09	Structural Allograft	B1	April 2017	06	AAOS	13.01	13.01		☑		☐
209X4	ZZZ	N	Feb 2017	09	Structural Allograft	B2	April 2017	06	AAOS	11.94	11.94		☑		☐
209X5	ZZZ	N	Feb 2017	09	Structural Allograft	B3	April 2017	06	AAOS	13.00	13.00		☑		☐
27370	000	D	June 2017	09	Knee Arthrography		October 2017	05					☑		☐
27X69	000	N	June 2017	09	Knee Arthrography	H1	October 2017	05	ACR	1.00	0.96		☑		☐
33282	090	D	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07					☑		☐
33284	090	D	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07					☑		☐
332X0	000	N	Sept 2017	46	Pulmonary Wireless Pressure Sensor Services	P1	January 2018	08	ACC, SCAI	6.00	6.00		☑		☑
332X5	000	N	Feb 2017	12	Cardiac Event Recorder Procedures - Revise	C1	April 2017	07	ACC, HRS	1.81	1.53		☑		☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
332X6	000	N	Feb 2017	12	Cardiac Event Recorder Procedures - Revise	C2	April 2017	07	ACC, HRS	1.50	1.50		☑		☑
335X1	090	N	Sept 2017	12	Aortoventriculoplasty with Pulmonary Autograft	M1	January 2018	05	AATS, STS	67.25	64.00		☑		☑
33860	090	F	Sept 2017	13	Hemi-Aortic Arch Replacement	N1	January 2018	06	AATS, STS				☑	Survey April 2018	☐
33863	090	F	Sept 2017	13	Hemi-Aortic Arch Replacement	N2	January 2018	06	AATS, STS				☑	Survey April 2018	☐
33864	090	F	Sept 2017	13	Hemi-Aortic Arch Replacement	N3	January 2018	06	AATS, STS				☑	Survey April 2018	☐
33870	090	F	Sept 2017	13	Hemi-Aortic Arch Replacement	N5	January 2018	06	AATS, STS				☑	Survey April 2018	☐
33X01	ZZZ	N	Sept 2017	13	Hemi-Aortic Arch Replacement	N4	January 2018	06	AATS, STS	19.74	19.74		☑	Interim work RVU - Survey April 2018	☑
33X05	090	N	Sept 2017	15	Leadless Pacemaker Procedures	O1	January 2018	07	HRS, ACC	9.23	8.77		☑		☑
33X06	090	N	Sept 2017	15	Leadless Pacemaker Procedures	O2	January 2018	07	HRS, ACC	10.15	9.56		☑		☑
36568	000	R	Sept 2017	16	PICC Line Procedures	Q1	January 2018	09	AAP, ACR, SVS, SIR	1.67	2.11		☑		☐
36569	000	R	Sept 2017	16	PICC Line Procedures	Q2	January 2018	09	AAP, ACR, SVS, SIR	1.70	1.90		☑		☐
36584	000	R	Sept 2017	16	PICC Line Procedures	Q5	January 2018	09	AAP, ACR, SVS, SIR	1.47	1.47		☑		☐
36X72	000	N	Sept 2017	16	PICC Line Procedures	Q3	January 2018	09	AAP, ACR, SVS, SIR	2.35	2.00		☑		☐
36X73	000	N	Sept 2017	16	PICC Line Procedures	Q4	January 2018	09	AAP, ACR, SVS, SIR	2.25	1.90		☑		☐
3853X	010	N	Sept 2017	17	Biopsy or Excision of Inguinofemoral Node(s)	R1	January 2018	10	ACOG	8.50	6.74		☑		☐
43760	000	D	Sept 2017	18	Gastrostomy Tube Replacement		January 2018	11					☑		☐
43X63	000	N	Sept 2017	18	Gastrostomy Tube Replacement	S1	January 2018	11	ACG, AGA, ASGE	0.75	0.75		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
43X64	000	N	Sept 2017	18	Gastrostomy Tube Replacement	S2	January 2018	11	ACS, APSA, SAGES	1.41	1.41		☑		☐
46762	090	D	June 2017	11	Implantation of Artificial Sphincter		Deleted						☑		☐
50395	000	D	Sept 2017	19	Dilation of Urinary Tract		January 2018	12					☑		☐
50432	000	F	Sept 2017	19	Dilation of Urinary Tract	T3	January 2018	12	ACR, SIR	4.00	4.00	Yes	☑		☐
50433	000	F	Sept 2017	19	Dilation of Urinary Tract	T4	January 2018	12	ACR, SIR	5.05	5.05	Yes	☑		☐
50X39	000	N	Sept 2017	19	Dilation of Urinary Tract	T1	January 2018	12	AUA, ACR, SIR	3.37	3.37		☑		☐
50X40	000	N	Sept 2017	19	Dilation of Urinary Tract	T2	January 2018	12	AUA, ACR, SIR	5.44	5.44		☑		☐
52334	000	F	Sept 2017	19	Dilation of Urinary Tract	T5	January 2018	12	AUA	3.37	3.37		☑		☐
53850	090	F	Sept 2017	21	Transurethral Destruction of Prostate Tissue	U1	January 2018	13	AUA	8.05	5.42		☑		☐
53852	090	F	Sept 2017	21	Transurethral Destruction of Prostate Tissue	U2	January 2018	13	AUA	8.75	5.93		☑		☐
538X3	090	N	Sept 2017	21	Transurethral Destruction of Prostate Tissue	U3	January 2018	13	AUA	8.75	5.93		☑		☑
64550	000	D	June 2017	12	Transcutaneous Neurostimulator (TENS)		Deleted						☑		☐
74485	XXX	R	Sept 2017	19	Dilation of Urinary Tract	T6	January 2018	12	AUA, ACR, SIR	0.83	0.83		☑		☐
76001	XXX	D	Sept 2017	27	Fluoroscopy		Deleted						☑		☐
767X1	XXX	N	Sept 2017	24	Ultrasound Elastography	V1	January 2018	14	ACR	0.77	0.59		☑		☑
767X2	XXX	N	Sept 2017	24	Ultrasound Elastography	V2	January 2018	14	ACR	0.70	0.59		☑		☑
767X3	ZZZ	N	Sept 2017	24	Ultrasound Elastography	V3	January 2018	14	ACR	0.50	0.50		☑		☑
76937	ZZZ	F	Sept 2017	16	PICC Line Procedures	Q6	January 2018	09	AAP, ACR, SVS, SIR				☑	Survey October 2021	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
76942	XXX	R	June 2017	06	Fine Needle Aspiration	G11	October 2017	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	0.67	0.67	Yes	☑		☐
76X01	XXX	N	Sept 2017	26	Magnetic Resonance Elastography	X1	January 2018	16	ACR	1.29	1.29		☑		☑
76X0X	XXX	N	Sept 2017	25	Contrast-Enhanced Ultrasound	W1	January 2018	15	ACR	1.82	1.62		☑		☑
76X1X	ZZZ	N	Sept 2017	25	Contrast-Enhanced Ultrasound	W1	January 2018	15	ACR	1.10	0.85		☑		☑
77001	ZZZ	F	Sept 2017	16	PICC Line Procedures	Q7	January 2018	09	AAP, ACR, SVS, SIR	0.38	0.38	Yes	☑		☐
77002	ZZZ	R	June 2017	06	Fine Needle Aspiration	G12	October 2017	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	0.54	0.54	Yes	☑		☐
77012	XXX	R	June 2017	06	Fine Needle Aspiration	G13	October 2017	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	1.50	1.50		☑		☐
77021	XXX	R	June 2017	06	Fine Needle Aspiration	G14	January 2018	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	2.85	1.50	Yes	☑		☑
77058	XXX	D	June 2017	14	Breast MRI with Computer-Aided Detection		October 2017	06					☑		☐
77059	XXX	D	June 2017	14	Breast MRI with Computer-Aided Detection		October 2017	06					☑		☐
77X49	XXX	N	June 2017	14	Breast MRI with Computer-Aided Detection	I1	October 2017	06	ACR	1.45	1.45		☑		☑
77X50	XXX	N	June 2017	14	Breast MRI with Computer-Aided Detection	I2	October 2017	06	ACR	1.60	1.60		☑		☑
77X51	XXX	N	June 2017	14	Breast MRI with Computer-Aided Detection	I3	October 2017	06	ACR	2.10	2.10		☑		☑
77X52	XXX	N	June 2017	14	Breast MRI with Computer-Aided Detection	I4	October 2017	06	ACR	2.30	2.30		☑		☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
81327	XXX	R	June 2017	18	Tier 1 SEPT 9 Promoter Methylation Analysis		CLFS						☐		☐
813X0	XXX	N	Sept 2017	29	Tier 1 TGFBI Corneal Dystrophy		CLFS						☐		☐
816X0	XXX	N	Sept 2017	32	MAAA Breast Cancer Metastatic Recurrence Risk		CLFS						☐		☐
81X07	XXX	N	June 2017	16	Tier 1 EZH2 Hemaytologic Neoplasm		CLFS						☐		☐
81X08	XXX	N	June 2017	16	Tier 1 EZH2 Hemaytologic Neoplasm		CLFS						☐		☐
81X09	XXX	N	June 2017	17	Tier 1 BTK and PLCG2 Chronic Lymphocytic Leukemia		CLFS						☐		☐
81X10	XXX	N	June 2017	17	Tier 1 BTK and PLCG2 Chronic Lymphocytic Leukemia		CLFS						☐		☐
81X11	XXX	N	Sept 2017	30	Tier 1 MYD88 Lymphoma		CLFS						☐		☐
81X43	XXX	N	June 2017	20	GSP Panethnic Genetic Carrier Screening Panel		CLFS						☐		☐
92275	XXX	D	Sept 2017	37	Electroretinography		January 2018	17					☑		☐
92X71	XXX	N	Sept 2017	37	Electroretinography	L1	January 2018	17	ASRS, AOA, AAO	0.95	0.80		☑		☐
92X73	XXX	N	Sept 2017	37	Electroretinography	L2	January 2018	17	ASRS, AOA, AAO	0.88	0.72		☑		☐
93279	XXX	R	Sept 2017	15	Leadless Pacemaker Procedures	O3	January 2018	07	HRS, ACC	0.65	0.65	Yes	☑		☐
93285	XXX	R	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07	ACC, HRS	0.52	0.52	Yes	☑		☐
93286	XXX	R	Sept 2017	15	Leadless Pacemaker Procedures	O4	January 2018	07	HRS, ACC	0.30	0.30	Yes	☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
93288	XXX	R	Sept 2017	15	Leadless Pacemaker Procedures	O5	January 2018	07	HRS, ACC	0.43	0.43	Yes	☑		☐
93290	XXX	R	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07	ACC, HRS	0.43	0.43	Yes	☑		☐
93291	XXX	R	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07	ACC, HRS	0.37	0.37	Yes	☑		☐
93294	XXX	R	Sept 2017	15	Leadless Pacemaker Procedures	O6	January 2018	07	HRS, ACC	0.60	0.60	Yes	☑		☐
93296	XXX	R	Sept 2017	15	Leadless Pacemaker Procedures	O7	January 2018	07	HRS, ACC	0.00	0.00	Yes	☑	PE Only	☐
93297	XXX	R	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07	ACC, HRS	0.52	0.52	Yes	☑		☐
93298	XXX	R	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07	ACC, HRS	0.52	0.52	Yes	☑		☐
93299	XXX	R	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07	ACC, HRS	0.00	0.00	Yes	☑	PE Only	☐
93568	ZZZ	R	June 2017	28	Transcatheter Closure of PDA		Editorial			0.88	0.88	Yes	☑		☐
93XX1	XXX	N	Sept 2017	46	Pulmonary Wireless Pressure Sensor Services	P2	January 2018	08	ACC	0.80	0.70		☑		☐
94780	XXX	R	Sept 2017	39	Car Seat Testing		Editorial			0.48	0.48	Yes	☑		☐
94781	ZZZ	R	Sept 2017	39	Car Seat Testing		Editorial			0.17	0.17	Yes	☑		☐
95250	XXX	R	Feb 2017	38	Continuous Glucose Monitoring		April 2017	08	AACE, ACP, ES	0.00	0.00	Yes	☑	PE Only	☐
95251	XXX	R	Feb 2017	38	Continuous Glucose Monitoring		April 2017	08	AACE, ACP, ES	0.70	0.70	Yes	☑		☐
9525X	XXX	N	Feb 2017	38	Continuous Glucose Monitoring	D1	April 2017	08	AACE, ACP, ES	0.00	0.00	Yes	☑	PE Only	☐
95970	XXX	R	June 2017	31	Neurostimulator Services	J1	October 2017	07	AUA, AAN, AANS/CNS, ACOG, SIS, ACNS	0.45	0.45	Yes	☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
95971	XXX	R	June 2017	31	Neurostimulator Services	J2	October 2017	07	AUA, AAN, AANS/CNS, ACOG, SIS, ACNS	0.78	0.78	Yes	☑		☐
95972	XXX	R	June 2017	31	Neurostimulator Services	J3	October 2017	07	AUA, AAN, AANS/CNS, ACOG, SIS, ACNS	0.80	0.80	Yes	☑		☐
95974	XXX	D	June 2017	31	Neurostimulator Services		October 2017	07					☑		☐
95975	ZZZ	D	June 2017	31	Neurostimulator Services		October 2017	07					☑		☐
95978	XXX	D	June 2017	31	Neurostimulator Services		October 2017	07					☑		☐
95979	ZZZ	D	June 2017	31	Neurostimulator Services		October 2017	07					☑		☐
95X83	XXX	N	June 2017	31	Neurostimulator Services	J4	October 2017	07	AUA, AAN, AANS/CNS, ACOG, SIS, ACNS	0.95	0.95		☑		☐
95X84	XXX	N	June 2017	31	Neurostimulator Services	J5	October 2017	07	AUA, AAN, AANS/CNS, ACOG, SIS, ACNS	1.19	1.19		☑		☐
95X85	XXX	N	June 2017	31	Neurostimulator Services	J6	October 2017	07	AUA, AAN, AANS/CNS, ACOG, SIS, ACNS	1.25	1.25		☑		☐
95X86	ZZZ	N	June 2017	31	Neurostimulator Services	J7	October 2017	07	AUA, AAN, AANS/CNS, ACOG, SIS, ACNS	1.00	1.00		☑		☐
96101	XXX	D	June 2017	32	Psychological and Neuropsychological Testing		October 2017	08					☑		☐
96102	XXX	D	June 2017	32	Psychological and Neuropsychological Testing		October 2017	08					☑		☐
96103	XXX	D	June 2017	32	Psychological and Neuropsychological Testing		October 2017	08					☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
96105	XXX	F	June 2017	32	Psychological and Neuropsychological Testing	K1	October 2017	HCPAC	APA, AAP, ASHA, AAN	1.75	1.75	Yes	☑		☐
96110	XXX	F	June 2017	32	Psychological and Neuropsychological Testing	K3	October 2017	08	APA, AAP, ASHA, AAN	0.00	0.00	Yes	☑	PE Only	☐
96111	XXX	D	June 2017	32	Psychological and Neuropsychological Testing		October 2017	08					☑		☐
96116	XXX	R	June 2017	32	Psychological and Neuropsychological Testing	K7	October 2017	08	APA, AAP, ASHA, AAN	1.86	1.86	Yes	☑		☐
96118	XXX	D	June 2017	32	Psychological and Neuropsychological Testing		October 2017	08					☑		☐
96119	XXX	D	June 2017	32	Psychological and Neuropsychological Testing		October 2017	08					☑		☐
96120	XXX	D	June 2017	32	Psychological and Neuropsychological Testing		October 2017	08					☑		☐
96125	XXX	F	June 2017	32	Psychological and Neuropsychological Testing	K2	October 2017	HCPAC	APA, AAP, ASHA, AAN	1.70	1.70	Yes	☑		☐
96127	XXX	F	June 2017	32	Psychological and Neuropsychological Testing	K6	October 2017	08	APA, AAP, ASHA, AAN	0.00	0.00	Yes	☑	PE Only	☐
963X0	XXX	N	June 2017	32	Psychological and Neuropsychological Testing	K4	October 2017	08	APA, AAP, ASHA, AAN	2.60	2.50		☑		☐
963X1	ZZZ	N	June 2017	32	Psychological and Neuropsychological Testing	K5	October 2017	08	APA, AAP, ASHA, AAN	0.92	1.10		☑		☐
963X2	ZZZ	N	June 2017	32	Psychological and Neuropsychological Testing	K8	October 2017	08	APA, AAP, ASHA, AAN	1.71	1.71		☑		☐
963X3	XXX	N	June 2017	32	Psychological and Neuropsychological Testing	K9	October 2017	HCPAC	APA, AAP, ASHA, AAN	2.53	2.50		☑		☐
963X4	ZZZ	N	June 2017	32	Psychological and Neuropsychological Testing	K10	October 2017	HCPAC	APA, AAP, ASHA, AAN	1.90	1.90		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
963X5	XXX	N	June 2017	32	Psychological and Neuropsychological Testing	K11	October 2017	08	APA, AAP, ASHA, AAN	2.53	2.50		☑		☐
963X6	ZZZ	N	June 2017	32	Psychological and Neuropsychological Testing	K12	October 2017	08	APA, AAP, ASHA, AAN	1.90	1.90		☑		☐
963X7	XXX	N	June 2017	32	Psychological and Neuropsychological Testing	K13	October 2017	HCPAC	APA, AAP, ASHA, AAN	0.55	0.55		☑		☐
963X8	ZZZ	N	June 2017	32	Psychological and Neuropsychological Testing	K14	October 2017	HCPAC	APA, AAP, ASHA, AAN	0.46	0.46		☑		☐
963X9	XXX	N	June 2017	32	Psychological and Neuropsychological Testing	K15	October 2017	HCPAC	APA, AAP, ASHA, AAN	0.00	0.00		☑	PE Only	☐
96X00	XXX	N	Sept 2017	40	Electrocorticography	Y1	January 2018	18	ACNS, AAN	2.30	2.30		☑		☑
96X10	ZZZ	N	June 2017	32	Psychological and Neuropsychological Testing	K16	October 2017	HCPAC	APA, AAP, ASHA, AAN	0.00	0.00		☑	PE Only	☐
96X11	XXX	N	June 2017	32	Psychological and Neuropsychological Testing	K17	January 2018	19	APA, AAP, ASHA, AAN				☑	Refer to CPT	☐
96X12	XXX	N	June 2017	32	Psychological and Neuropsychological Testing	K18	October 2017	HCPAC	APA, AAP, ASHA, AAN	0.00	0.00		☑	PE Only	☐
97X51	XXX	N	Feb 2017	42	Adaptive Behavior Analysis	E1	LOI - No SS						☐	No RUC Recommendation	☐
97X52	XXX	N	Feb 2017	42	Adaptive Behavior Analysis	E2	LOI - No SS						☐	No RUC Recommendation	☐
97X53	XXX	N	Feb 2017	42	Adaptive Behavior Analysis	E3	LOI - No SS						☐	No RUC Recommendation	☐
97X54	XXX	N	Feb 2017	42	Adaptive Behavior Analysis	E4	LOI - No SS						☐	No RUC Recommendation	☐
97X55	XXX	N	Feb 2017	42	Adaptive Behavior Analysis	E5	LOI - No SS						☐	No RUC Recommendation	☐
97X56	XXX	N	Feb 2017	42	Adaptive Behavior Analysis	E6	LOI - No SS						☐	No RUC Recommendation	☐
97X57	XXX	N	Feb 2017	42	Adaptive Behavior Analysis	E7	LOI - No SS						☐	No RUC Recommendation	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
97X58	XXX	N	Feb 2017	42	Adaptive Behavior Analysis	E8	LOI - No SS						☐	No RUC Recommendation	☐
99090	XXX	D	Sept 2017	61	Chronic Care Remote Physiologic Monitoring		January 2018	20					☑		☐
99091	XXX	R	Sept 2017	61	Chronic Care Remote Physiologic Monitoring		January 2018	20	ACC	1.10	1.10	Yes	☑	Editorial Change	☑
990X0	XXX	N	Sept 2017	61	Chronic Care Remote Physiologic Monitoring	Z1	January 2018	20	ACC	0.00	0.00		☑	PE Only	☑
990X1	XXX	N	Sept 2017	61	Chronic Care Remote Physiologic Monitoring	Z2	January 2018	20	ACC	0.00	0.00		☑	PE Only	☑
99341	XXX	R	Sept 2017	06	Home Services Guidelines		Editorial			1.01	1.01	Yes	☑		☐
99342	XXX	R	Sept 2017	06	Home Services Guidelines		Editorial			1.52	1.52	Yes	☑		☐
99343	XXX	R	Sept 2017	06	Home Services Guidelines		Editorial			2.53	2.53	Yes	☑		☐
99344	XXX	R	Sept 2017	06	Home Services Guidelines		Editorial			3.38	3.38	Yes	☑		☐
99345	XXX	R	Sept 2017	06	Home Services Guidelines		Editorial			4.09	4.09	Yes	☑		☐
99347	XXX	R	Sept 2017	06	Home Services Guidelines		Editorial			1.00	1.00	Yes	☑		☐
99348	XXX	R	Sept 2017	06	Home Services Guidelines		Editorial			1.56	1.56	Yes	☑		☐
99349	XXX	R	Sept 2017	06	Home Services Guidelines		Editorial			2.33	2.33	Yes	☑		☐
99350	XXX	R	Sept 2017	06	Home Services Guidelines		Editorial			3.28	3.28	Yes	☑		☐
99446	XXX	R	Sept 2017	60	Interprofessional Internet Consultation	AA1	January 2018	21	AAP, ACP	0.35	0.35	Yes	☑		☐
99447	XXX	R	Sept 2017	60	Interprofessional Internet Consultation	AA2	January 2018	21	AAP, ACP	0.70	0.70	Yes	☑		☐
99448	XXX	R	Sept 2017	60	Interprofessional Internet Consultation	AA3	January 2018	21	AAP, ACP	1.05	1.05	Yes	☑		☐
99449	XXX	R	Sept 2017	60	Interprofessional Internet Consultation	AA4	January 2018	21	AAP, ACP	1.40	1.40	Yes	☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
994X0	XXX	N	Sept 2017	60	Interprofessional Internet Consultation	AA6	January 2018	21	AAP, ACP	0.53	0.50		☑		☑
994X6	XXX	N	Sept 2017	60	Interprofessional Internet Consultation	AA5	January 2018	21	AAP, ACP	0.75	0.70		☑		☑
994X7	XXX	N	Feb 2017	06	Chronic Care Management Services	F1	April 2017	09	AGS, AAFP, AAN, ACP	1.85	1.45		☑		☑
994X9	XXX	N	Sept 2017	61	Chronic Care Remote Physiologic Monitoring	Z3	January 2018	20	ACC	0.80	0.61		☑		☑

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes Feb 2018

CPT Code	Long Descriptor	Issue	RUC Recommend-ation	CMS Final Rule Request	010-Day Global Post-Operative Visits	Negative IWPUT
35761	Exploration (not followed by surgical repair), with or without lysis of artery; other vessels	Exploration of Artery-Vein	Refer to CPT			X
35741	Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery	Exploration of Artery-Vein	Refer to CPT			X
35721	Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery	Exploration of Artery-Vein	Refer to CPT			X
35701	Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery	Exploration of Artery-Vein	Refer to CPT			X
38792	Injection procedure; radioactive tracer for identification of sentinel node	Radioactive Tracer	0.65			X
46500	Injection of sclerosing solution, hemorrhoids	Hemorrhoid Injection	2.00		X	X
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	Dual-energy X-Ray Absorptiometry (DXA)	0.20			X
85390	Fibrinolysins or coagulopathy screen, interpretation and report	Fibrinolysins Screen	0.75			X
93562	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output	Cardiac Output Measurement	0.95			X
93561	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)	Cardiac Output Measurement	0.77			X

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes Feb 2018

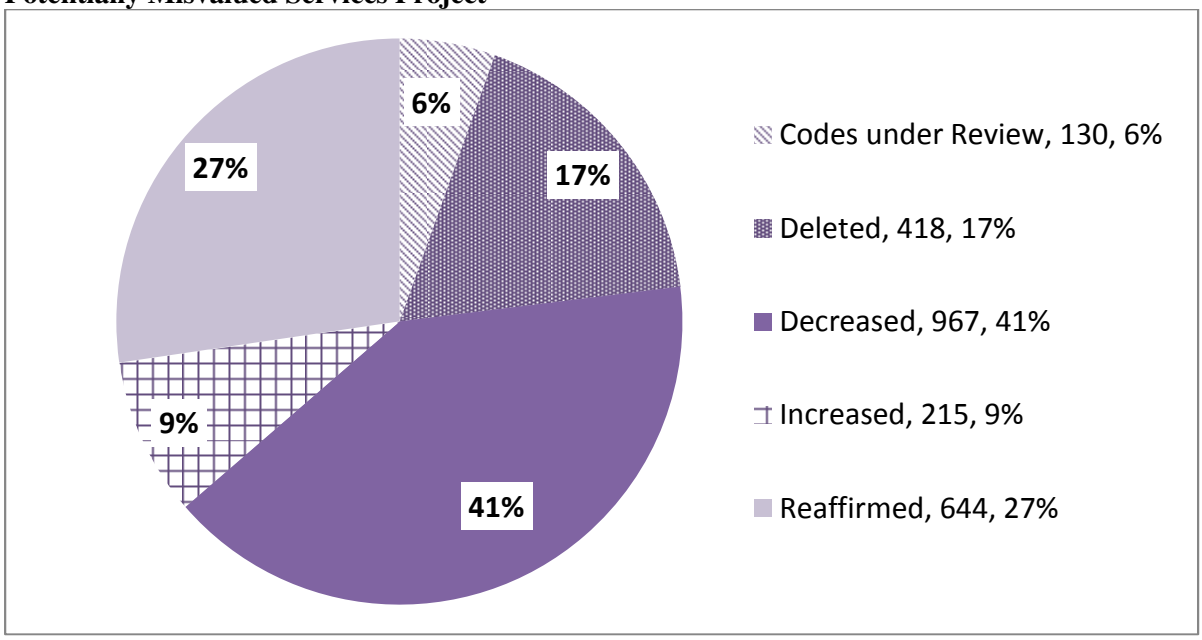
CPT Code	Long Descriptor	Issue	RUC Recommend-ation	CMS Final Rule Request	010-Day Global Post-Operative Visits	Negative IWPUT
93668	Peripheral arterial disease (PAD) rehabilitation, per session	Peripheral Artery Disease (PAD) Rehabilitation (PE Only)	New PE Inputs	X		

The RUC Relativity Assessment Workgroup Progress Report

In 2006, the AMA/Specialty Society RVS Update Committee (RUC) established the Five-Year Identification Workgroup (now referred to as the Relativity Assessment Workgroup) to identify potentially misvalued services using objective mechanisms for reevaluation prior to the next Five-Year Review. Since the inception of the Relativity Assessment Workgroup, the Workgroup and the Centers for Medicare and Medicaid Services (CMS) have identified 2,374 services through 18 different screening criteria for further review by the RUC. Additionally, the RUC charged the Workgroup with maintaining the "new technology" list of services that will be re-reviewed by the RUC as reporting and cost data become available.

To provide Medicare with reliable data on how physician work has changed over time, the RUC, with more than 300 experts in medicine and research, are examining over 2,300 potentially misvalued services accounting for $45 billion in Medicare spending. The update committee has recommended reductions and deletions to 1,385 services, redistributing $5 billion. Here are the outcomes for the committee's review of 2,374 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 570 services. In September 2010, the re-review cycle began and since then the RUC has recommended 41 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 172 services every September after three years of Medicare claims data is available for each service.

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

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

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

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

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

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

Of the remaining 65 services that were not re-surveyed, the RUC modified the discharge day management for 46 services, maintained three codes and removed two codes from the screen as the typical patient was not a Medicare beneficiary and would be an inpatient. The CPT® Editorial Panel deleted 14 codes. The RUC completed review of services under this initial screen.

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

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

In 2016, the RUC identified one site of service anomaly CPT code and submitted the recommendation to CMS for the 2019 Medicare Physician Payment Schedule. In 2017, the RUC identified one site of service anomaly CPT code and has referred this code to the CPT Editorial Panel for revision.

High Volume Growth

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

The RUC recommended removing 15 services from the screen as the volume growth did not impact the resources required to provide these services. The CPT® Editorial Panel deleted 34 codes. The RUC submitted 44 recommendations to CMS for services for the 2012-2017 Medicare Physician Payment Schedules. In September 2011, the RUC began review of services after two years of utilization data were collected. The RUC will continue to review the remaining four services after additional utilization data is available.

In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. The query resulted in the identification of 40 services and expanded to 62 services to include the appropriate family of services. The RUC recommended removing three services from the screen as the volume growth did not impact the resources required to provide these services. The RUC recommended review of two services after an additional two years of utilization data is collected. The CPT® Editorial Panel deleted ten codes and the RUC submitted recommendations for 47 services for the 2015-2019 Medicare Physician Payment Schedule.

In October 2015, the RUC ran this screen again for services based on Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013. The query resulted in the identification of 19 services and expanded to 30 services to include the appropriate family of services. The RUC recommended removing one service from the screen as the volume growth did not impact the resources required to provide these services. The RUC will review eight services after an additional two years of utilization data is collected. The CPT Editorial Panel deleted eight codes and the RUC submitted recommendations for 13 services for the 2017-2019 Medicare Physician Payment Schedules.

In October 2016, the RUC ran this screen again and the query resulted in the identification of 12 services, which was expanded to 14 services. The RUC recommended removing three services from the screen as the volume growth did not impact the resources required to provide these services. The CPT Editorial Panel deleted one service. The RUC submitted recommendations for 9 services for the 2019 Medicare Physician Payment Schedule. The RUC will review two services after additional utilization data is available and provide recommendations for the remaining 2 services for the 2020 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 27 services from the screen as the volume growth did not impact the resources required to provide the service. The CPT® Editorial Panel deleted 43codes. The RUC submitted 41 recommendations to CMS for the 2012-2019 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

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

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

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

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

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

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

Medicare Allowed Charges >$10 million
In June 2012, CMS identified 16 services that were Harvard valued with annual allowed charges (2011 data) > $10 million. The RUC expanded this screen to 33 services to include the proper family of services. The RUC removed two services from review as the allowed charges are approximately $1 million and did not meet the screen criteria. The CPT® Editorial Panel deleted one service. The RUC submitted recommendations for 30 services for the 2013-2017 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

CMS/Other
Utilization over 500,000
In April 2011, the RUC identified 410 codes with a source of "CMS/Other." CMS/Other codes are services which were not reviewed by the Harvard studies or the RUC and were either gap filled, most often via crosswalk by CMS or were part of a radiology fee schedule. "CMS/Other" source codes would not have been flagged in the Harvard only screens, therefore the RUC recommended that a list of all CMS/Other codes be developed and reviewed. The RUC established the threshold for CMS/Other source codes with Medicare utilization of 500,000 or more, which resulted in 19 codes. The RUC expanded this screen to 21 services to include the proper family of services. The CPT® Editorial Panel deleted three services. The RUC submitted recommendations for 16 services for the 2013-2015 Medicare Physician Payment Schedules. The RUC removed one service from the screen and will review one service for the 2020 Medicare Physician Payment Schedule.

Utilization over 250,000
In April 2013, the RUC lowered the threshold to the CMS/Other source codes with Medicare utilization of 250,000 or more, which resulted in 26 services and was expanded to 52 services to include the family of services. The CPT Editorial Panel deleted 11 codes identified under this screen. The RUC removed nine services and submitted 32 recommendations to CMS for the 2015-2019 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

Utilization over 100,000
In October 2016, the RUC lowered the threshold to the CMS/Other source codes with Medicare utilization of 100,000 or more, which resulted in 27 services and was expanded to 41 services to include the family of services. The RUC referred two codes to CPT for deletion and submitted recommendations for 39 services for the 2019 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

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

Reported 75% or More Together
In February 2010, the Workgroup continued review of services provided on the same day by the same provider, this time lowering the threshold to 75% or more together. The Relativity Assessment Workgroup again analyzed the Medicare claims data and found 151 code pairs which met the threshold. The Workgroup then collected these code pairs into similar "groups" to ensure that the entire family of services would be coordinated under one code bundling proposal. The grouping effort resulted in 20 code groups, totaling 80 codes, and were sent to specialty societies to solicit action plans for consideration at the April 2010 RUC meeting. Resulting from the Relativity Assessment Workgroup review, 81 additional codes were added for review as part of the family of services to ensure duplication of work and practice expense was mitigated throughout the entire set of services. Of the 161 total codes under review, the CPT® Editorial Panel deleted 35 individual component codes and replaced the component coding with 126 new and/or revised codes that described the bundles of services. The RUC will review two services after additional utilization data is available.

In August 2011, the Joint CPT®/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its third cycle of analysis of code pairs reported together with 75% or greater frequency. The Workgroup reviewed 30 code pair groups and recommended code bundling for 64 individual codes. In October 2012, the CPT® Editorial Panel started the review of code bundling solutions. Of the 167 total codes under review, the CPT® Editorial Panel deleted 52 services. The RUC has submitted 113 code recommendations for the 2014-2019 Medicare Physician Payment Schedules and will review two services after additional utilization data is available.

In January and April 2015, the Joint CPT/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its fourth cycle analysis of code pairs reported together with 75% or greater frequency. The Workgroup reviewed 8 code pair groups and recommended code bundling for 18 individual codes. In October 2015, the CPT Editorial Panel started review of the code bundling solutions. Of the 75 total codes under review, the CPT Editorial Panel deleted 26 services. The RUC submitted 47 code recommendations for the 2017-2019 Medicare Physician Payment Schedules and will review the two services after additional utilization data is available.

In October 2017 the Relativity Assessment Workgroup performed the fifth cycle analysis of code pairs reported together with 75% or greater frequency. Only groups that totaled allowed charges of $5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in Medicare claims data and/or contained at least one ZZZ global service were removed. Based on these criteria four groups or 8 codes were identified. The Relativity Assessment Workgroup determined two groups totaling four codes require code bundling solutions. The RUC referred four codes to CPT for code bundling solutions.

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

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

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

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

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

The RUC reviewed the 70 services identified and expanded the list to 145 services to include additional codes as part of the family. The CPT® Editorial Panel deleted 20 codes. The RUC submitted 123 recommendations to CMS for the 2013-2019 Medicare Physician Payment Schedules will review utilization data for two services after additional data is available.

In the Final Rule for 2016, CMS requested that the RUC review a list of 103 high Medicare Physician Payment Schedule high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010.

The RUC expanded the list of services to 238 services to include additional codes as part of the family. The CPT Editorial Panel deleted 29 codes. The RUC submitted 207 recommendations to CMS for the 2017-2019 Medicare Physician Payment Schedules and will review the remaining two services after additional utilization data is available.

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

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

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

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

High Level E/M in Global Period
In October 2015, the RUC reviewed all services with Medicare utilization greater than 10,000 that have a level 4 (99214) or level 5 (99215) office visit included in the global period. There were no codes with volume greater than 10,000 that had a level 5 office visits included. Seven services were identified that have a level 4 office visit included. The RUC expanded the list of services to 11 services to include additional codes as part of the family. The RUC confirmed that the level 4 post-operative visits were appropriate and well-defined for four services. The CPT Editorial Panel deleted one code. The RUC submitted recommendations for 10 services for the 2017-2018 Medicare Physician Payment Schedules. The RUC noted that this screen will be complete after these services are reviewed because the RUC has more rigorously questioned level 4 office visits in the global period in recent years and will continue this process going forward. The RUC has completed review of the services under this screen.

000-Day Global Services Reported with an E/M with Modifier 25
In the NPRM for 2017 CMS identified 83 services with a 000-day global period billed with an E/M 50 percent of the time or more, on the same day of service, same patient, by the same physician, that have not been reviewed in the last five years with Medicare utilization greater than 20,000.

The RUC commented that it appreciated CMS' identification of an objective screen and reasonable query. However, based on further analysis of the codes identified, it appears only 19 services met the criteria for this screen and have not been reviewed to specifically address an E/M performed on the same date. There were 38 codes that did not meet the screen criteria; they were either reviewed in the last 5 years and/or are not typically reported with an E/M. For 26 codes, the summary of recommendation (SOR), RUC rationale or practice expense inputs submitted specifically states that an E/M is typically reported with these services and the RUC accounted for this in its valuation.

The RUC requested that CMS remove 64 services that did not meet the screen criteria or which have already been valued as typically being reported with an E/M service. The RUC requested that CMS condense and finalize the list of services for this screen to the 19 remaining services.

In the Final Rule for 2017, CMS did finalize the list of 000-day global services reported with an E/M to the 19 services that truly met the criteria. The RUC recommended that two additional codes be removed from this screen as the specialty societies discovered that in fact an E/M as typical was considered in the survey process. Additional codes were added as part of the family of codes identified, totaling 22. The CPT Editorial Panel deleted one code and the RUC submitted 21 recommendations for the 2019 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

Negative IWPUT

In October 2017, the RUC identified 22 services with a negative IWPUT and Medicare utilization over 10,000 for all services or over 1,000 for Harvard valued and CMS/Other source codes. The RUC expanded the services identified in this screen to 27 services to include additional codes as part of the family. The RUC referred seven codes to the CPT Editorial Panel for revision. The RUC submitted 10 recommendations for the 2019 Medicare Physician Payment Schedule. The RUC will review the remaining 10 services in the 2020 cycle.

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 46 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 CPT Editorial Panel deleted two services. The RUC submitted recommendations for 32 services for the 2014-2019 Medicare Physician Payment Schedules. The RUC will review four 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 90 services. The CPT® Editorial Panel deleted 11 services. The RUC submitted recommendations to CMS for 79 services for the 2015-2018 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

Final Rule for 2015
In the Final Rule for 2015 the public and CMS nominated 26 services as potentially misvalued, which the RUC expanded to 53 services to include additional codes as part of this family. The CPT Editorial Panel deleted 16 services. The RUC submitted 37 recommendations for the 2016-2019 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

Final Rule for 2016
In the Final Rule for 2016 the public and CMS nominated 25 services as potentially misvalued, which the RUC expanded to 53 services to include an additional code as part of the family. The CPT Editorial Panel deleted eight services. The RUC submitted 45 recommendations for the 2017-2019 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

Final Rule for 2017
In the Final Rule for 2017 there were no public nominations for services in which the RUC was not already addressing.

Final Rule for 2018
In the Final Rule for 2018 the public and CMS nominated six services as potentially misvalued. The RUC submitted one recommendation for the 2019 Medicare Physician Payment Schedule and will review the remaining five services for the 2020 Medicare Physician Payment Schedule.

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

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

CMS Requests and RUC Relativity Assessment Workgroup Code Status

Total Number of Codes Identified*	**2,374**
Codes Completed	**2,244**
Work and PE Maintained	644
Work Increased	215
Work Decreased	806
Direct Practice Expense Revised (beyond work changes)	161
Deleted from CPT®	418
Codes Under Review	**130**
Referred to CPT® Editorial Panel	37
RUC to Review for *CPT 2020*	64
RUC to review future review after additional data obtained	28

**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 2009-2017 have resulted in $5 billion for redistribution within the Medicare Physician Payment Schedule.

Status Report: CMS Requests and Relativity Assessment Issues

00537 **Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** ASA **First Identified:** October 2016 **2016 Medicare Utilization:** 69,717

2007 Work RVU: 0.00 **2018 Work RVU:** 7.00
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Review action plan and additional utilization data (Oct 2019). Notify Anesthesia WG that this is a high growth service.

Referred to CPT

Result:

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

00731 **Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified** **Global:** XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 5.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5 base units

Referred to CPT September 2016

Result: Maintain

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

00732 **Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)** **Global:** XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 6.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6 base units

Referred to CPT September 2016

Result: Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

00740 **Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum**

Global: XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 04 **Specialty Developing Recommendation:** ASA **First Identified:** July 2015 **2016 Medicare Utilization:** 1,401,130

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

00810 **Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum**

Global: XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 04 **Specialty Developing Recommendation:** ASA **First Identified:** July 2015 **2016 Medicare Utilization:** 1,885,926

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

00811 **Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified**

Global: XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 4.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4 base units **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

00812 **Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy**

Global: XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 3.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3 base units **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

00813 **Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum**

Global: XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 04 **Specialty Developing Recommendation:** ASA

First Identified: September 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 5.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5 base units

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2016 Medicare Utilization:** 26,544

2007 Work RVU: 0.00 **2018 Work RVU:** 5.00
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

01936 **Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic**

Global: XXX **Issue:** Anesthesia for percutaneous image guided spine procedures **Screen:** High Volume Growth4 **Complete?** No

Most Recent RUC Meeting: April 2017 **Tab** 38 **Specialty Developing Recommendation:** ASA

First Identified: October 2016 **2016 Medicare Utilization:** 254,208

2007 Work RVU: **2018 Work RVU:** 5.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Review addiitonal data (October 2019)

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: XXX **Issue:** Fine Needle Aspiration **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 04 **Specialty Developing Recommendation:** AACE, ASBS, ASC, CAP, ES, AAOHNS, ACS **First Identified:** July 2015 **2016 Medicare Utilization:** 23,974

2007 Work RVU: 1.27 **2018 Work RVU:** 1.27
2007 NF PE RVU: 2.14 **2018 NF PE RVU:** 2.14
2007 Fac PE RVU 0.5 **2018 Fac PE RVU:**0.5

RUC Recommendation: 1.20 **Referred to CPT** June 2017 **Result:** Decrease
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 / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 04 **Specialty Developing Recommendation:** AACE, ASBS, ASC, CAP, ES, ACR, SIR **First Identified:** October 2008 **2016 Medicare Utilization:** 188,006

2007 Work RVU: 1.27 **2018 Work RVU:** 1.27
2007 NF PE RVU: 2.41 **2018 NF PE RVU:** 2.41
2007 Fac PE RVU 0.4 **2018 Fac PE RVU:**0.4

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
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: 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 **2016 Medicare Utilization:** 8,010

2007 Work RVU: **2018 Work RVU:** 2.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.00 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

10040 **Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)**

Global: 010 **Issue:** Acne Surgery **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 13 **Specialty Developing Recommendation:** AAD **First Identified:** October 2015 **2016 Medicare Utilization:** 37,156

2007 Work RVU: 1.19 **2018 Work RVU:** 0.91
2007 NF PE RVU: 1.09 **2018 NF PE RVU:** 1.09
2007 Fac PE RVU 0.84 **2018 Fac PE RVU:**0.84

RUC Recommendation: 0.91 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:** 422,521

2007 Work RVU: 1.19 **2018 Work RVU:** 1.22
2007 NF PE RVU: 1.29 **2018 NF PE RVU:** 1.29
2007 Fac PE RVU 0.97 **2018 Fac PE RVU:**0.97

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** APMA **First Identified:** October 2009 **2016 Medicare Utilization:** 157,882

2007 Work RVU: 2.42 **2018 Work RVU:** 2.45
2007 NF PE RVU: 1.89 **2018 NF PE RVU:** 1.89
2007 Fac PE RVU 1.51 **2018 Fac PE RVU:**1.51

RUC Recommendation: 2.45 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: September 2011 **Tab** 12 **Specialty Developing Recommendation:** APMA, AAFP **First Identified:** April 2011 **2016 Medicare Utilization:** 44,081

2007 Work RVU: 1.23 **2018 Work RVU:** 1.22
2007 NF PE RVU: 2.12 **2018 NF PE RVU:** 2.12
2007 Fac PE RVU 0.97 **2018 Fac PE RVU:** 0.97
Result: Maintain

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

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

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** January 2013 **2016 Medicare Utilization:** 11,608

2007 Work RVU: 2.27 **2018 Work RVU:** 2.30
2007 NF PE RVU: 3.06 **2018 NF PE RVU:** 3.06
2007 Fac PE RVU 1.94 **2018 Fac PE RVU:** 1.94
Result: Maintain

RUC Recommendation: Remove from re-review **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

10X11 **Global:** **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

RUC Recommendation: 0.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

10X12

Global: **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.63

Referred to CPT

Result: Decrease

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

10X13

Global: **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.00

Referred to CPT

Result: Decrease

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

10X14

Global: **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.81

Referred to CPT

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

10X15

Global: **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.18

Referred to CPT

Result: Decrease

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

10X16

Global: **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.43

Referred to CPT

Result: Decrease

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

10X17

Global: **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.65

Referred to CPT

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

10X18

Global: **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Contractor Price
Referred to CPT Asst ☐ **Published in CPT Asst:**

10X19

Global: **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Contractor Price
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 **2016 Medicare Utilization:**

2007 Work RVU: 0.50 **2018 Work RVU:**
2007 NF PE RVU: 0.56 **2018 NF PE RVU:** 0.56
2007 Fac PE RVU 0.2 **2018 Fac PE RVU:**0.2

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.60 **2018 Work RVU:**
2007 NF PE RVU: 0.68 **2018 NF PE RVU:** 0.68
2007 Fac PE RVU 0.3 **2018 Fac PE RVU:**0.3

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2016 Medicare Utilization:** 1,733,043

2007 Work RVU: 0.80 **2018 Work RVU:** 1.01
2007 NF PE RVU: 0.97 **2018 NF PE RVU:** 0.97
2007 Fac PE RVU 0.39 **2018 Fac PE RVU:**0.39

RUC Recommendation: 1.12 **Referred to CPT** October 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2016 Medicare Utilization:** 332,656

2007 Work RVU: 3.04 **2018 Work RVU:** 2.70
2007 NF PE RVU: 3.45 **2018 NF PE RVU:** 3.45
2007 Fac PE RVU 2.62 **2018 Fac PE RVU:**2.62

RUC Recommendation: 3.00 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2016 Medicare Utilization:** 73,461

2007 Work RVU: 4.11 **2018 Work RVU:** 4.10
2007 NF PE RVU: 4.58 **2018 NF PE RVU:** 4.58
2007 Fac PE RVU 3.73 **2018 Fac PE RVU:**3.73

RUC Recommendation: 4.56 **Referred to CPT** October 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2016 Medicare Utilization:** 390,492

2007 Work RVU: **2018 Work RVU:** 0.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.69 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2016 Medicare Utilization:** 170,685

2007 Work RVU: **2018 Work RVU:** 1.03
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.29 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** **2016 Medicare Utilization:** 40,378

2007 Work RVU: **2018 Work RVU:** 1.80
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 901,996

2007 Work RVU: 0.43 **2018 Work RVU:** 0.35
2007 NF PE RVU: 0.63 **2018 NF PE RVU:** 0.63
2007 Fac PE RVU 0.16 **2018 Fac PE RVU:**0.16

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

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 **2016 Medicare Utilization:** 2,011,745

2007 Work RVU: 0.61 **2018 Work RVU:** 0.50
2007 NF PE RVU: 0.7 **2018 NF PE RVU:** 0.7
2007 Fac PE RVU 0.22 **2018 Fac PE RVU:**0.22

RUC Recommendation: 0.50 **Referred to CPT** **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 **2016 Medicare Utilization:** 372,428

2007 Work RVU: 0.79 **2018 Work RVU:** 0.65
2007 NF PE RVU: 0.81 **2018 NF PE RVU:** 0.81
2007 Fac PE RVU 0.28 **2018 Fac PE RVU:**0.28

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 000 **Issue:** Biopsy of Skin Lesion **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** AAD

First Identified: October 2010 **2016 Medicare Utilization:** 3,459,132

2007 Work RVU: 0.81 **2018 Work RVU:** 0.81
2007 NF PE RVU: 1.41 **2018 NF PE RVU:** 1.41
2007 Fac PE RVU 0.38 **2018 Fac PE RVU:**0.38

RUC Recommendation: Deleted from CPT

Referred to CPT February 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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

Global: ZZZ **Issue:** Biopsy of Skin Lesion **Screen:** Low Value Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** AAD

First Identified: October 2010 **2016 Medicare Utilization:** 1,471,410

2007 Work RVU: 0.41 **2018 Work RVU:** 0.41
2007 NF PE RVU: 0.35 **2018 NF PE RVU:** 0.35
2007 Fac PE RVU 0.2 **2018 Fac PE RVU:**0.2

RUC Recommendation: Deleted from CPT

Referred to CPT February 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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

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

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

First Identified: January 2012 **2016 Medicare Utilization:** 93,436

2007 Work RVU: 0.51 **2018 Work RVU:** 0.60
2007 NF PE RVU: 1.04 **2018 NF PE RVU:** 1.04
2007 Fac PE RVU 0.21 **2018 Fac PE RVU:**0.21

RUC Recommendation: 0.60

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 185,039

2007 Work RVU: 0.85 **2018 Work RVU:** 0.90
2007 NF PE RVU: 1.21 **2018 NF PE RVU:** 1.21
2007 Fac PE RVU 0.38 **2018 Fac PE RVU:**0.38

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 114,646

2007 Work RVU: 1.05 **2018 Work RVU:** 1.05
2007 NF PE RVU: 1.42 **2018 NF PE RVU:** 1.42
2007 Fac PE RVU 0.47 **2018 Fac PE RVU:**0.47

RUC Recommendation: 1.16 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 17,007

2007 Work RVU: 1.24 **2018 Work RVU:** 1.25
2007 NF PE RVU: 1.69 **2018 NF PE RVU:** 1.69
2007 Fac PE RVU 0.53 **2018 Fac PE RVU:**0.53

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 104,210

2007 Work RVU: 0.67 **2018 Work RVU:** 0.80
2007 NF PE RVU: 0.91 **2018 NF PE RVU:** 0.91
2007 Fac PE RVU 0.26 **2018 Fac PE RVU:**0.26

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 99,325

2007 Work RVU: 0.99 **2018 Work RVU:** 0.96
2007 NF PE RVU: 1.18 **2018 NF PE RVU:** 1.18
2007 Fac PE RVU 0.41 **2018 Fac PE RVU:**0.41

RUC Recommendation: 1.18 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 50,289

2007 Work RVU: 1.14 **2018 Work RVU:** 1.20
2007 NF PE RVU: 1.4 **2018 NF PE RVU:** 1.4
2007 Fac PE RVU 0.49 **2018 Fac PE RVU:**0.49

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 15,303

2007 Work RVU: 1.41 **2018 Work RVU:** 1.46
2007 NF PE RVU: 1.53 **2018 NF PE RVU:** 1.53
2007 Fac PE RVU 0.58 **2018 Fac PE RVU:**0.58

RUC Recommendation: 1.46 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 77,151

2007 Work RVU: 0.73 **2018 Work RVU:** 0.80
2007 NF PE RVU: 1.18 **2018 NF PE RVU:** 1.18
2007 Fac PE RVU 0.32 **2018 Fac PE RVU:**0.32

RUC Recommendation: 1.19 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 103,803

2007 Work RVU: 1.05 **2018 Work RVU:** 1.10
2007 NF PE RVU: 1.34 **2018 NF PE RVU:** 1.34
2007 Fac PE RVU 0.49 **2018 Fac PE RVU:**0.49

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 51,150

2007 Work RVU: 1.20 **2018 Work RVU:** 1.30
2007 NF PE RVU: 1.55 **2018 NF PE RVU:** 1.55
2007 Fac PE RVU 0.56 **2018 Fac PE RVU:**0.56

RUC Recommendation: 1.80 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 8,180

2007 Work RVU: 1.62 **2018 Work RVU:** 1.68
2007 NF PE RVU: 1.9 **2018 NF PE RVU:** 1.9
2007 Fac PE RVU 0.73 **2018 Fac PE RVU:**0.73

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:** 1,058,950

2007 Work RVU: 0.17 **2018 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2018 NF PE RVU:** 0.28
2007 Fac PE RVU 0.07 **2018 Fac PE RVU:**0.07

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:

2016 Medicare Utilization: 2,131,862

2007 Work RVU: 0.32 **2018 Work RVU:** 0.32
2007 NF PE RVU: 0.37 **2018 NF PE RVU:** 0.37
2007 Fac PE RVU 0.11 **2018 Fac PE RVU:**0.11

RUC Recommendation: 0.32 (Interim)

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

Result: Maintain

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

2016 Medicare Utilization: 7,361,128

2007 Work RVU: 0.54 **2018 Work RVU:** 0.54
2007 NF PE RVU: 0.47 **2018 NF PE RVU:** 0.47
2007 Fac PE RVU 0.2 **2018 Fac PE RVU:**0.2

RUC Recommendation: 0.54 (Interim)

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

Result: Maintain

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

Global: 000 **Issue:** Removal of Nail Plate **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 56 **Specialty Developing Recommendation:** APMA

First Identified: July 2015

2016 Medicare Utilization: 443,894

2007 Work RVU: 1.10 **2018 Work RVU:** 1.05
2007 NF PE RVU: 1.11 **2018 NF PE RVU:** 1.11
2007 Fac PE RVU 0.4 **2018 Fac PE RVU:**0.4

RUC Recommendation: 1.10

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

Result: Maintain

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

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

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

First Identified: January 2014

2016 Medicare Utilization: 212,546

2007 Work RVU: 2.40 **2018 Work RVU:** 1.58
2007 NF PE RVU: 2.37 **2018 NF PE RVU:** 2.37
2007 Fac PE RVU 1.79 **2018 Fac PE RVU:**1.79

RUC Recommendation: 1.99

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: January 2014 **2016 Medicare Utilization:** 1,497

2007 Work RVU: 3.48 **2018 Work RVU:**
2007 NF PE RVU: 3.28 **2018 NF PE RVU:** 3.28
2007 Fac PE RVU 2.95 **2018 Fac PE RVU:**2.95

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

11755 **Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)**

Global: 000 **Issue:** Biopsy of Nail **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 41i **Specialty Developing Recommendation:** APMA

First Identified: July 2016 **2016 Medicare Utilization:** 59,476

2007 Work RVU: 1.31 **2018 Work RVU:** 1.31
2007 NF PE RVU: 1.69 **2018 NF PE RVU:** 1.69
2007 Fac PE RVU 0.77 **2018 Fac PE RVU:**0.77

RUC Recommendation: 1.25

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

Result: Decrease

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 **2016 Medicare Utilization:** 224,118

2007 Work RVU: 0.52 **2018 Work RVU:** 0.52
2007 NF PE RVU: 0.72 **2018 NF PE RVU:** 0.72
2007 Fac PE RVU 0.22 **2018 Fac PE RVU:**0.22

RUC Recommendation: 0.52

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: February 2010 **2016 Medicare Utilization:** 66,429

2007 Work RVU: 0.80 **2018 Work RVU:** 0.80
2007 NF PE RVU: 0.75 **2018 NF PE RVU:** 0.75
2007 Fac PE RVU 0.37 **2018 Fac PE RVU:**0.37

RUC Recommendation: 0.80

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

Result: Maintain

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

Global: 000 **Issue:** Hormone Pellet Implantation **Screen:** High Volume Growth2 / Different Performing Specialty from Survey **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AAOS

First Identified: April 2013 **2016 Medicare Utilization:** 32,729

2007 Work RVU: 1.48 **2018 Work RVU:** 1.10
2007 NF PE RVU: 1.1 **2018 NF PE RVU:** 1.1
2007 Fac PE RVU 0.55 **2018 Fac PE RVU:**0.55

RUC Recommendation: Refer to CPT. 1.10

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

Result: Decrease

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

Global: XXX **Issue:** Drug Implant **Screen:** High Volume Growth1 / Different Performing Specialty from Survey **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AAOS

First Identified: June 2008 **2016 Medicare Utilization:** 12,812

2007 Work RVU: 1.48 **2018 Work RVU:** 1.48
2007 NF PE RVU: 1.76 **2018 NF PE RVU:** 1.76
2007 Fac PE RVU 0.66 **2018 Fac PE RVU:**0.66

RUC Recommendation: Refer to CPT

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: XXX **Issue:** Drug Implant **Screen:** High Volume Growth1 / Different Performing Specialty from Survey **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AAOS

First Identified: February 2008 **2016 Medicare Utilization:** 3,946

2007 Work RVU: 1.78 **2018 Work RVU:** 1.78
2007 NF PE RVU: 1.97 **2018 NF PE RVU:** 1.97
2007 Fac PE RVU 0.81 **2018 Fac PE RVU:**0.81

RUC Recommendation: Refer to CPT

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

Result: Remove from Screen

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

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

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

First Identified: June 2008 **2016 Medicare Utilization:** 2,505

2007 Work RVU: 3.30 **2018 Work RVU:** 3.30
2007 NF PE RVU: 2.38 **2018 NF PE RVU:** 2.38
2007 Fac PE RVU 1.44 **2018 Fac PE RVU:**1.44

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

11X02

Global: **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:**

First Identified: February 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.66

Referred to CPT February 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

11X03

Global: **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:**

First Identified: February 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.38

Referred to CPT February 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

11X04

Global: **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:**

First Identified: February 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.83

Referred to CPT February 2017

Result: Decrease

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

11X05

Global: **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:**

First Identified: February 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.45

Referred to CPT February 2017

Result: Decrease

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

11X06

Global: **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:**

First Identified: February 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.01

Referred to CPT February 2017

Result: Decrease

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

11X07

Global: **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:**

First Identified: February 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.54

Referred to CPT February 2017

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 192,422

2007 Work RVU: 1.72 **2018 Work RVU:** 0.84
2007 NF PE RVU: 1.92 **2018 NF PE RVU:** 1.92
2007 Fac PE RVU 0.76 **2018 Fac PE RVU:**0.76

RUC Recommendation: 0.84 **Referred to CPT** **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 **2016 Medicare Utilization:** 148,075

2007 Work RVU: 1.88 **2018 Work RVU:** 1.14
2007 NF PE RVU: 1.98 **2018 NF PE RVU:** 1.98
2007 Fac PE RVU 0.89 **2018 Fac PE RVU:**0.89

RUC Recommendation: 1.14 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2016 Medicare Utilization:** 23,166

2007 Work RVU: 2.26 **2018 Work RVU:** 1.44
2007 NF PE RVU: 2.26 **2018 NF PE RVU:** 2.26
2007 Fac PE RVU 0.99 **2018 Fac PE RVU:**0.99

RUC Recommendation: 1.44 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2016 Medicare Utilization:** 6,371

2007 Work RVU: 2.88 **2018 Work RVU:** 1.97
2007 NF PE RVU: 2.75 **2018 NF PE RVU:** 2.75
2007 Fac PE RVU 1.17 **2018 Fac PE RVU:**1.17

RUC Recommendation: 1.97 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2016 Medicare Utilization:** 1,228

2007 Work RVU: 3.68 **2018 Work RVU:** 2.39
2007 NF PE RVU: 3.3 **2018 NF PE RVU:** 3.3
2007 Fac PE RVU 1.46 **2018 Fac PE RVU:**1.46

RUC Recommendation: 2.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2016 Medicare Utilization:** 445

2007 Work RVU: 4.13 **2018 Work RVU:** 2.90
2007 NF PE RVU: 3.71 **2018 NF PE RVU:** 3.71
2007 Fac PE RVU 1.73 **2018 Fac PE RVU:**1.73

RUC Recommendation: 2.90 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2016 Medicare Utilization:** 92,807

2007 Work RVU: 1.78 **2018 Work RVU:** 1.07
2007 NF PE RVU: 2.07 **2018 NF PE RVU:** 2.07
2007 Fac PE RVU 0.78 **2018 Fac PE RVU:**0.78

RUC Recommendation: 1.07 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2016 Medicare Utilization:** 52,843

2007 Work RVU: 2.01 **2018 Work RVU:** 1.22
2007 NF PE RVU: 2.22 **2018 NF PE RVU:** 2.22
2007 Fac PE RVU 0.92 **2018 Fac PE RVU:**0.92

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2016 Medicare Utilization:** 7,102

2007 Work RVU: 2.48 **2018 Work RVU:** 1.57
2007 NF PE RVU: 2.5 **2018 NF PE RVU:** 2.5
2007 Fac PE RVU 1.04 **2018 Fac PE RVU:**1.04

RUC Recommendation: 1.57 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2016 Medicare Utilization:** 3,541

2007 Work RVU: 3.21 **2018 Work RVU:** 1.98
2007 NF PE RVU: 3.04 **2018 NF PE RVU:** 3.04
2007 Fac PE RVU 1.22 **2018 Fac PE RVU:**1.22

RUC Recommendation: 1.98 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2016 Medicare Utilization:** 547

2007 Work RVU: 3.94 **2018 Work RVU:** 2.68
2007 NF PE RVU: 3.45 **2018 NF PE RVU:** 3.45
2007 Fac PE RVU 1.47 **2018 Fac PE RVU:**1.47

RUC Recommendation: 2.68 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2016 Medicare Utilization:** 71

2007 Work RVU: 4.72 **2018 Work RVU:** 3.18
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.79 **2018 Fac PE RVU:**1.79

RUC Recommendation: 3.18 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2016 Medicare Utilization:** 26

2007 Work RVU: 5.54 **2018 Work RVU:** 3.61
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.19 **2018 Fac PE RVU:**2.19

RUC Recommendation: 3.61 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 60,377

2007 Work RVU: 2.17 **2018 Work RVU:** 2.00
2007 NF PE RVU: 2.69 **2018 NF PE RVU:** 2.69
2007 Fac PE RVU 1.17 **2018 Fac PE RVU:**1.17

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** October 2009 **2016 Medicare Utilization:** 250,885

2007 Work RVU: 2.49 **2018 Work RVU:** 2.52
2007 NF PE RVU: 4.19 **2018 NF PE RVU:** 4.19
2007 Fac PE RVU 1.92 **2018 Fac PE RVU:**1.92

RUC Recommendation: 2.52 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 23,766

2007 Work RVU: 2.94 **2018 Work RVU:** 2.97
2007 NF PE RVU: 3.54 **2018 NF PE RVU:** 3.54
2007 Fac PE RVU 1.59 **2018 Fac PE RVU:**1.59

RUC Recommendation: 2.97 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:** 4,927

2007 Work RVU: 3.44 **2018 Work RVU:** 3.50
2007 NF PE RVU: 5.21 **2018 NF PE RVU:** 5.21
2007 Fac PE RVU 2.14 **2018 Fac PE RVU:**2.14

RUC Recommendation: 3.60 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 1,080

2007 Work RVU: 4.06 **2018 Work RVU:** 4.23
2007 NF PE RVU: 5.51 **2018 NF PE RVU:** 5.51
2007 Fac PE RVU 2.47 **2018 Fac PE RVU:**2.47

RUC Recommendation: 4.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 543

2007 Work RVU: 4.68 **2018 Work RVU:** 5.00
2007 NF PE RVU: 6.05 **2018 NF PE RVU:** 6.05
2007 Fac PE RVU 2.88 **2018 Fac PE RVU:** 2.88

RUC Recommendation: 5.25 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 20,074

2007 Work RVU: 2.39 **2018 Work RVU:** 2.10
2007 NF PE RVU: 2.87 **2018 NF PE RVU:** 2.87
2007 Fac PE RVU 1.29 **2018 Fac PE RVU:** 1.29

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 49,194

2007 Work RVU: 2.76 **2018 Work RVU:** 2.79
2007 NF PE RVU: 3.57 **2018 NF PE RVU:** 3.57
2007 Fac PE RVU 1.63 **2018 Fac PE RVU:** 1.63

RUC Recommendation: 2.79 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 2,241

2007 Work RVU: 3.16 **2018 Work RVU:** 3.19
2007 NF PE RVU: 3.74 **2018 NF PE RVU:** 3.74
2007 Fac PE RVU 1.69 **2018 Fac PE RVU:**1.69

RUC Recommendation: 3.19 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

12045 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm** **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 434

2007 Work RVU: 3.65 **2018 Work RVU:** 3.75
2007 NF PE RVU: 5.21 **2018 NF PE RVU:** 5.21
2007 Fac PE RVU 2.23 **2018 Fac PE RVU:**2.23

RUC Recommendation: 3.90 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

12046 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm** **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 90

2007 Work RVU: 4.26 **2018 Work RVU:** 4.30
2007 NF PE RVU: 6.28 **2018 NF PE RVU:** 6.28
2007 Fac PE RVU 2.64 **2018 Fac PE RVU:**2.64

RUC Recommendation: 4.60 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 44

2007 Work RVU: 4.66 **2018 Work RVU:** 4.95
2007 NF PE RVU: 6.3 **2018 NF PE RVU:** 6.3
2007 Fac PE RVU 2.95 **2018 Fac PE RVU:** 2.95

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 57,422

2007 Work RVU: 2.49 **2018 Work RVU:** 2.33
2007 NF PE RVU: 3.48 **2018 NF PE RVU:** 3.48
2007 Fac PE RVU 1.57 **2018 Fac PE RVU:** 1.57

RUC Recommendation: 2.33 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 78,214

2007 Work RVU: 2.81 **2018 Work RVU:** 2.87
2007 NF PE RVU: 3.64 **2018 NF PE RVU:** 3.64
2007 Fac PE RVU 1.72 **2018 Fac PE RVU:** 1.72

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 9,291

2007 Work RVU: 3.14 **2018 Work RVU:** 3.17
2007 NF PE RVU: 3.77 **2018 NF PE RVU:** 3.77
2007 Fac PE RVU 1.68 **2018 Fac PE RVU:**1.68

RUC Recommendation: 3.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 2,671

2007 Work RVU: 3.47 **2018 Work RVU:** 3.50
2007 NF PE RVU: 4.02 **2018 NF PE RVU:** 4.02
2007 Fac PE RVU 1.74 **2018 Fac PE RVU:**1.74

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 321

2007 Work RVU: 4.44 **2018 Work RVU:** 4.50
2007 NF PE RVU: 4.87 **2018 NF PE RVU:** 4.87
2007 Fac PE RVU 2.13 **2018 Fac PE RVU:**2.13

RUC Recommendation: 4.65 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 62

2007 Work RVU: 5.25 **2018 Work RVU:** 5.30
2007 NF PE RVU: 6.62 **2018 NF PE RVU:** 6.62
2007 Fac PE RVU 2.89 **2018 Fac PE RVU:** 2.89

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 29

2007 Work RVU: 5.97 **2018 Work RVU:** 6.00
2007 NF PE RVU: 6.47 **2018 NF PE RVU:** 6.47
2007 Fac PE RVU 3.53 **2018 Fac PE RVU:** 3.53

RUC Recommendation: 6.28 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2016 Medicare Utilization:** 5,897

2007 Work RVU: 3.14 **2018 Work RVU:** 3.00
2007 NF PE RVU: 4.15 **2018 NF PE RVU:** 4.15
2007 Fac PE RVU 2.35 **2018 Fac PE RVU:** 2.35

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

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2016 Medicare Utilization:** 88,366

2007 Work RVU: 3.93 **2018 Work RVU:** 3.50
2007 NF PE RVU: 4.99 **2018 NF PE RVU:** 4.99
2007 Fac PE RVU 2.77 **2018 Fac PE RVU:**2.77

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

13102 **Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2016 Medicare Utilization:** 23,586

2007 Work RVU: 1.24 **2018 Work RVU:** 1.24
2007 NF PE RVU: 1.22 **2018 NF PE RVU:** 1.22
2007 Fac PE RVU 0.57 **2018 Fac PE RVU:**0.57

RUC Recommendation: 1.24 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2016 Medicare Utilization:** 10,728

2007 Work RVU: 3.32 **2018 Work RVU:** 3.23
2007 NF PE RVU: 4.26 **2018 NF PE RVU:** 4.26
2007 Fac PE RVU 2.41 **2018 Fac PE RVU:**2.41

RUC Recommendation: 3.23 and CPT Assistant article published **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** 1st article: May 2011; 2nd article July 2016; 3rd article Mar 2018

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

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2016 Medicare Utilization:** 166,736

2007 Work RVU: 4.36 **2018 Work RVU:** 4.00
2007 NF PE RVU: 5.32 **2018 NF PE RVU:** 5.32
2007 Fac PE RVU 3.02 **2018 Fac PE RVU:**3.02

RUC Recommendation: 4.00 and CPT Assistant article published **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** 1st article: May 2011; 2nd article July 2016; 3rd article Mar 2018

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2016 Medicare Utilization:** 25,478

2007 Work RVU: 1.44 **2018 Work RVU:** 1.44
2007 NF PE RVU: 1.48 **2018 NF PE RVU:** 1.48
2007 Fac PE RVU 0.63 **2018 Fac PE RVU:**0.63

RUC Recommendation: 1.44 and CPT Assistant article published **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** 1st article: May 2011; 2nd article July 2016; 3rd article Mar 2018

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 **2016 Medicare Utilization:** 38,618

2007 Work RVU: 3.80 **2018 Work RVU:** 3.73
2007 NF PE RVU: 4.53 **2018 NF PE RVU:** 4.53
2007 Fac PE RVU 2.74 **2018 Fac PE RVU:**2.74

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2016 Medicare Utilization:** 267,186

2007 Work RVU: 6.48 **2018 Work RVU:** 4.78
2007 NF PE RVU: 6.42 **2018 NF PE RVU:** 6.42
2007 Fac PE RVU 4.38 **2018 Fac PE RVU:**4.38

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS

First Identified: September 2011 **2016 Medicare Utilization:** 15,612

2007 Work RVU: 2.19 **2018 Work RVU:** 2.19
2007 NF PE RVU: 1.72 **2018 NF PE RVU:** 1.72
2007 Fac PE RVU 1.02 **2018 Fac PE RVU:**1.02

RUC Recommendation: 2.19

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

Result: Maintain

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 **2016 Medicare Utilization:**

2007 Work RVU: 3.82 **2018 Work RVU:**
2007 NF PE RVU: 4.83 **2018 NF PE RVU:** 4.83
2007 Fac PE RVU 2.76 **2018 Fac PE RVU:**2.76

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2016 Medicare Utilization:** 34,107

2007 Work RVU: 4.46 **2018 Work RVU:** 4.34
2007 NF PE RVU: 4.99 **2018 NF PE RVU:** 4.99
2007 Fac PE RVU 3.17 **2018 Fac PE RVU:**3.17

RUC Recommendation: 4.34

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

Result: Decrease

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 **2016 Medicare Utilization:** 53,215

2007 Work RVU: 6.34 **2018 Work RVU:** 5.34
2007 NF PE RVU: 6.42 **2018 NF PE RVU:** 6.42
2007 Fac PE RVU 4.03 **2018 Fac PE RVU:** 4.03

RUC Recommendation: 5.34 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2016 Medicare Utilization:** 1,003

2007 Work RVU: 2.38 **2018 Work RVU:** 2.38
2007 NF PE RVU: 1.96 **2018 NF PE RVU:** 1.96
2007 Fac PE RVU 1.11 **2018 Fac PE RVU:** 1.11

RUC Recommendation: 2.38 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** April 2008 **2016 Medicare Utilization:** 8,783

2007 Work RVU: 6.83 **2018 Work RVU:** 6.37
2007 NF PE RVU: 8.14 **2018 NF PE RVU:** 8.14
2007 Fac PE RVU 5.63 **2018 Fac PE RVU:** 5.63

RUC Recommendation: 6.19 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

14001 **Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** September 2007 **2016 Medicare Utilization:** 9,444

2007 Work RVU: 9.60 **2018 Work RVU:** 8.78
2007 NF PE RVU: 9.86 **2018 NF PE RVU:** 9.86
2007 Fac PE RVU 7.22 **2018 Fac PE RVU:**7.22

RUC Recommendation: 8.58 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

14020 **Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** April 2008 **2016 Medicare Utilization:** 20,185

2007 Work RVU: 7.66 **2018 Work RVU:** 7.22
2007 NF PE RVU: 8.98 **2018 NF PE RVU:** 8.98
2007 Fac PE RVU 6.64 **2018 Fac PE RVU:**6.64

RUC Recommendation: 7.02 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

14021 **Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2016 Medicare Utilization:** 18,836

2007 Work RVU: 11.18 **2018 Work RVU:** 9.72
2007 NF PE RVU: 10.63 **2018 NF PE RVU:** 10.63
2007 Fac PE RVU 8.41 **2018 Fac PE RVU:**8.41

RUC Recommendation: 9.52 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

14040 **Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2016 Medicare Utilization:** 71,404

2007 Work RVU: 8.44 **2018 Work RVU:** 8.60
2007 NF PE RVU: 9.17 **2018 NF PE RVU:** 9.17
2007 Fac PE RVU 7.17 **2018 Fac PE RVU:**7.17

RUC Recommendation: 8.44 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 44,264

2007 Work RVU: 12.67 **2018 Work RVU:** 10.83
2007 NF PE RVU: 11.37 **2018 NF PE RVU:** 11.37
2007 Fac PE RVU 8.88 **2018 Fac PE RVU:**8.88

RUC Recommendation: 10.63 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2016 Medicare Utilization:** 93,921

2007 Work RVU: 9.07 **2018 Work RVU:** 9.23
2007 NF PE RVU: 9.02 **2018 NF PE RVU:** 9.02
2007 Fac PE RVU 7.39 **2018 Fac PE RVU:**7.39

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

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 29,282

2007 Work RVU: 13.67 **2018 Work RVU:** 11.48
2007 NF PE RVU: 12.45 **2018 NF PE RVU:** 12.45
2007 Fac PE RVU 9.72 **2018 Fac PE RVU:**9.72

RUC Recommendation: 11.25 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

14300 **Deleted from CPT**

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

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:**

2007 Work RVU: 13.26 **2018 Work RVU:**
2007 NF PE RVU: 11.77 **2018 NF PE RVU:** 11.77
2007 Fac PE RVU 9.28 **2018 Fac PE RVU:**9.28

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS

First Identified: September 2007 **2016 Medicare Utilization:** 32,789

2007 Work RVU: **2018 Work RVU:** 12.65

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 12.47

Referred to CPT February 2009

Result: Decrease

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

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

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

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS

First Identified: September 2007 **2016 Medicare Utilization:** 32,155

2007 Work RVU: **2018 Work RVU:** 3.73

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.73

Referred to CPT February 2009

Result: Decrease

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

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

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS

First Identified: January 2014 **2016 Medicare Utilization:** 19,524

2007 Work RVU: 3.65 **2018 Work RVU:** 3.65

2007 NF PE RVU: 4.12 **2018 NF PE RVU:** 4.12

2007 Fac PE RVU 1.65 **2018 Fac PE RVU:** 1.65

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

Referred to CPT

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS, APMA **First Identified:** January 2014 **2016 Medicare Utilization:** 26,166

2007 Work RVU: 4.58 **2018 Work RVU:** 4.58
2007 NF PE RVU: 4.77 **2018 NF PE RVU:** 4.77
2007 Fac PE RVU 1.97 **2018 Fac PE RVU:**1.97

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

Referred to CPT

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

Result: Maintain

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 **2016 Medicare Utilization:** 15,491

2007 Work RVU: 9.74 **2018 Work RVU:** 9.90
2007 NF PE RVU: 11.91 **2018 NF PE RVU:** 11.91
2007 Fac PE RVU 7.57 **2018 Fac PE RVU:**7.57

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

Referred to CPT

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

Result: Maintain

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 **2016 Medicare Utilization:** 10,556

2007 Work RVU: 10.96 **2018 Work RVU:** 10.15
2007 NF PE RVU: 10.87 **2018 NF PE RVU:** 10.87
2007 Fac PE RVU 7.71 **2018 Fac PE RVU:**7.71

RUC Recommendation: Remove from screen

Referred to CPT

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

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 5.99 **2018 Work RVU:**
2007 NF PE RVU: 3.79 **2018 NF PE RVU:** 3.79
2007 Fac PE RVU 2.37 **2018 Fac PE RVU:**2.37

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.55 **2018 Work RVU:**
2007 NF PE RVU: 0.68 **2018 NF PE RVU:** 0.68
2007 Fac PE RVU 0.6 **2018 Fac PE RVU:**0.6

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 7.99 **2018 Work RVU:**
2007 NF PE RVU: 5.4 **2018 NF PE RVU:** 5.4
2007 Fac PE RVU 3.96 **2018 Fac PE RVU:**3.96

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 2.45 **2018 Work RVU:**
2007 NF PE RVU: 1.1 **2018 NF PE RVU:** 1.1
2007 Fac PE RVU 0.95 **2018 Fac PE RVU:**0.95

RUC Recommendation: Deleted from CPT **Referred to CPT** **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 **2016 Medicare Utilization:** 9,392

2007 Work RVU: 7.95 **2018 Work RVU:** 8.09
2007 NF PE RVU: 9.5 **2018 NF PE RVU:** 9.5
2007 Fac PE RVU 6.69 **2018 Fac PE RVU:**6.69

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

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

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 **2016 Medicare Utilization:** 13,525

2007 Work RVU: 10.15 **2018 Work RVU:** 10.41
2007 NF PE RVU: 10.66 **2018 NF PE RVU:** 10.66
2007 Fac PE RVU 8.2 **2018 Fac PE RVU:**8.2

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 89,162

2007 Work RVU: **2018 Work RVU:** 1.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.50 **Referred to CPT** 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 **2016 Medicare Utilization:** 10,540

2007 Work RVU: **2018 Work RVU:** 0.33
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.59 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2016 Medicare Utilization:** 4,385

2007 Work RVU: **2018 Work RVU:** 3.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.50 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2016 Medicare Utilization:** 25,336

2007 Work RVU: **2018 Work RVU:** 0.80
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.80 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2016 Medicare Utilization:** 99,014

2007 Work RVU: **2018 Work RVU:** 1.83
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.83 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2016 Medicare Utilization:** 5,051

2007 Work RVU: **2018 Work RVU:** 0.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.59 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2016 Medicare Utilization:** 1,478

2007 Work RVU: **2018 Work RVU:** 4.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.00 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2016 Medicare Utilization:** 2,925

2007 Work RVU: **2018 Work RVU:** 1.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.00 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

15320 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 5.36 **2018 Work RVU:**
2007 NF PE RVU: 3.66 **2018 NF PE RVU:** 3.66
2007 Fac PE RVU 2.49 **2018 Fac PE RVU:** 2.49

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

Status Report: CMS Requests and Relativity Assessment Issues

15321 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.50 **2018 Work RVU:**
2007 NF PE RVU: 0.69 **2018 NF PE RVU:** 0.69
2007 Fac PE RVU 0.57 **2018 Fac PE RVU:**0.57

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

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

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

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASPS **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 3.99 **2018 Work RVU:**
2007 NF PE RVU: 3.18 **2018 NF PE RVU:** 3.18
2007 Fac PE RVU 2.15 **2018 Fac PE RVU:**2.15

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

15331 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.00 **2018 Work RVU:**
2007 NF PE RVU: 0.46 **2018 NF PE RVU:** 0.46
2007 Fac PE RVU 0.39 **2018 Fac PE RVU:**0.39

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

15335 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 4.50 **2018 Work RVU:**
2007 NF PE RVU: 3.46 **2018 NF PE RVU:** 3.46
2007 Fac PE RVU 2.35 **2018 Fac PE RVU:**2.35

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

Status Report: CMS Requests and Relativity Assessment Issues

15336 **Deleted from CPT** **Global:** ZZZ **Issue:** Acellular Dermal Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.43 **2018 Work RVU:**
2007 NF PE RVU: 0.7 **2018 NF PE RVU:** 0.7
2007 Fac PE RVU 0.55 **2018 Fac PE RVU:**0.55

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

15360 **Deleted from CPT** **Global:** 090 **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 3.93 **2018 Work RVU:**
2007 NF PE RVU: 4.47 **2018 NF PE RVU:** 4.47
2007 Fac PE RVU 3.13 **2018 Fac PE RVU:**3.13

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

15361 **Deleted from CPT** **Global:** ZZZ **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.15 **2018 Work RVU:**
2007 NF PE RVU: 0.58 **2018 NF PE RVU:** 0.58
2007 Fac PE RVU 0.44 **2018 Fac PE RVU:**0.44

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

15365 **Deleted from CPT** **Global:** 090 **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 4.21 **2018 Work RVU:**
2007 NF PE RVU: 4.5 **2018 NF PE RVU:** 4.5
2007 Fac PE RVU 3.2 **2018 Fac PE RVU:**3.2

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

Status Report: CMS Requests and Relativity Assessment Issues

15366 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.45 **2018 Work RVU:**
2007 NF PE RVU: 0.7 **2018 NF PE RVU:** 0.7
2007 Fac PE RVU 0.56 **2018 Fac PE RVU:**0.56

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

15400 **Deleted from CPT**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAO-HNS, ASPS **First Identified:** September 2007 **2016 Medicare Utilization:**

2007 Work RVU: 4.38 **2018 Work RVU:**
2007 NF PE RVU: 4.25 **2018 NF PE RVU:** 4.25
2007 Fac PE RVU 3.95 **2018 Fac PE RVU:**3.95

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

15401 **Deleted from CPT**

Global: ZZZ **Issue:** Xenograft **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACS, ASPS **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 1.00 **2018 Work RVU:**
2007 NF PE RVU: 1.67 **2018 NF PE RVU:** 1.67
2007 Fac PE RVU 0.42 **2018 Fac PE RVU:**0.42

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

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 **2016 Medicare Utilization:**

2007 Work RVU: 4.89 **2018 Work RVU:**
2007 NF PE RVU: 4.86 **2018 NF PE RVU:** 4.86
2007 Fac PE RVU 3.83 **2018 Fac PE RVU:**3.83

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

Status Report: CMS Requests and Relativity Assessment Issues

15421 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.50 **2018 Work RVU:**
2007 NF PE RVU: 1.29 **2018 NF PE RVU:** 1.29
2007 Fac PE RVU 0.6 **2018 Fac PE RVU:**0.6

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

15570 **Formation of direct or tubed pedicle, with or without transfer; trunk**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 407

2007 Work RVU: 10.00 **2018 Work RVU:** 10.21
2007 NF PE RVU: 11.09 **2018 NF PE RVU:** 11.09
2007 Fac PE RVU 6.71 **2018 Fac PE RVU:**6.71

RUC Recommendation: 10.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

15572 **Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** April 2008 **2016 Medicare Utilization:** 613

2007 Work RVU: 9.94 **2018 Work RVU:** 10.12
2007 NF PE RVU: 9.59 **2018 NF PE RVU:** 9.59
2007 Fac PE RVU 6.53 **2018 Fac PE RVU:**6.53

RUC Recommendation: 9.94 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

15574 **Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,900

2007 Work RVU: 10.52 **2018 Work RVU:** 10.70
2007 NF PE RVU: 10.64 **2018 NF PE RVU:** 10.64
2007 Fac PE RVU 7.6 **2018 Fac PE RVU:**7.6

RUC Recommendation: 10.52 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

15576 **Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 4,406

2007 Work RVU: 9.24 **2018 Work RVU:** 9.37
2007 NF PE RVU: 9.74 **2018 NF PE RVU:** 9.74
2007 Fac PE RVU 6.81 **2018 Fac PE RVU:**6.81

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

15730 **Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 05 **Specialty Developing Recommendation:** AAO **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 13.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 13.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

15731 **Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 05 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2016 Medicare Utilization:** 2,204

2007 Work RVU: 14.12 **2018 Work RVU:** 14.38
2007 NF PE RVU: 12.13 **2018 NF PE RVU:** 12.13
2007 Fac PE RVU 9.56 **2018 Fac PE RVU:**9.56

RUC Recommendation: Not part of family **Referred to CPT** September 2016 **Result:** Not Part of RAW
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15732 **Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)**

Global: 090 **Issue:** Muscle Flaps **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 05 **Specialty Developing Recommendation:** ASPS

First Identified: September 2007 **2016 Medicare Utilization:** 11,367

2007 Work RVU: 19.70 **2018 Work RVU:**

2007 NF PE RVU: 17.27 **2018 NF PE RVU:** 17.27

2007 Fac PE RVU 12.01 **2018 Fac PE RVU:** 12.01

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016

Result: Deleted from CPT

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

15733 **Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 05 **Specialty Developing Recommendation:** ASPS

First Identified: January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 15.68

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 15.68

Referred to CPT

Result: Decrease

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

15734 **Muscle, myocutaneous, or fasciocutaneous flap; trunk**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 14 **Specialty Developing Recommendation:**

First Identified: October 2015 **2016 Medicare Utilization:** 24,157

2007 Work RVU: 19.62 **2018 Work RVU:** 23.00

2007 NF PE RVU: 17.58 **2018 NF PE RVU:** 17.58

2007 Fac PE RVU 12.32 **2018 Fac PE RVU:** 12.32

RUC Recommendation: 23.00

Referred to CPT September 2016

Result: Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

15736 **Muscle, myocutaneous, or fasciocutaneous flap; upper extremity**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 14 **Specialty Developing Recommendation:** ASSH, ASPS **First Identified:** January 2016 **2016 Medicare Utilization:** 1,595

2007 Work RVU: 16.92 **2018 Work RVU:** 17.04
2007 NF PE RVU: 17.17 **2018 NF PE RVU:** 17.17
2007 Fac PE RVU 10.96 **2018 Fac PE RVU:**10.96

RUC Recommendation: 17.04 **Referred to CPT** September 2016 **Result:** Maintain

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

15738 **Muscle, myocutaneous, or fasciocutaneous flap; lower extremity**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 14 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2016 **2016 Medicare Utilization:** 6,051

2007 Work RVU: 18.92 **2018 Work RVU:** 19.04
2007 NF PE RVU: 17.04 **2018 NF PE RVU:** 17.04
2007 Fac PE RVU 11.45 **2018 Fac PE RVU:**11.45

RUC Recommendation: 19.04 **Referred to CPT** September 2016 **Result:** Maintain

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 **2016 Medicare Utilization:** 1,906

2007 Work RVU: 11.57 **2018 Work RVU:** 11.80
2007 NF PE RVU: 11.01 **2018 NF PE RVU:** 11.01
2007 Fac PE RVU 8.58 **2018 Fac PE RVU:**8.58

RUC Recommendation: 11.57 **Referred to CPT** 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 **2016 Medicare Utilization:** 8,046

2007 Work RVU: **2018 Work RVU:** 3.65
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.65 **Referred to CPT** 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 **2016 Medicare Utilization:** 93,621

2007 Work RVU: 8.12 **2018 Work RVU:** 6.81
2007 NF PE RVU: 7.8 **2018 NF PE RVU:** 7.8
2007 Fac PE RVU 6.41 **2018 Fac PE RVU:** 6.41

RUC Recommendation: 6.81 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

16020 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2016 Medicare Utilization:** 16,600

2007 Work RVU: 0.80 **2018 Work RVU:** 0.71
2007 NF PE RVU: 1.25 **2018 NF PE RVU:** 1.25
2007 Fac PE RVU 0.58 **2018 Fac PE RVU:** 0.58

RUC Recommendation: 0.80 **Referred to CPT** **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 **2016 Medicare Utilization:** 1,950

2007 Work RVU: 1.85 **2018 Work RVU:** 1.74
2007 NF PE RVU: 1.72 **2018 NF PE RVU:** 1.72
2007 Fac PE RVU 0.94 **2018 Fac PE RVU:**0.94

RUC Recommendation: 1.85 **Referred to CPT** **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 **2016 Medicare Utilization:** 840

2007 Work RVU: 2.08 **2018 Work RVU:** 2.08
2007 NF PE RVU: 2.12 **2018 NF PE RVU:** 2.12
2007 Fac PE RVU 1.08 **2018 Fac PE RVU:**1.08

RUC Recommendation: CPT Assistant article published. **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2012

17000 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion**

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2016 Medicare Utilization:** 5,719,507

2007 Work RVU: 0.62 **2018 Work RVU:** 0.61
2007 NF PE RVU: 1.08 **2018 NF PE RVU:** 1.08
2007 Fac PE RVU 0.59 **2018 Fac PE RVU:**0.59

RUC Recommendation: 0.61 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

17003 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)**

Global: ZZZ **Issue:** Destruction of Premalignant Lesions **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD

First Identified: October 2010 **2016 Medicare Utilization:** 18,354,863

2007 Work RVU: 0.07 **2018 Work RVU:** 0.04
2007 NF PE RVU: 0.11 **2018 NF PE RVU:** 0.11
2007 Fac PE RVU 0.06 **2018 Fac PE RVU:**0.06

RUC Recommendation: 0.04

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

Result: Decrease

17004 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions**

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD

First Identified: September 2011 **2016 Medicare Utilization:** 869,926

2007 Work RVU: 1.82 **2018 Work RVU:** 1.37
2007 NF PE RVU: 2.33 **2018 NF PE RVU:** 2.33
2007 Fac PE RVU 1.54 **2018 Fac PE RVU:**1.54

RUC Recommendation: 1.37

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

Result: Decrease

17106 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD

First Identified: February 2008 **2016 Medicare Utilization:** 3,289

2007 Work RVU: 4.62 **2018 Work RVU:** 3.69
2007 NF PE RVU: 4.63 **2018 NF PE RVU:** 4.63
2007 Fac PE RVU 3.33 **2018 Fac PE RVU:**3.33

RUC Recommendation: 3.61

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

17107 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2016 Medicare Utilization:** 1,040

2007 Work RVU: 9.19 **2018 Work RVU:** 4.79
2007 NF PE RVU: 7.24 **2018 NF PE RVU:** 7.24
2007 Fac PE RVU 5.41 **2018 Fac PE RVU:**5.41

RUC Recommendation: 4.68 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

17108 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2016 Medicare Utilization:** 3,914

2007 Work RVU: 13.22 **2018 Work RVU:** 7.49
2007 NF PE RVU: 9.34 **2018 NF PE RVU:** 9.34
2007 Fac PE RVU 7.49 **2018 Fac PE RVU:**7.49

RUC Recommendation: 6.37 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

17110 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions**

Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2016 Medicare Utilization:** 2,140,892

2007 Work RVU: 0.67 **2018 Work RVU:** 0.70
2007 NF PE RVU: 1.66 **2018 NF PE RVU:** 1.66
2007 Fac PE RVU 0.74 **2018 Fac PE RVU:**0.74

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

Status Report: CMS Requests and Relativity Assessment Issues

17111 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions**

Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

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

First Identified: April 2013 **2016 Medicare Utilization:** 109,613

2007 Work RVU: 0.94 **2018 Work RVU:** 0.97
2007 NF PE RVU: 1.83 **2018 NF PE RVU:** 1.83
2007 Fac PE RVU 0.89 **2018 Fac PE RVU:**0.89

RUC Recommendation: Remove from screen

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

Result: Remove from screen

17250 **Chemical cauterization of granulation tissue (ie, proud flesh)**

Global: 000 **Issue:** RAW **Screen:** High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** AAFP, ACS, APMA

First Identified: October 2015 **2016 Medicare Utilization:** 168,012

2007 Work RVU: 0.50 **2018 Work RVU:** 0.50
2007 NF PE RVU: 1.25 **2018 NF PE RVU:** 1.25
2007 Fac PE RVU 0.35 **2018 Fac PE RVU:**0.35

RUC Recommendation: CPT Assistant article published

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Result:

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 **2016 Medicare Utilization:** 135,223

2007 Work RVU: 1.19 **2018 Work RVU:** 1.22
2007 NF PE RVU: 1.84 **2018 NF PE RVU:** 1.84
2007 Fac PE RVU 0.9 **2018 Fac PE RVU:**0.9

RUC Recommendation: 1.22

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

Result: Maintain

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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 **2016 Medicare Utilization:** 271,328

2007 Work RVU: 1.60 **2018 Work RVU:** 1.63
2007 NF PE RVU: 2.13 **2018 NF PE RVU:** 2.13
2007 Fac PE RVU 1.09 **2018 Fac PE RVU:** 1.09

RUC Recommendation: 1.63 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

17271 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2016 Medicare Utilization:** 54,574

2007 Work RVU: 1.51 **2018 Work RVU:** 1.54
2007 NF PE RVU: 2 **2018 NF PE RVU:** 2
2007 Fac PE RVU 1.05 **2018 Fac PE RVU:** 1.05

RUC Recommendation: 1.54 **Referred to CPT** **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 **2016 Medicare Utilization:** 83,448

2007 Work RVU: 1.79 **2018 Work RVU:** 1.82
2007 NF PE RVU: 2.24 **2018 NF PE RVU:** 2.24
2007 Fac PE RVU 1.18 **2018 Fac PE RVU:** 1.18

RUC Recommendation: 1.82 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

17281 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2016 Medicare Utilization:** 102,604

2007 Work RVU: 1.74 **2018 Work RVU:** 1.77
2007 NF PE RVU: 2.12 **2018 NF PE RVU:** 2.12
2007 Fac PE RVU 1.16 **2018 Fac PE RVU:**1.16

RUC Recommendation: 1.77 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

17282 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2016 Medicare Utilization:** 97,168

2007 Work RVU: 2.06 **2018 Work RVU:** 2.09
2007 NF PE RVU: 2.41 **2018 NF PE RVU:** 2.41
2007 Fac PE RVU 1.31 **2018 Fac PE RVU:**1.31

RUC Recommendation: 2.09 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

17311 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks**

Global: 000 **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2016 Medicare Utilization:** 727,500

2007 Work RVU: 6.20 **2018 Work RVU:** 6.20
2007 NF PE RVU: 10.79 **2018 NF PE RVU:** 10.79
2007 Fac PE RVU 3.16 **2018 Fac PE RVU:**3.16

RUC Recommendation: 6.20 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

17312 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2016 Medicare Utilization:** 494,909

2007 Work RVU: 3.30 **2018 Work RVU:** 3.30
2007 NF PE RVU: 6.92 **2018 NF PE RVU:** 6.92
2007 Fac PE RVU 1.68 **2018 Fac PE RVU:**1.68
Result: Maintain

RUC Recommendation: 3.30

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

17313 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks**

Global: 000 **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 111,792

2007 Work RVU: 5.56 **2018 Work RVU:** 5.56
2007 NF PE RVU: 9.95 **2018 NF PE RVU:** 9.95
2007 Fac PE RVU 2.83 **2018 Fac PE RVU:**2.83
Result: Maintain

RUC Recommendation: 5.56

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

17314 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 53,357

2007 Work RVU: 3.06 **2018 Work RVU:** 3.06
2007 NF PE RVU: 6.41 **2018 NF PE RVU:** 6.41
2007 Fac PE RVU 1.55 **2018 Fac PE RVU:**1.55
Result: Maintain

RUC Recommendation: 3.06

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

Status Report: CMS Requests and Relativity Assessment Issues

17315 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

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

First Identified: January 2012 **2016 Medicare Utilization:** 21,083

RUC Recommendation: 0.87

Referred to CPT

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

2007 Work RVU: 0.87 **2018 Work RVU:** 0.87
2007 NF PE RVU: 1.15 **2018 NF PE RVU:** 1.15
2007 Fac PE RVU 0.44 **2018 Fac PE RVU:** 0.44
Result: Maintain

19020 **Mastotomy with exploration or drainage of abscess, deep**

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

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

First Identified: September 2007 **2016 Medicare Utilization:** 1,931

RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits

Referred to CPT

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

2007 Work RVU: 3.74 **2018 Work RVU:** 3.83
2007 NF PE RVU: 6.39 **2018 NF PE RVU:** 6.39
2007 Fac PE RVU 2.76 **2018 Fac PE RVU:** 2.76
Result: PE Only

19081 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012 **2016 Medicare Utilization:** 56,180

RUC Recommendation: 3.29

Referred to CPT October 2012

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

2007 Work RVU: **2018 Work RVU:** 3.29
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

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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 **2016 Medicare Utilization:** 3,945

2007 Work RVU: **2018 Work RVU:** 1.65
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.65 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19083 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:** 108,793

2007 Work RVU: **2018 Work RVU:** 3.10
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.10 **Referred to CPT** 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 **2016 Medicare Utilization:** 13,304

2007 Work RVU: **2018 Work RVU:** 1.55
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.55 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19085 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:** 4,235

RUC Recommendation: 3.64

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 3.64
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

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 **2016 Medicare Utilization:** 835

RUC Recommendation: 1.82

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 1.82
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

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 **2016 Medicare Utilization:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 2.00 **2018 Work RVU:**
2007 NF PE RVU: 3.68 **2018 NF PE RVU:** 3.68
2007 Fac PE RVU 0.64 **2018 Fac PE RVU:** 0.64
Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 3.69 **2018 Work RVU:**
2007 NF PE RVU: 11.01 **2018 NF PE RVU:** 11.01
2007 Fac PE RVU 1.18 **2018 Fac PE RVU:**1.18

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

19281 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:** 31,181

2007 Work RVU: **2018 Work RVU:** 2.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.00 **Referred to CPT** 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 **2016 Medicare Utilization:** 2,702

2007 Work RVU: **2018 Work RVU:** 1.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.00 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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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**

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 **2016 Medicare Utilization:** 3,833

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 2.00 **2007 NF PE RVU:** **2018 NF PE RVU:** **2007 Fac PE RVU** **2018 Fac PE RVU:** **Result:** Decrease

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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 **2016 Medicare Utilization:** 406

RUC Recommendation: 1.00 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 1.00 **2007 NF PE RVU:** **2018 NF PE RVU:** **2007 Fac PE RVU** **2018 Fac PE RVU:** **Result:** Decrease

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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 **2016 Medicare Utilization:** 20,934

RUC Recommendation: 1.70 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 1.70 **2007 NF PE RVU:** **2018 NF PE RVU:** **2007 Fac PE RVU** **2018 Fac PE RVU:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:** 1,617

RUC Recommendation: 0.85 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 0.85 **2007 NF PE RVU:** **2018 NF PE RVU:** **2007 Fac PE RVU** **2018 Fac PE RVU:** **Result:** Decrease

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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 **2016 Medicare Utilization:** 278

RUC Recommendation: 3.02 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 2.55 **2007 NF PE RVU:** **2018 NF PE RVU:** **2007 Fac PE RVU** **2018 Fac PE RVU:** **Result:** Decrease

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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 **2016 Medicare Utilization:** 65

RUC Recommendation: 1.51 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 1.28 **2007 NF PE RVU:** **2018 NF PE RVU:** **2007 Fac PE RVU** **2018 Fac PE RVU:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 1.27 **2018 Work RVU:**
2007 NF PE RVU: 2.81 **2018 NF PE RVU:** 2.81
2007 Fac PE RVU 0.41 **2018 Fac PE RVU:**0.41

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

19291 **Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.63 **2018 Work RVU:**
2007 NF PE RVU: 1.17 **2018 NF PE RVU:** 1.17
2007 Fac PE RVU 0.2 **2018 Fac PE RVU:**0.2

RUC Recommendation: Deleted from CPT **Referred to CPT** 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 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 2.57 **2018 NF PE RVU:** 2.57
2007 Fac PE RVU 2.02 **2018 Fac PE RVU:**2.02

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19303 **Mastectomy, simple, complete**

Global: 090 **Issue:** Mastectomy **Screen:** Site of Service Anomaly - 2015 / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 15 **Specialty Developing Recommendation:** ACS, ASBS **First Identified:** October 2015 **2016 Medicare Utilization:** 23,234

2007 Work RVU: 15.67 **2018 Work RVU:** 15.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.52 **2018 Fac PE RVU:**5.52
Result: Decrease

RUC Recommendation: 15.00

Referred to 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 **2016 Medicare Utilization:** 7,725

2007 Work RVU: 15.91 **2018 Work RVU:** 16.03
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 10.94 **2018 Fac PE RVU:**10.94
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

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

Global: 090 **Issue:** Insertion of Breast Prosthesis **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 10 **Specialty Developing Recommendation:** ASPS **First Identified:** **2016 Medicare Utilization:** 4,609

2007 Work RVU: 6.32 **2018 Work RVU:** 13.99
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.07 **2018 Fac PE RVU:**3.07
Result: Decrease

RUC Recommendation: 13.99

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Breast Reconstruction **Screen:** Site of Service Anomaly / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ASPS

First Identified: September 2007 **2016 Medicare Utilization:** 7,254

RUC Recommendation: 18.50

Referred to CPT October 2009

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

2007 Work RVU: 20.57 **2018 Work RVU:** 18.50

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 15.69 **2018 Fac PE RVU:** 15.69

Result: Decrease

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 **2016 Medicare Utilization:**

RUC Recommendation: Deleted from CPT

Referred to CPT June 2009

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

2007 Work RVU: 2.14 **2018 Work RVU:**

2007 NF PE RVU: 2.71 **2018 NF PE RVU:** 2.71

2007 Fac PE RVU 1.68 **2018 Fac PE RVU:** 1.68

Result: Deleted from CPT

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 / Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** ACS, AAO-HNS

First Identified: September 2007 **2016 Medicare Utilization:** 4,266

RUC Recommendation: Survey for April 2018. Specialties indicate will delete this code. 3.55.

Referred to CPT February 2018

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

2007 Work RVU: 3.55 **2018 Work RVU:** 3.58

2007 NF PE RVU: 3.54 **2018 NF PE RVU:** 3.54

2007 Fac PE RVU 2.2 **2018 Fac PE RVU:** 2.2

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

20220 **Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)**

Global: 000 **Issue:** Bone Biopsy Trocar/Needle **Screen:** Different Performing Specialty from Survey **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2018 **2016 Medicare Utilization:** 11,185

2007 Work RVU: 1.27 **2018 Work RVU:** 1.27
2007 NF PE RVU: 4.07 **2018 NF PE RVU:** 4.07
2007 Fac PE RVU 0.75 **2018 Fac PE RVU:**0.75

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

20225 **Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)**

Global: 000 **Issue:** Bone Biopsy Trocar/Needle **Screen:** Different Performing Specialty from Survey **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2017 **2016 Medicare Utilization:** 14,008

2007 Work RVU: 1.87 **2018 Work RVU:** 1.87
2007 NF PE RVU: 21.49 **2018 NF PE RVU:** 21.49
2007 Fac PE RVU 1.1 **2018 Fac PE RVU:**1.1

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

20240 **Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)**

Global: 000 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 04 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** April 2014 **2016 Medicare Utilization:** 3,961

2007 Work RVU: 3.25 **2018 Work RVU:** 2.61
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.44 **2018 Fac PE RVU:**2.44

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

20245 **Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)**

Global: 000 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 04 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2016 Medicare Utilization:** 4,010

2007 Work RVU: 8.77 **2018 Work RVU:** 6.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.38 **2018 Fac PE RVU:**6.38

RUC Recommendation: 6.50 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20525 **Removal of foreign body in muscle or tendon sheath; deep or complicated** **Global:** 010 **Issue:** Removal of Foreign Body **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,958

2007 Work RVU: 3.51 **2018 Work RVU:** 3.54
2007 NF PE RVU: 8.62 **2018 NF PE RVU:** 8.62
2007 Fac PE RVU 2.52 **2018 Fac PE RVU:**2.52

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

20526 **Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel** **Global:** 000 **Issue:** RAW **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** July 2016 **2016 Medicare Utilization:** 88,262

2007 Work RVU: 0.94 **2018 Work RVU:** 0.94
2007 NF PE RVU: 0.93 **2018 NF PE RVU:** 0.93
2007 Fac PE RVU 0.5 **2018 Fac PE RVU:**0.5

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

20550 **Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")** **Global:** 000 **Issue:** Injection of Tendon **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 27 **Specialty Developing Recommendation:** AAOS, AAPM&R, ACRh, APMA, ASSH **First Identified:** October 2008 **2016 Medicare Utilization:** 841,001

2007 Work RVU: 0.75 **2018 Work RVU:** 0.75
2007 NF PE RVU: 0.69 **2018 NF PE RVU:** 0.69
2007 Fac PE RVU 0.25 **2018 Fac PE RVU:**0.25

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20551 **Injection(s); single tendon origin/insertion**

Global: 000 **Issue:** Therapeutic Injection Carpal Tunnel **Screen:** CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 10 **Specialty Developing Recommendation:** AAPMR, AAOS, ACRh, APMA, ASSH **First Identified:** October 2008 **2016 Medicare Utilization:** 203,851

2007 Work RVU: 0.75 **2018 Work RVU:** 0.75
2007 NF PE RVU: 0.67 **2018 NF PE RVU:** 0.67
2007 Fac PE RVU 0.32 **2018 Fac PE RVU:**0.32

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

20552 **Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)**

Global: 000 **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2016 Medicare Utilization:** 366,284

2007 Work RVU: 0.66 **2018 Work RVU:** 0.66
2007 NF PE RVU: 0.69 **2018 NF PE RVU:** 0.69
2007 Fac PE RVU 0.21 **2018 Fac PE RVU:**0.21

RUC Recommendation: 0.66 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 000 **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2016 Medicare Utilization:** 326,995

2007 Work RVU: 0.75 **2018 Work RVU:** 0.75
2007 NF PE RVU: 0.78 **2018 NF PE RVU:** 0.78
2007 Fac PE RVU 0.23 **2018 Fac PE RVU:**0.23

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2016 Medicare Utilization:** 424,587

2007 Work RVU: 0.66 **2018 Work RVU:** 0.66
2007 NF PE RVU: 0.66 **2018 NF PE RVU:** 0.66
2007 Fac PE RVU 0.34 **2018 Fac PE RVU:**0.34

RUC Recommendation: 0.66 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2016 Medicare Utilization:** 34,460

2007 Work RVU: **2018 Work RVU:** 0.89
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.89 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

20605 **Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance**

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

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** October 2009 **2016 Medicare Utilization:** 489,904

2007 Work RVU: 0.68 **2018 Work RVU:** 0.68
2007 NF PE RVU: 0.76 **2018 NF PE RVU:** 0.76
2007 Fac PE RVU 0.35 **2018 Fac PE RVU:**0.35

RUC Recommendation: 0.68 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20606 **Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2016 Medicare Utilization:** 48,940

2007 Work RVU: **2018 Work RVU:** 1.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.00 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

20610 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance**

Global: 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 / MPC List / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2016 Medicare Utilization:** 6,650,209

2007 Work RVU: 0.79 **2018 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2018 NF PE RVU:** 0.98
2007 Fac PE RVU 0.42 **2018 Fac PE RVU:** 0.42

RUC Recommendation: 0.79 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

20611 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2016 Medicare Utilization:** 948,250

2007 Work RVU: **2018 Work RVU:** 1.10
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.10 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20612 **Aspiration and/or injection of ganglion cyst(s) any location** **Global:** 000 **Issue:** RAW **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** July 2016 **2016 Medicare Utilization:** 26,557

2007 Work RVU: 0.70 **2018 Work RVU:** 0.70
2007 NF PE RVU: 0.71 **2018 NF PE RVU:** 0.71
2007 Fac PE RVU 0.35 **2018 Fac PE RVU:** 0.35

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
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 **2016 Medicare Utilization:** 55,724

2007 Work RVU: 5.90 **2018 Work RVU:** 5.96
2007 NF PE RVU: 8.63 **2018 NF PE RVU:** 8.63
2007 Fac PE RVU 3.82 **2018 Fac PE RVU:** 3.82

RUC Recommendation: 5.96 and adjustments to pre-service time package 3. **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:** 3,053

2007 Work RVU: 6.40 **2018 Work RVU:** 16.27
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.65 **2018 Fac PE RVU:** 3.65

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 6,181

2007 Work RVU: 4.20 **2018 Work RVU:** 4.28
2007 NF PE RVU: 6.69 **2018 NF PE RVU:** 6.69
2007 Fac PE RVU 3.92 **2018 Fac PE RVU:**3.92

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
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 **2016 Medicare Utilization:** 3,999

2007 Work RVU: 5.77 **2018 Work RVU:** 3.00
2007 NF PE RVU: 8.65 **2018 NF PE RVU:** 8.65
2007 Fac PE RVU 5.5 **2018 Fac PE RVU:**5.5

RUC Recommendation: 3.00

Referred to CPT
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 **2016 Medicare Utilization:** 4,744

2007 Work RVU: 7.98 **2018 Work RVU:** 4.58
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.63 **2018 Fac PE RVU:**6.63

RUC Recommendation: 4.58

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

Result: Decrease

20926 **Tissue grafts, other (eg, paratenon, fat, dermis)**

Global: 090 **Issue:** Tissue Grafts **Screen:** CMS Fastest Growing / Site of Service Anomaly - 2017 **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAOS, ASPS, AANS, CNS

First Identified: October 2008 **2016 Medicare Utilization:** 14,715

2007 Work RVU: 5.70 **2018 Work RVU:** 5.79
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.67 **2018 Fac PE RVU:**4.67

RUC Recommendation: Refer to CPT and CPT Assistant

Referred to CPT May 2018
Referred to CPT Asst ☑ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 806

2007 Work RVU: 5.59 **2018 Work RVU:** 9.89

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 4.85 **2018 Fac PE RVU:**4.85

RUC Recommendation: 9.71

Referred to CPT June 2008

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

Result: Increase

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 **2016 Medicare Utilization:** 2,344

2007 Work RVU: 11.07 **2018 Work RVU:** 10.03

2007 NF PE RVU: 12.32 **2018 NF PE RVU:** 12.32

2007 Fac PE RVU 9.21 **2018 Fac PE RVU:**9.21

RUC Recommendation: 10.03

Referred to CPT

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

Result: Decrease

21495 **Open treatment of hyoid fracture**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:**

First Identified: October 2015 **2016 Medicare Utilization:**

2007 Work RVU: 6.55 **2018 Work RVU:**

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 8.73 **2018 Fac PE RVU:**8.73

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Result: Deleted from CPT

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 **2016 Medicare Utilization:** 652

2007 Work RVU: 8.91 **2018 Work RVU:** 14.75

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 5.13 **2018 Fac PE RVU:**5.13

RUC Recommendation: 14.57

Referred to CPT June 2008

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

Result: Decrease

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.98 **2018 Work RVU:**
2007 NF PE RVU: 1.34 **2018 NF PE RVU:** 1.34
2007 Fac PE RVU 1.34 **2018 Fac PE RVU:**1.34

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

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2016 Medicare Utilization:**

2007 Work RVU: 2.80 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.28 **2018 Fac PE RVU:**3.28

RUC Recommendation: Referred to CPT for deletion **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

21810 **Treatment of rib fracture requiring external fixation (flail chest)**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2016 Medicare Utilization:**

2007 Work RVU: 6.92 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.03 **2018 Fac PE RVU:**5.03

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

21811 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2016 Medicare Utilization:** 308

2007 Work RVU: **2018 Work RVU:** 10.79
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 19.55 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

21812 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: January 2014 **2016 Medicare Utilization:** 283

2007 Work RVU: **2018 Work RVU:** 13.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 25.00

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

21813 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: January 2014 **2016 Medicare Utilization:** 38

2007 Work RVU: **2018 Work RVU:** 17.61
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 35.00

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

21820 **Closed treatment of sternum fracture**

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

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

First Identified: January 2014 **2016 Medicare Utilization:** 223

2007 Work RVU: 1.31 **2018 Work RVU:** 1.36
2007 NF PE RVU: 1.82 **2018 NF PE RVU:** 1.82
2007 Fac PE RVU 1.77 **2018 Fac PE RVU:** 1.77

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT October 2013
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 1,010

2007 Work RVU: 7.65 **2018 Work RVU:** 7.76
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.16 **2018 Fac PE RVU:**6.16

RUC Recommendation: Unrelated to the family **Referred to CPT** October 2013 **Result:** Remove from screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:** 353

2007 Work RVU: 18.38 **2018 Work RVU:** 15.72
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 9.37 **2018 Fac PE RVU:**9.37

RUC Recommendation: 15.54 **Referred to CPT** 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 **2016 Medicare Utilization:** 4,802

2007 Work RVU: 20.77 **2018 Work RVU:** 21.02
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 13.53 **2018 Fac PE RVU:**13.53

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

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

Most Recent RUC Meeting: April 2015 **Tab** 23 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** July 2013 **2016 Medicare Utilization:** 2,275

2007 Work RVU: 2.08 **2018 Work RVU:**
2007 NF PE RVU: 2.27 **2018 NF PE RVU:** 2.27
2007 Fac PE RVU 1.89 **2018 Fac PE RVU:**1.89

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22310 **Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing**

Global: 090 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 8,646

2007 Work RVU: 3.69 **2018 Work RVU:** 3.89
2007 NF PE RVU: 2.85 **2018 NF PE RVU:** 2.85
2007 Fac PE RVU 2.4 **2018 Fac PE RVU:**2.4

RUC Recommendation: Survey for April 2018 **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

22510 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2016 Medicare Utilization:** 4,760

2007 Work RVU: **2018 Work RVU:** 7.90
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 8.15 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22511 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2016 Medicare Utilization:** 4,970

2007 Work RVU: **2018 Work RVU:** 7.33
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 8.05 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22512 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2016 Medicare Utilization:** 2,857

2007 Work RVU: **2018 Work RVU:** 4.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22513 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2016 Medicare Utilization:** 23,543

2007 Work RVU: **2018 Work RVU:** 8.65
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 8.90 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22514 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2016 Medicare Utilization:** 25,638

2007 Work RVU: **2018 Work RVU:** 7.99
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 8.24 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22515 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2016 Medicare Utilization:** 14,871

2007 Work RVU: **2018 Work RVU:** 4.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:**

2007 Work RVU: 9.17 **2018 Work RVU:**
2007 NF PE RVU: 56.83 **2018 NF PE RVU:** 56.83
2007 Fac PE RVU 4.84 **2018 Fac PE RVU:**4.84

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22521 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2007 **2016 Medicare Utilization:**

2007 Work RVU: 8.60 **2018 Work RVU:**
2007 NF PE RVU: 52.87 **2018 NF PE RVU:** 52.87
2007 Fac PE RVU 4.69 **2018 Fac PE RVU:**4.69

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2016 Medicare Utilization:**

2007 Work RVU: 4.30 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.59 **2018 Fac PE RVU:**1.59

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:**

2007 Work RVU: 9.21 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.6 **2018 Fac PE RVU:**5.6

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22524 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 8.81 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.4 **2018 Fac PE RVU:**5.4

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 4.47 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.12 **2018 Fac PE RVU:** 2.12

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2016 Medicare Utilization:** 1,191

2007 Work RVU: 24.61 **2018 Work RVU:** 24.79
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 13.57 **2018 Fac PE RVU:** 13.57

RUC Recommendation: Remove from screen. CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

Result: Remove from Screen

22551 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** **2016 Medicare Utilization:** 39,296

2007 Work RVU: **2018 Work RVU:** 25.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 24.50

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2016 Medicare Utilization:** 33,703

2007 Work RVU: **2018 Work RVU:** 6.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.50 **Referred to CPT** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:** 5,256

2007 Work RVU: 17.54 **2018 Work RVU:** 17.69
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 11.97 **2018 Fac PE RVU:** 11.97

RUC Recommendation: 17.69 **Referred to CPT** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

22558 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** High Volume Growth2 / Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** April 2013 **2016 Medicare Utilization:** 16,540

2007 Work RVU: 23.33 **2018 Work RVU:** 23.53
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 12.86 **2018 Fac PE RVU:** 12.86

RUC Recommendation: Review action plan and additional data **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2016 Medicare Utilization:** 15,974

2007 Work RVU: 5.52 **2018 Work RVU:** 5.52
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.62 **2018 Fac PE RVU:** 2.62

RUC Recommendation: Remove from screen **Referred to CPT** October 2009 **Result:** Maintain

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

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

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2016 Medicare Utilization:** 45,758

2007 Work RVU: 23.38 **2018 Work RVU:** 23.53
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 13.83 **2018 Fac PE RVU:** 13.83

RUC Recommendation: Review utilization data October 2015. 23.53. Maintain work RVU and adjust the times from pre-time package 4. **Referred to CPT** October 2010 **Result:** Maintain

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

22614 **Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2016 Medicare Utilization:** 126,417

2007 Work RVU: 6.43 **2018 Work RVU:** 6.43
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.15 **2018 Fac PE RVU:** 3.15

RUC Recommendation: 6.43 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 7,028

RUC Recommendation: 22.09 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 21.89 **2018 Work RVU:** 22.09
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 13.39 **2018 Fac PE RVU:** 13.39
Result: Maintain

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 **2016 Medicare Utilization:** 2,357

RUC Recommendation: 5.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 5.22 **2018 Work RVU:** 5.22
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.51 **2018 Fac PE RVU:** 2.51
Result: Decrease

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 **2016 Medicare Utilization:** 35,855

RUC Recommendation: 27.75 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 27.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 13,367

RUC Recommendation: 8.16

Referred to CPT October 2010

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

2007 Work RVU: **2018 Work RVU:** 8.16

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

22843 **Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and subluminar 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 **2016 Medicare Utilization:** 7,196

RUC Recommendation: Remove from screen

Referred to CPT

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

2007 Work RVU: 13.44 **2018 Work RVU:** 13.44

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 6.28 **2018 Fac PE RVU:** 6.28

Result: Remove from Screen

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 **2016 Medicare Utilization:** 4,722

RUC Recommendation: Maintain

Referred to CPT June 2010

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

2007 Work RVU: 19.08 **2018 Work RVU:** 19.17

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 11.39 **2018 Fac PE RVU:** 11.39

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

22851 **Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS Fastest Growing / High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** October 2008 **2016 Medicare Utilization:** 138,577

2007 Work RVU: 6.70 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.18 **2018 Fac PE RVU:** 3.18

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

22859 **Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 5.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22867 **Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level**

Global: 090 **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 13.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.88 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22868 **Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 4.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:** 818

2007 Work RVU: 6.14 **2018 Work RVU:** 8.32
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.3 **2018 Fac PE RVU:**3.3

RUC Recommendation: 8.21 **Referred to CPT** June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

23076 **Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 683

2007 Work RVU: 7.77 **2018 Work RVU:** 7.41
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.5 **2018 Fac PE RVU:**5.5

RUC Recommendation: 7.28 **Referred to CPT** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

23120 **Claviculectomy; partial**

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

Most Recent RUC Meeting: April 2008 **Tab** 30 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 8,430

2007 Work RVU: 7.23 **2018 Work RVU:** 7.39
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.22 **2018 Fac PE RVU:**6.22

RUC Recommendation: 7.23 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 2,870

2007 Work RVU: 7.63 **2018 Work RVU:** 7.77
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.88 **2018 Fac PE RVU:**6.88

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

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 **2016 Medicare Utilization:** 37,077

2007 Work RVU: 1.00 **2018 Work RVU:** 1.00
2007 NF PE RVU: 3.23 **2018 NF PE RVU:** 3.23
2007 Fac PE RVU 0.32 **2018 Fac PE RVU:**0.32

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

23405 **Tenotomy, shoulder area; single tendon**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 2,618

2007 Work RVU: 8.43 **2018 Work RVU:** 8.54
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.69 **2018 Fac PE RVU:**6.69

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

23410 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute**

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

Most Recent RUC Meeting: February 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 3,768

2007 Work RVU: 12.63 **2018 Work RVU:** 11.39
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 9.02 **2018 Fac PE RVU:**9.02

RUC Recommendation: 11.23 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 15,442

2007 Work RVU: 13.55 **2018 Work RVU:** 11.93
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 9.49 **2018 Fac PE RVU:**9.49

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. 11.77

Referred to CPT

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

Result: Decrease

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 **2016 Medicare Utilization:** 671

2007 Work RVU: 10.09 **2018 Work RVU:** 9.23
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.65 **2018 Fac PE RVU:**7.65

RUC Recommendation: 9.23

Referred to CPT

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

Result: Decrease

23420 **Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)** **Global:** 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 3,868

2007 Work RVU: 14.75 **2018 Work RVU:** 13.54
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 10.59 **2018 Fac PE RVU:**10.59

RUC Recommendation: 13.35

Referred to CPT

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 17,150

2007 Work RVU: 10.05 **2018 Work RVU:** 10.17

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 7.78 **2018 Fac PE RVU:**7.78

RUC Recommendation: 10.17

Referred to CPT

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

Result: Maintain

23440 **Resection or transplantation of long tendon of biceps**

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

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

First Identified: September 2007 **2016 Medicare Utilization:** 1,463

2007 Work RVU: 10.53 **2018 Work RVU:** 10.64

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 7.91 **2018 Fac PE RVU:**7.91

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

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

Result: PE Only

23472 **Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))**

Global: 090 **Issue:** Arthroplasty **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS

First Identified: October 2008 **2016 Medicare Utilization:** 49,145

2007 Work RVU: 22.47 **2018 Work RVU:** 22.13

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 13.89 **2018 Fac PE RVU:**13.89

RUC Recommendation: Remove from screen

Referred to CPT

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

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

23540 **Closed treatment of acromioclavicular dislocation; without manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 435

2007 Work RVU: 2.28 **2018 Work RVU:** 2.36
2007 NF PE RVU: 2.8 **2018 NF PE RVU:** 2.8
2007 Fac PE RVU 2.43 **2018 Fac PE RVU:**2.43

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

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 **2016 Medicare Utilization:** 34,831

2007 Work RVU: 3.00 **2018 Work RVU:** 3.00
2007 NF PE RVU: 4.43 **2018 NF PE RVU:** 4.43
2007 Fac PE RVU 3.58 **2018 Fac PE RVU:**3.58

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

23625 **Closed treatment of greater humeral tuberosity fracture; with manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 211

2007 Work RVU: 3.99 **2018 Work RVU:** 4.10
2007 NF PE RVU: 4.82 **2018 NF PE RVU:** 4.82
2007 Fac PE RVU 4.19 **2018 Fac PE RVU:**4.19

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 14,575

2007 Work RVU: 3.44 **2018 Work RVU:** 3.53
2007 NF PE RVU: 3.65 **2018 NF PE RVU:** 3.65
2007 Fac PE RVU 2.77 **2018 Fac PE RVU:**2.77

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

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

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 2,854

2007 Work RVU: 4.64 **2018 Work RVU:** 4.76
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.17 **2018 Fac PE RVU:**4.17

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

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

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 626

2007 Work RVU: 4.54 **2018 Work RVU:** 4.66
2007 NF PE RVU: 5.21 **2018 NF PE RVU:** 5.21
2007 Fac PE RVU 4.61 **2018 Fac PE RVU:**4.61

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

24505 **Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 991

2007 Work RVU: 5.25 **2018 Work RVU:** 5.39
2007 NF PE RVU: 6.42 **2018 NF PE RVU:** 6.42
2007 Fac PE RVU 5.27 **2018 Fac PE RVU:**5.27

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

24600 **Treatment of closed elbow dislocation; without anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 1,362

2007 Work RVU: 4.28 **2018 Work RVU:** 4.37
2007 NF PE RVU: 4.61 **2018 NF PE RVU:** 4.61
2007 Fac PE RVU 3.45 **2018 Fac PE RVU:**3.45

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

24605 **Treatment of closed elbow dislocation; requiring anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 482

2007 Work RVU: 5.50 **2018 Work RVU:** 5.64
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.26 **2018 Fac PE RVU:**5.26

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

25116 **Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum**

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

Most Recent RUC Meeting: October 2010 **Tab** 63 **Specialty Developing Recommendation:** ASSH, AAOS, ASPS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,100

2007 Work RVU: 7.38 **2018 Work RVU:** 7.56
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 12.13 **2018 Fac PE RVU:**12.13
Result: Maintain

RUC Recommendation: 7.56

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

25210 **Carpectomy; 1 bone**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 2,509

2007 Work RVU: 6.01 **2018 Work RVU:** 6.12
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **2018 Fac PE RVU:**6.49
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

25260 **Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,105

2007 Work RVU: 7.89 **2018 Work RVU:** 8.04
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 12.3 **2018 Fac PE RVU:**12.3
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

Status Report: CMS Requests and Relativity Assessment Issues

25280 **Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,477

2007 Work RVU: 7.28 **2018 Work RVU:** 7.39
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 11.6 **2018 Fac PE RVU:**11.6

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

25310 **Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon**

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

Most Recent RUC Meeting: February 2008 **Tab** 15 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 7,525

2007 Work RVU: 8.26 **2018 Work RVU:** 8.08
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 11.99 **2018 Fac PE RVU:**11.99

RUC Recommendation: 7.94

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

Result: Decrease

25565 **Closed treatment of radial and ulnar shaft fractures; with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 737

2007 Work RVU: 5.71 **2018 Work RVU:** 5.85
2007 NF PE RVU: 6.52 **2018 NF PE RVU:** 6.52
2007 Fac PE RVU 5.32 **2018 Fac PE RVU:**5.32

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

25605 **Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 20,398

2007 Work RVU: 7.02 **2018 Work RVU:** 6.25
2007 NF PE RVU: 7.15 **2018 NF PE RVU:** 7.15
2007 Fac PE RVU 6.21 **2018 Fac PE RVU:**6.21

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Result: PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

25606 **Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation** **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2016 Medicare Utilization:** 3,123

2007 Work RVU: 8.10 **2018 Work RVU:** 8.31
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 8.41 **2018 Fac PE RVU:**8.41

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

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

25607 **Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation** **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2016 Medicare Utilization:** 9,092

2007 Work RVU: 9.35 **2018 Work RVU:** 9.56
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.26 **2018 Fac PE RVU:**7.26

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

25608 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments**

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2016 Medicare Utilization:** 7,000

2007 Work RVU: 10.86 **2018 Work RVU:** 11.07
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.88 **2018 Fac PE RVU:**7.88

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

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

Result: Maintain

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 **2016 Medicare Utilization:** 15,950

2007 Work RVU: 14.12 **2018 Work RVU:** 14.38
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 9.77 **2018 Fac PE RVU:**9.77

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

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

Result: Maintain

25675 **Closed treatment of distal radioulnar dislocation with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 378

2007 Work RVU: 4.75 **2018 Work RVU:** 4.89
2007 NF PE RVU: 5.46 **2018 NF PE RVU:** 5.46
2007 Fac PE RVU 4.53 **2018 Fac PE RVU:**4.53

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

26020 **Drainage of tendon sheath, digit and/or palm, each**

Global: 090 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 2,286

2007 Work RVU: 4.97 **2018 Work RVU:** 5.08
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.21 **2018 Fac PE RVU:**5.21

RUC Recommendation: Survey for April 2018

Referred to CPT

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

26055 **Tendon sheath incision (eg, for trigger finger)** **Global:** 090 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 90,808

2007 Work RVU: 3.00 **2018 Work RVU:** 3.11
2007 NF PE RVU: 13.02 **2018 NF PE RVU:** 13.02
2007 Fac PE RVU 3.92 **2018 Fac PE RVU:**3.92

RUC Recommendation: Survey for April 2018 **Referred to CPT** **Result:**
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 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,859

2007 Work RVU: 4.36 **2018 Work RVU:** 4.47
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.73 **2018 Fac PE RVU:**4.73

RUC Recommendation: Action plan for RAW Oct 2015. Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2012

26160 **Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger** **Global:** 090 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 15,794

2007 Work RVU: 3.46 **2018 Work RVU:** 3.57
2007 NF PE RVU: 11.53 **2018 NF PE RVU:** 11.53
2007 Fac PE RVU 4.08 **2018 Fac PE RVU:**4.08

RUC Recommendation: Survey for April 2018 **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

26356 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2016 Medicare Utilization:** 1,208

2007 Work RVU: 10.22 **2018 Work RVU:** 9.56
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 17.22 **2018 Fac PE RVU:**17.22

RUC Recommendation: 10.03 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

26357 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2014 **2016 Medicare Utilization:** 79

2007 Work RVU: 8.65 **2018 Work RVU:** 11.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 14.29 **2018 Fac PE RVU:**14.29

RUC Recommendation: 11.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

26358 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2014 **2016 Medicare Utilization:** 48

2007 Work RVU: 9.22 **2018 Work RVU:** 12.60
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 15.19 **2018 Fac PE RVU:**15.19

RUC Recommendation: 13.10 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 8,945

2007 Work RVU: 6.76 **2018 Work RVU:** 6.90
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 13.68 **2018 Fac PE RVU:**13.68

RUC Recommendation: 6.76 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

26700 **Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 546

2007 Work RVU: 3.74 **2018 Work RVU:** 3.83
2007 NF PE RVU: 3.65 **2018 NF PE RVU:** 3.65
2007 Fac PE RVU 2.89 **2018 Fac PE RVU:**2.89

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

26750 **Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 7,298

2007 Work RVU: 1.74 **2018 Work RVU:** 1.80
2007 NF PE RVU: 2.42 **2018 NF PE RVU:** 2.42
2007 Fac PE RVU 2.07 **2018 Fac PE RVU:**2.07

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

26755 **Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

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

First Identified: October 2015 **2016 Medicare Utilization:** 527

2007 Work RVU: 3.15 **2018 Work RVU:** 3.23
2007 NF PE RVU: 4.27 **2018 NF PE RVU:** 4.27
2007 Fac PE RVU 3 **2018 Fac PE RVU:**3

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

26770 **Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

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

First Identified: October 2015 **2016 Medicare Utilization:** 5,633

2007 Work RVU: 3.07 **2018 Work RVU:** 3.15
2007 NF PE RVU: 3.3 **2018 NF PE RVU:** 3.3
2007 Fac PE RVU 2.44 **2018 Fac PE RVU:**2.44

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

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 **2016 Medicare Utilization:** 359

2007 Work RVU: 6.44 **2018 Work RVU:** 8.85
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.76 **2018 Fac PE RVU:**4.76

RUC Recommendation: 8.74

Referred to CPT June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27062 **Excision; trochanteric bursa or calcification** **Global:** 090 **Issue:** Trochanteric Bursa Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 32 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,673

2007 Work RVU: 5.66 **2018 Work RVU:** 5.75
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.05 **2018 Fac PE RVU:**5.05

RUC Recommendation: 5.66 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27096 **Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed** **Global:** 000 **Issue:** Injection for Sacroiliac Joint **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 06 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ASIPP, ISIS, NASS **First Identified:** October 2009 **2016 Medicare Utilization:** 439,653

2007 Work RVU: 1.40 **2018 Work RVU:** 1.48
2007 NF PE RVU: 3.88 **2018 NF PE RVU:** 3.88
2007 Fac PE RVU 0.33 **2018 Fac PE RVU:**0.33

RUC Recommendation: 1.48 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27130 **Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft** **Global:** 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2016 Medicare Utilization:** 150,583

2007 Work RVU: 21.61 **2018 Work RVU:** 20.72
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 12.96 **2018 Fac PE RVU:**12.96

RUC Recommendation: 21.79 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27134 **Revision of total hip arthroplasty; both components, with or without autograft or allograft**

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** January 2014 **2016 Medicare Utilization:** 10,937

2007 Work RVU: 30.13 **2018 Work RVU:** 30.28
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 17.08 **2018 Fac PE RVU:**17.08

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

Referred to CPT

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

Result: Maintain

27193 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation**

Global: 090 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** July 2013 **2016 Medicare Utilization:** 19,690

2007 Work RVU: 5.98 **2018 Work RVU:**
2007 NF PE RVU: 4.98 **2018 NF PE RVU:** 4.98
2007 Fac PE RVU 4.98 **2018 Fac PE RVU:**4.98

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

Result: Deleted from CPT

27194 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia**

Global: 090 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2016 Medicare Utilization:** 338

2007 Work RVU: 10.08 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.4 **2018 Fac PE RVU:**7.4

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

27197 **Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation**

Global: 000 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 1.53
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27198 **Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)**

Global: 000 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 4.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 9.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27220 **Closed treatment of acetabulum (hip socket) fracture(s); without manipulation**

Global: 090 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 3,325

2007 Work RVU: 6.72 **2018 Work RVU:** 6.83
2007 NF PE RVU: 5.61 **2018 NF PE RVU:** 5.61
2007 Fac PE RVU 5.52 **2018 Fac PE RVU:** 5.52

RUC Recommendation: Survey for April 2018 **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27230 **Closed treatment of femoral fracture, proximal end, neck; without manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 2,092

2007 Work RVU: 5.69 **2018 Work RVU:** 5.81
2007 NF PE RVU: 5.38 **2018 NF PE RVU:** 5.38
2007 Fac PE RVU 5.06 **2018 Fac PE RVU:**5.06

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

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

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 329

2007 Work RVU: 11.66 **2018 Work RVU:** 11.72
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.88 **2018 Fac PE RVU:**6.88

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27236 **Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement** **Global:** 090 **Issue:** Open Treatment of Femoral Fracture **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2011 **2016 Medicare Utilization:** 58,854

2007 Work RVU: 17.43 **2018 Work RVU:** 17.61
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 10.85 **2018 Fac PE RVU:**10.85

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

Status Report: CMS Requests and Relativity Assessment Issues

27240 **Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 336

2007 Work RVU: 13.66 **2018 Work RVU:** 13.81
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 9.13 **2018 Fac PE RVU:**9.13

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

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 **2016 Medicare Utilization:** 10,579

2007 Work RVU: 17.08 **2018 Work RVU:** 18.18
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 10.91 **2018 Fac PE RVU:**10.91

RUC Recommendation: 18.00

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

Result: Increase

27245 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2008 **2016 Medicare Utilization:** 81,456

2007 Work RVU: 21.09 **2018 Work RVU:** 18.18
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 13.19 **2018 Fac PE RVU:**13.19

RUC Recommendation: 18.00

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 3,644

2007 Work RVU: 7.21 **2018 Work RVU:** 3.82
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.54 **2018 Fac PE RVU:**4.54

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

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

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 1,002

2007 Work RVU: 10.92 **2018 Work RVU:** 11.03
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.21 **2018 Fac PE RVU:**7.21

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

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

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 7,593

2007 Work RVU: 5.12 **2018 Work RVU:** 5.24
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.59 **2018 Fac PE RVU:**4.59

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27266 **Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 6,591

2007 Work RVU: 7.67 **2018 Work RVU:** 7.78
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.15 **2018 Fac PE RVU:**6.15

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

27279 **Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device**

Global: 090 **Issue:** **Screen:** CMS Request - Final Rule for 2018 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AANS AAOS CNS ISASS NASS **First Identified:** July 2017 **2016 Medicare Utilization:** 1,907

2007 Work RVU: **2018 Work RVU:** 9.03
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Survey

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

Result:

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 **2016 Medicare Utilization:** 738

2007 Work RVU: 4.95 **2018 Work RVU:** 5.04
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.1 **2018 Fac PE RVU:**4.1

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

27370 **Injection of contrast for knee arthrography** **Global:** 000 **Issue:** Knee Arthrography Injection **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 05 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2016 Medicare Utilization:** 151,102

2007 Work RVU: 0.96 **2018 Work RVU:** 0.96
2007 NF PE RVU: 3.47 **2018 NF PE RVU:** 3.47
2007 Fac PE RVU 0.32 **2018 Fac PE RVU:**0.32

RUC Recommendation: Code Deleted **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Bulletin #1 2010

27446 **Arthroplasty, knee, condyle and plateau; medial OR lateral compartment** **Global:** 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / Harvard-Valued with Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2016 Medicare Utilization:** 16,907

2007 Work RVU: 16.26 **2018 Work RVU:** 17.48
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 10.81 **2018 Fac PE RVU:**10.81

RUC Recommendation: 17.48 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

27447 **Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)** **Global:** 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2016 Medicare Utilization:** 298,764

2007 Work RVU: 23.04 **2018 Work RVU:** 20.72
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 14.14 **2018 Fac PE RVU:**14.14

RUC Recommendation: 19.60 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 375

2007 Work RVU: 11.24 **2018 Work RVU:** 11.36
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.82 **2018 Fac PE RVU:**7.82

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

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

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 382

2007 Work RVU: 9.68 **2018 Work RVU:** 9.80
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.09 **2018 Fac PE RVU:**7.09

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

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

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 788

2007 Work RVU: 5.84 **2018 Work RVU:** 5.98
2007 NF PE RVU: 5.84 **2018 NF PE RVU:** 5.84
2007 Fac PE RVU 4.85 **2018 Fac PE RVU:**4.85

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 322

2007 Work RVU: 8.04 **2018 Work RVU:** 8.18
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.75 **2018 Fac PE RVU:**6.75

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

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 **2016 Medicare Utilization:** 356

2007 Work RVU: 12.93 **2018 Work RVU:** 15.72
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 9.07 **2018 Fac PE RVU:**9.07

RUC Recommendation: 15.54 **Referred to CPT** June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

27619 **Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm** **Global:** 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 691

2007 Work RVU: 8.47 **2018 Work RVU:** 6.91
2007 NF PE RVU: 9.65 **2018 NF PE RVU:** 9.65
2007 Fac PE RVU 5.79 **2018 Fac PE RVU:**5.79

RUC Recommendation: 6.80 **Referred to CPT** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27640 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia** **Global:** 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,450

2007 Work RVU: 12.10 **2018 Work RVU:** 12.24
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 9.79 **2018 Fac PE RVU:**9.79

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

Status Report: CMS Requests and Relativity Assessment Issues

27641 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** February 2008 **2016 Medicare Utilization:** 916

2007 Work RVU: 9.73 **2018 Work RVU:** 9.84
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.96 **2018 Fac PE RVU:**7.96

RUC Recommendation: 9.72 **Referred to CPT** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27650 **Repair, primary, open or percutaneous, ruptured Achilles tendon;**

Global: 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2016 Medicare Utilization:** 2,383

2007 Work RVU: 9.94 **2018 Work RVU:** 9.21
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.22 **2018 Fac PE RVU:**7.22

RUC Recommendation: 9.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27654 **Repair, secondary, Achilles tendon, with or without graft**

Global: 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 33 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 2,539

2007 Work RVU: 10.32 **2018 Work RVU:** 10.53
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.86 **2018 Fac PE RVU:**6.86

RUC Recommendation: 10.32 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27685 **Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 3,910

2007 Work RVU: 6.57 **2018 Work RVU:** 6.69
2007 NF PE RVU: 7.68 **2018 NF PE RVU:** 7.68
2007 Fac PE RVU 5.26 **2018 Fac PE RVU:**5.26

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

Status Report: CMS Requests and Relativity Assessment Issues

27687 **Gastrocnemius recession (eg, Strayer procedure)**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 5,822

2007 Work RVU: 6.30 **2018 Work RVU:** 6.41
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.12 **2018 Fac PE RVU:**5.12

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

27690 **Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)**

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

Most Recent RUC Meeting: April 2008 **Tab** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,431

2007 Work RVU: 8.96 **2018 Work RVU:** 9.17
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.15 **2018 Fac PE RVU:**6.15

RUC Recommendation: 8.96

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

Result: Maintain

27691 **Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)**

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

Most Recent RUC Meeting: April 2008 **Tab** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 3,959

2007 Work RVU: 10.28 **2018 Work RVU:** 10.49
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.51 **2018 Fac PE RVU:**7.51

RUC Recommendation: 10.28

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

27752 **Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 1,354

2007 Work RVU: 6.15 **2018 Work RVU:** 6.27
2007 NF PE RVU: 6.48 **2018 NF PE RVU:** 6.48
2007 Fac PE RVU 5.54 **2018 Fac PE RVU:**5.54

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

27762 **Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 334

2007 Work RVU: 5.33 **2018 Work RVU:** 5.47
2007 NF PE RVU: 6.14 **2018 NF PE RVU:** 6.14
2007 Fac PE RVU 5.14 **2018 Fac PE RVU:**5.14

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

27792 **Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed**

Global: 090 **Issue:** Treatment of Ankle Fracture **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 18 **Specialty Developing Recommendation:** AAOS, AOFAS, **First Identified:** June 2010 **2016 Medicare Utilization:** 6,900

2007 Work RVU: 7.91 **2018 Work RVU:** 8.75
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.71 **2018 Fac PE RVU:**6.71

RUC Recommendation: 9.71

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

27810 **Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 2,901

2007 Work RVU: 5.20 **2018 Work RVU:** 5.32
2007 NF PE RVU: 6.05 **2018 NF PE RVU:** 6.05
2007 Fac PE RVU 5.02 **2018 Fac PE RVU:**5.02

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Result: PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

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 **2016 Medicare Utilization:** 11,439

2007 Work RVU: 11.10 **2018 Work RVU:** 10.62
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 8.25 **2018 Fac PE RVU:**8.25

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

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

27818 **Closed treatment of trimalleolar ankle fracture; with manipulation**

Global: 090 **Issue:** Treatment of Fracture **Screen:** Site of Service Anomaly (99238-Only) / Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** September 2007 **2016 Medicare Utilization:** 2,859

2007 Work RVU: 5.57 **2018 Work RVU:** 5.69
2007 NF PE RVU: 6.14 **2018 NF PE RVU:** 6.14
2007 Fac PE RVU 5 **2018 Fac PE RVU:**5

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Result: PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27825 **Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 660

2007 Work RVU: 6.60 **2018 Work RVU:** 6.69
2007 NF PE RVU: 6.42 **2018 NF PE RVU:** 6.42
2007 Fac PE RVU 5.25 **2018 Fac PE RVU:** 5.25

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27840 **Closed treatment of ankle dislocation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 2,182

2007 Work RVU: 4.65 **2018 Work RVU:** 4.77
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.73 **2018 Fac PE RVU:** 3.73

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27X69

Global: **Issue:** Knee Arthrography Injection **Screen:** Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 05 **Specialty Developing Recommendation:** ACR **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.96

Referred to CPT February 2018 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 6,747

2007 Work RVU: 5.78 **2018 Work RVU:** 5.34
2007 NF PE RVU: 5.44 **2018 NF PE RVU:** 5.44
2007 Fac PE RVU 3.74 **2018 Fac PE RVU:**3.74

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

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 **2016 Medicare Utilization:** 1,071

2007 Work RVU: 5.06 **2018 Work RVU:** 5.15
2007 NF PE RVU: 6.55 **2018 NF PE RVU:** 6.55
2007 Fac PE RVU 3.58 **2018 Fac PE RVU:**3.58

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **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 **2016 Medicare Utilization:** 2,805

2007 Work RVU: 6.02 **2018 Work RVU:** 6.13
2007 NF PE RVU: 6.68 **2018 NF PE RVU:** 6.68
2007 Fac PE RVU 4.28 **2018 Fac PE RVU:**4.28

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **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 **2016 Medicare Utilization:** 4,932

2007 Work RVU: 5.64 **2018 Work RVU:** 7.31
2007 NF PE RVU: 7.5 **2018 NF PE RVU:** 7.5
2007 Fac PE RVU 4.31 **2018 Fac PE RVU:**4.31

RUC Recommendation: 8.27 **Referred to CPT** **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 **2016 Medicare Utilization:** 13,302

2007 Work RVU: 7.56 **2018 Work RVU:** 6.76
2007 NF PE RVU: 7.27 **2018 NF PE RVU:** 7.27
2007 Fac PE RVU 5.17 **2018 Fac PE RVU:**5.17

RUC Recommendation: 7.72 **Referred to CPT** **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 **2016 Medicare Utilization:** 11,797

2007 Work RVU: 4.88 **2018 Work RVU:** 5.00
2007 NF PE RVU: 5.46 **2018 NF PE RVU:** 5.46
2007 Fac PE RVU 3.62 **2018 Fac PE RVU:**3.62

RUC Recommendation: Remove 99238 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

28285 **Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)**

Global: 090 **Issue:** Orthopaedic Surgery/Podiatry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 31 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 78,265

2007 Work RVU: 4.65 **2018 Work RVU:** 5.62
2007 NF PE RVU: 5.34 **2018 NF PE RVU:** 5.34
2007 Fac PE RVU 3.42 **2018 Fac PE RVU:**3.42

RUC Recommendation: 5.62 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28289 **Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2016 Medicare Utilization:** 4,899

2007 Work RVU: 8.11 **2018 Work RVU:** 6.90
2007 NF PE RVU: 8.37 **2018 NF PE RVU:** 8.37
2007 Fac PE RVU 5.68 **2018 Fac PE RVU:**5.68

RUC Recommendation: 6.90 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

28290 **Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2016 Medicare Utilization:** 2,005

2007 Work RVU: 5.72 **2018 Work RVU:**
2007 NF PE RVU: 6.75 **2018 NF PE RVU:** 6.75
2007 Fac PE RVU 4.55 **2018 Fac PE RVU:**4.55

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

28291 **Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant**

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

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

2007 Work RVU: **2018 Work RVU:** 8.01
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

28292 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2016 Medicare Utilization:** 7,610

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

2007 Work RVU: 8.72 **2018 Work RVU:** 7.44
2007 NF PE RVU: 8.21 **2018 NF PE RVU:** 8.21
2007 Fac PE RVU 5.72 **2018 Fac PE RVU:**5.72
Result: Decrease

28293 **Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** January 2014 **2016 Medicare Utilization:** 3,309

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

2007 Work RVU: 11.10 **2018 Work RVU:**
2007 NF PE RVU: 11.72 **2018 NF PE RVU:** 11.72
2007 Fac PE RVU 6.34 **2018 Fac PE RVU:**6.34
Result: Deleted from CPT

28294 **Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2016 Medicare Utilization:** 86

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

2007 Work RVU: 8.63 **2018 Work RVU:**
2007 NF PE RVU: 7.88 **2018 NF PE RVU:** 7.88
2007 Fac PE RVU 4.7 **2018 Fac PE RVU:**4.7
Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

28295 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method**

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

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

2007 Work RVU: **2018 Work RVU:** 8.57
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

RUC Recommendation: 8.57 **Referred to CPT** October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

28296 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2016 Medicare Utilization:** 12,839

2007 Work RVU: 9.31 **2018 Work RVU:** 8.25
2007 NF PE RVU: 8.54 **2018 NF PE RVU:** 8.54
2007 Fac PE RVU 5.29 **2018 Fac PE RVU:**5.29
Result: Decrease

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

28297 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2016 Medicare Utilization:** 2,026

2007 Work RVU: 9.31 **2018 Work RVU:** 9.29
2007 NF PE RVU: 9.34 **2018 NF PE RVU:** 9.34
2007 Fac PE RVU 6.04 **2018 Fac PE RVU:**6.04
Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

28298 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2016 Medicare Utilization:** 2,653

2007 Work RVU: 8.01 **2018 Work RVU:** 7.75
2007 NF PE RVU: 7.74 **2018 NF PE RVU:** 7.74
2007 Fac PE RVU 4.91 **2018 Fac PE RVU:**4.91

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

28299 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2016 Medicare Utilization:** 4,757

2007 Work RVU: 11.39 **2018 Work RVU:** 9.29
2007 NF PE RVU: 9.24 **2018 NF PE RVU:** 9.24
2007 Fac PE RVU 6.01 **2018 Fac PE RVU:**6.01

RUC Recommendation: 9.29 **Referred to CPT** October 2015 **Result:** Decrease
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 **2016 Medicare Utilization:** 2,356

2007 Work RVU: 9.61 **2018 Work RVU:** 9.73
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.81 **2018 Fac PE RVU:**6.81

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

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 **2016 Medicare Utilization:** 2,135

2007 Work RVU: 5.48 **2018 Work RVU:** 5.57
2007 NF PE RVU: 6.2 **2018 NF PE RVU:** 6.2
2007 Fac PE RVU 3.53 **2018 Fac PE RVU:**3.53

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 33,748

2007 Work RVU: 1.99 **2018 Work RVU:** 2.03
2007 NF PE RVU: 3.05 **2018 NF PE RVU:** 3.05
2007 Fac PE RVU 2.43 **2018 Fac PE RVU:**2.43

RUC Recommendation: 2.03 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

28660 **Closed treatment of interphalangeal joint dislocation; without anesthesia** **Global:** 010 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 767

2007 Work RVU: 1.25 **2018 Work RVU:** 1.28
2007 NF PE RVU: 1.27 **2018 NF PE RVU:** 1.27
2007 Fac PE RVU 0.79 **2018 Fac PE RVU:**0.79

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

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 **2016 Medicare Utilization:** 3,848

2007 Work RVU: 11.97 **2018 Work RVU:** 11.22
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.93 **2018 Fac PE RVU:**7.93

RUC Recommendation: 12.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

28730 **Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;** **Global:** 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 2,849

2007 Work RVU: 12.21 **2018 Work RVU:** 10.70
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 8.32 **2018 Fac PE RVU:**8.32

RUC Recommendation: 12.42 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:** 3,477

2007 Work RVU: 9.09 **2018 Work RVU:** 9.29
2007 NF PE RVU: 10.89 **2018 NF PE RVU:** 10.89
2007 Fac PE RVU 6.37 **2018 Fac PE RVU:**6.37

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

28825 **Amputation, toe; interphalangeal joint**

Global: 090 **Issue:** Partial Amputation of Toe **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 21 **Specialty Developing Recommendation:** AOFAS, ACS, APMA, AAOS, SVS **First Identified:** September 2007 **2016 Medicare Utilization:** 13,109

2007 Work RVU: 3.71 **2018 Work RVU:** 5.37
2007 NF PE RVU: 7.04 **2018 NF PE RVU:** 7.04
2007 Fac PE RVU 3.4 **2018 Fac PE RVU:**3.4

RUC Recommendation: 6.01

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

Result: Increase

29075 **Application, cast; elbow to finger (short arm)**

Global: 000 **Issue:** Application of Forearm Cast **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 16 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** April 2011 **2016 Medicare Utilization:** 72,458

2007 Work RVU: 0.77 **2018 Work RVU:** 0.77
2007 NF PE RVU: 1.25 **2018 NF PE RVU:** 1.25
2007 Fac PE RVU 0.68 **2018 Fac PE RVU:**0.68

RUC Recommendation: 0.77

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

Result: Maintain

29105 **Application of long arm splint (shoulder to hand)**

Global: 000 **Issue:** Application of Long Arm Splint **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 11 **Specialty Developing Recommendation:** AAOS, ACEP, ASSH **First Identified:** July 2016 **2016 Medicare Utilization:** 26,282

2007 Work RVU: 0.87 **2018 Work RVU:** 0.87
2007 NF PE RVU: 1.2 **2018 NF PE RVU:** 1.2
2007 Fac PE RVU 0.52 **2018 Fac PE RVU:**0.52

RUC Recommendation: 0.80

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 15,645

2007 Work RVU: 0.65 **2018 Work RVU:** 0.39
2007 NF PE RVU: 0.69 **2018 NF PE RVU:** 0.69
2007 Fac PE RVU 0.34 **2018 Fac PE RVU:**0.34

RUC Recommendation: 0.39

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

Result: Decrease

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.64 **2018 Work RVU:**
2007 NF PE RVU: 0.69 **2018 NF PE RVU:** 0.69
2007 Fac PE RVU 0.38 **2018 Fac PE RVU:**0.38

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008
Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT, no further action necessary

Result: Deleted from CPT

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 **2016 Medicare Utilization:** 23,807

2007 Work RVU: 0.71 **2018 Work RVU:** 0.39
2007 NF PE RVU: 0.81 **2018 NF PE RVU:** 0.81
2007 Fac PE RVU 0.37 **2018 Fac PE RVU:**0.37

RUC Recommendation: 0.39

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

Result: Decrease

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 **2016 Medicare Utilization:** 6,171

2007 Work RVU: 0.55 **2018 Work RVU:** 0.39
2007 NF PE RVU: 0.72 **2018 NF PE RVU:** 0.72
2007 Fac PE RVU 0.33 **2018 Fac PE RVU:**0.33

RUC Recommendation: 0.39

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 4,841

2007 Work RVU: 0.51 **2018 Work RVU:** 0.39
2007 NF PE RVU: 0.77 **2018 NF PE RVU:** 0.77
2007 Fac PE RVU 0.33 **2018 Fac PE RVU:**0.33

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

29445 **Application of rigid total contact leg cast**

Global: 000 **Issue:** Application of Rigid Leg Cast **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 17 **Specialty Developing Recommendation:** AAOS, AHKNS, AOFAS, AOA, NASS **First Identified:** October 2015 **2016 Medicare Utilization:** 41,047

2007 Work RVU: 1.78 **2018 Work RVU:** 1.78
2007 NF PE RVU: 1.76 **2018 NF PE RVU:** 1.76
2007 Fac PE RVU 0.96 **2018 Fac PE RVU:**0.96

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:** 18,821

2007 Work RVU: 0.54 **2018 Work RVU:** 0.39
2007 NF PE RVU: 0.81 **2018 NF PE RVU:** 0.81
2007 Fac PE RVU 0.45 **2018 Fac PE RVU:**0.45

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

29530 **Strapping; knee**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2016 Medicare Utilization:** 35,653

2007 Work RVU: 0.57 **2018 Work RVU:** 0.39
2007 NF PE RVU: 0.75 **2018 NF PE RVU:** 0.75
2007 Fac PE RVU 0.34 **2018 Fac PE RVU:**0.34

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29540 **Strapping; ankle and/or foot**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 41ii **Specialty Developing Recommendation:** APMA **First Identified:** October 2009 **2016 Medicare Utilization:** 244,894

2007 Work RVU: 0.51 **2018 Work RVU:** 0.39
2007 NF PE RVU: 0.45 **2018 NF PE RVU:** 0.45
2007 Fac PE RVU 0.31 **2018 Fac PE RVU:**0.31

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

29550 **Strapping; toes**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 41ii **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 58,239

2007 Work RVU: 0.47 **2018 Work RVU:** 0.25
2007 NF PE RVU: 0.46 **2018 NF PE RVU:** 0.46
2007 Fac PE RVU 0.29 **2018 Fac PE RVU:**0.29

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

29580 **Strapping; Unna boot**

Global: 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2016 Medicare Utilization:** 314,166

2007 Work RVU: 0.55 **2018 Work RVU:** 0.55
2007 NF PE RVU: 0.67 **2018 NF PE RVU:** 0.67
2007 Fac PE RVU 0.35 **2018 Fac PE RVU:**0.35

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29581 **Application of multi-layer compression system; leg (below knee), including ankle and foot**

Global: 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2016 Medicare Utilization:** 165,871

2007 Work RVU: **2018 Work RVU:** 0.60
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

29582 **Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed**

Global: 000 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2016 Medicare Utilization:** 6,881

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Deleted form CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

29583 **Application of multi-layer compression system; upper arm and forearm**

Global: 000 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2016 Medicare Utilization:** 813

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Deleted form CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

29584 **Application of multi-layer compression system; upper arm, forearm, hand, and fingers**

Global: 000 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2016 Medicare Utilization:** 1,285

2007 Work RVU: **2018 Work RVU:** 0.35
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Develop CPT Assistant Article **Referred to CPT** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.76 **2018 Work RVU:**
2007 NF PE RVU: 0.54 **2018 NF PE RVU:** 0.54
2007 Fac PE RVU 0.29 **2018 Fac PE RVU:**0.29

RUC Recommendation: Refer to CPT for deletion **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29805 **Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2016 Medicare Utilization:** 687

2007 Work RVU: 5.94 **2018 Work RVU:** 6.03
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.44 **2018 Fac PE RVU:**5.44

RUC Recommendation: No NF PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

29822 **Arthroscopy, shoulder, surgical; debridement, limited**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2016 Medicare Utilization:** 14,328

2007 Work RVU: 7.49 **2018 Work RVU:** 7.60
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.43 **2018 Fac PE RVU:**6.43

RUC Recommendation: Remove from screen **Referred to CPT** **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 **2016 Medicare Utilization:** 33,524

2007 Work RVU: 8.24 **2018 Work RVU:** 8.36
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.94 **2018 Fac PE RVU:**6.94

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2016 Medicare Utilization:** 40,141

2007 Work RVU: 8.82 **2018 Work RVU:** 8.98
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.3 **2018 Fac PE RVU:**7.3

RUC Recommendation: 8.82

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

Result: Maintain

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

Global: ZZZ **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2016 Medicare Utilization:** 79,767

2007 Work RVU: 9.05 **2018 Work RVU:** 3.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.21 **2018 Fac PE RVU:**7.21

RUC Recommendation: 3.00

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

Result: Decrease

29827 **Arthroscopy, shoulder, surgical; with rotator cuff repair**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing/ Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2016 Medicare Utilization:** 65,042

2007 Work RVU: 15.44 **2018 Work RVU:** 15.59
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 11.01 **2018 Fac PE RVU:**11.01

RUC Recommendation: 15.59. Maintain work RVU and adjust the times from pre-time package 3.

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

Result: Maintain

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: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2016 Medicare Utilization:** 13,932

2007 Work RVU: **2018 Work RVU:** 13.16
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 13.16 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

29830 **Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2016 Medicare Utilization:** 97

2007 Work RVU: 5.80 **2018 Work RVU:** 5.88
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.14 **2018 Fac PE RVU:** 5.14

RUC Recommendation: No NF PE inputs **Referred to CPT** **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 **2016 Medicare Utilization:** 119

2007 Work RVU: 5.59 **2018 Work RVU:** 5.68
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.16 **2018 Fac PE RVU:** 5.16

RUC Recommendation: No NF PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 1,485

2007 Work RVU: 5.11 **2018 Work RVU:** 5.19
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.72 **2018 Fac PE RVU:**4.72
Result: PE Only

RUC Recommendation: New PE non-facility inputs

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

29888 **Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction**

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

Most Recent RUC Meeting: April 2008 **Tab** 38 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,312

2007 Work RVU: 14.14 **2018 Work RVU:** 14.30
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 9.75 **2018 Fac PE RVU:**9.75
Result: Maintain

RUC Recommendation: 14.14

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

29900 **Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2016 Medicare Utilization:** 2

2007 Work RVU: 5.74 **2018 Work RVU:** 5.88
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.6 **2018 Fac PE RVU:**5.6
Result: PE Only

RUC Recommendation: No NF PE inputs

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

Status Report: CMS Requests and Relativity Assessment Issues

30140 **Submucous resection inferior turbinate, partial or complete, any method** **Global:** 000 **Issue:** Resection of Inferior Turbinate **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 14 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2016 Medicare Utilization:** 40,837

2007 Work RVU: 3.48 **2018 Work RVU:** 3.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.29 **2018 Fac PE RVU:**6.29

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

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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 **2016 Medicare Utilization:** 2,873

2007 Work RVU: 12.20 **2018 Work RVU:** 12.36
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 11.58 **2018 Fac PE RVU:**11.58

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

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30901 **Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method** **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2009 **2016 Medicare Utilization:** 99,864

2007 Work RVU: 1.21 **2018 Work RVU:** 1.10
2007 NF PE RVU: 1.32 **2018 NF PE RVU:** 1.32
2007 Fac PE RVU 0.31 **2018 Fac PE RVU:**0.31

RUC Recommendation: 1.10 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

30903 **Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2016 Medicare Utilization:** 52,041

2007 Work RVU: 1.54 **2018 Work RVU:** 1.54
2007 NF PE RVU: 2.8 **2018 NF PE RVU:** 2.8
2007 Fac PE RVU 0.47 **2018 Fac PE RVU:**0.47

RUC Recommendation: 1.54 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

30905 **Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2016 Medicare Utilization:** 6,226

2007 Work RVU: 1.97 **2018 Work RVU:** 1.97
2007 NF PE RVU: 3.57 **2018 NF PE RVU:** 3.57
2007 Fac PE RVU 0.69 **2018 Fac PE RVU:**0.69

RUC Recommendation: 1.97 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

30906 **Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2016 Medicare Utilization:** 1,030

2007 Work RVU: 2.45 **2018 Work RVU:** 2.45
2007 NF PE RVU: 3.91 **2018 NF PE RVU:** 3.91
2007 Fac PE RVU 1.07 **2018 Fac PE RVU:**1.07

RUC Recommendation: 2.45 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31231 **Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2016 Medicare Utilization:** 559,331

2007 Work RVU: 1.10 **2018 Work RVU:** 1.10
2007 NF PE RVU: 3.37 **2018 NF PE RVU:** 3.37
2007 Fac PE RVU 0.84 **2018 Fac PE RVU:**0.84

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31237 **Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2011 **2016 Medicare Utilization:** 121,623

2007 Work RVU: 2.98 **2018 Work RVU:** 2.60
2007 NF PE RVU: 5.03 **2018 NF PE RVU:** 5.03
2007 Fac PE RVU 1.72 **2018 Fac PE RVU:**1.72

RUC Recommendation: 2.60 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31238 **Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2012 **2016 Medicare Utilization:** 29,354

2007 Work RVU: 3.26 **2018 Work RVU:** 2.74
2007 NF PE RVU: 5.04 **2018 NF PE RVU:** 5.04
2007 Fac PE RVU 1.9 **2018 Fac PE RVU:**1.9

RUC Recommendation: 2.74 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31239 **Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy**

Global: 010 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2012 **2016 Medicare Utilization:** 1,286

2007 Work RVU: 9.23 **2018 Work RVU:** 9.04
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.59 **2018 Fac PE RVU:**7.59

RUC Recommendation: 9.04 **Referred to CPT** **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 Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2012 **2016 Medicare Utilization:** 5,565

2007 Work RVU: 2.61 **2018 Work RVU:** 2.61
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.59 **2018 Fac PE RVU:**1.59

RUC Recommendation: 2.61 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31241 **Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 8.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 8.51 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31253 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 9.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 9.00 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31254 **Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2016 Medicare Utilization:** 11,777

2007 Work RVU: 4.64 **2018 Work RVU:** 4.27
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.57 **2018 Fac PE RVU:** 2.57

RUC Recommendation: 4.27 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31255 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2016 Medicare Utilization:** 32,860

2007 Work RVU: 6.95 **2018 Work RVU:** 5.75
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.69 **2018 Fac PE RVU:** 3.69

RUC Recommendation: 5.75 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31256 **Nasal/sinus endoscopy, surgical, with maxillary antrostomy;**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2016 Medicare Utilization:** 16,755

2007 Work RVU: 3.29 **2018 Work RVU:** 3.11
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.92 **2018 Fac PE RVU:** 1.92

RUC Recommendation: 3.11 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31257 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 8.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 8.00 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31259 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 8.48
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 8.48 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31267 **Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2016 Medicare Utilization:** 27,649

2007 Work RVU: 5.45 **2018 Work RVU:** 4.68
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.96 **2018 Fac PE RVU:** 2.96

RUC Recommendation: 4.68 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31276 **Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2016 Medicare Utilization:** 23,640

2007 Work RVU: 8.84 **2018 Work RVU:** 6.75
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.58 **2018 Fac PE RVU:** 4.58

RUC Recommendation: 6.75 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31287 **Nasal/sinus endoscopy, surgical, with sphenoidotomy;**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2016 Medicare Utilization:** 9,513

2007 Work RVU: 3.91 **2018 Work RVU:** 3.50
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.22 **2018 Fac PE RVU:**2.22

RUC Recommendation: 3.50 **Referred to CPT** September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

31288 **Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2016 Medicare Utilization:** 10,651

2007 Work RVU: 4.57 **2018 Work RVU:** 4.10
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.54 **2018 Fac PE RVU:**2.54

RUC Recommendation: 4.10 **Referred to CPT** September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

31295 **Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2016 Medicare Utilization:** 28,088

2007 Work RVU: **2018 Work RVU:** 2.70
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.70 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

31296 **Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2016 Medicare Utilization:** 27,715

2007 Work RVU: **2018 Work RVU:** 3.10
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.10 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31297 **Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2016 Medicare Utilization:** 19,246

2007 Work RVU: **2018 Work RVU:** 2.44
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.44 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31298 **Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 4.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.50 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31500 **Intubation, endotracheal, emergency procedure** **Global:** 000 **Issue:** Endotracheal Intubation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 29 **Specialty Developing Recommendation:** ACEP, ASA **First Identified:** July 2015 **2016 Medicare Utilization:** 279,387

2007 Work RVU: 2.33 **2018 Work RVU:** 3.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0.52 **2018 Fac PE RVU:** 0.52

RUC Recommendation: 3.00 and Refer to CPT Assistant **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2016

31551 **Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age** **Global:** 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 21.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 21.50 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31552 **Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older** **Global:** 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 20.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 20.50 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31553 **Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age** **Global:** 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 22.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 22.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31554 **Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 22.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

RUC Recommendation: 22.00 **Referred to CPT** October 2015
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 **2016 Medicare Utilization:** 5,456

2007 Work RVU: 4.26 **2018 Work RVU:** 4.26
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **2018 Fac PE RVU:** 2.36
Result: PE Only

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

31575 **Laryngoscopy, flexible; diagnostic**

Global: 000 **Issue:** **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 08 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2016 Medicare Utilization:** 645,044

2007 Work RVU: 1.10 **2018 Work RVU:** 0.94
2007 NF PE RVU: 1.82 **2018 NF PE RVU:** 1.82
2007 Fac PE RVU 0.84 **2018 Fac PE RVU:** 0.84
Result: Decrease

RUC Recommendation: 1.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31579 **Laryngoscopy, flexible or rigid telescopic, with stroboscopy**

Global: 000 **Issue:** Laryngoscopy **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 08 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2008 **2016 Medicare Utilization:** 75,755

2007 Work RVU: 2.26 **2018 Work RVU:** 1.88
2007 NF PE RVU: 3.5 **2018 NF PE RVU:** 3.5
2007 Fac PE RVU 1.37 **2018 Fac PE RVU:**1.37
Result: Decrease

RUC Recommendation: 1.94

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

31580 **Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2016 Medicare Utilization:** 18

2007 Work RVU: 14.46 **2018 Work RVU:** 14.60
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 15.31 **2018 Fac PE RVU:**15.31
Result: Decrease

RUC Recommendation: 14.60

Referred to CPT October 2015
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?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2016 Medicare Utilization:** 37

2007 Work RVU: 22.87 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 24.48 **2018 Fac PE RVU:**24.48
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

31584 **Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2016 Medicare Utilization:** 22

2007 Work RVU: 20.35 **2018 Work RVU:** 17.58
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 17.19 **2018 Fac PE RVU:**17.19

RUC Recommendation: 20.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31587 **Laryngoplasty, cricoid split, without graft placement**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2016 Medicare Utilization:** 19

2007 Work RVU: 15.12 **2018 Work RVU:** 15.27
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 8.96 **2018 Fac PE RVU:**8.96

RUC Recommendation: 15.27 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2014 **2016 Medicare Utilization:** 1,242

2007 Work RVU: 14.62 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 13.07 **2018 Fac PE RVU:**13.07

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

31591 **Laryngoplasty, medialization, unilateral**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 13.56
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 15.60 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31592 **Cricotracheal resection**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 25.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

RUC Recommendation: 25.00 **Referred to CPT** October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

31600 **Tracheostomy, planned (separate procedure);**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2016 Medicare Utilization:** 29,459

2007 Work RVU: 7.17 **2018 Work RVU:** 5.56
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.95 **2018 Fac PE RVU:** 2.95
Result: Increase

RUC Recommendation: 5.56 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

31601 **Tracheostomy, planned (separate procedure); younger than 2 years**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2016 Medicare Utilization:** 9

2007 Work RVU: 4.44 **2018 Work RVU:** 8.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.21 **2018 Fac PE RVU:** 2.21
Result: Increase

RUC Recommendation: 8.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

31603 **Tracheostomy, emergency procedure; transtracheal**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2016 Medicare Utilization:** 1,012

2007 Work RVU: 4.14 **2018 Work RVU:** 6.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.57 **2018 Fac PE RVU:** 1.57
Result: Increase

RUC Recommendation: 6.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31605 **Tracheostomy, emergency procedure; cricothyroid membrane**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2016 Medicare Utilization:** 304

2007 Work RVU: 3.57 **2018 Work RVU:** 6.45
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.1 **2018 Fac PE RVU:**1.1

RUC Recommendation: 6.45 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

31610 **Tracheostomy, fenestration procedure with skin flaps**

Global: 090 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 15 **Specialty Developing Recommendation:** AAOHNS, ACS **First Identified:** July 2015 **2016 Medicare Utilization:** 1,777

2007 Work RVU: 9.29 **2018 Work RVU:** 12.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.99 **2018 Fac PE RVU:**7.99

RUC Recommendation: 12.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

31611 **Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)**

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

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 843

2007 Work RVU: 5.92 **2018 Work RVU:** 6.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.92 **2018 Fac PE RVU:**6.92

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

Status Report: CMS Requests and Relativity Assessment Issues

31620 **Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2016 Medicare Utilization:**

2007 Work RVU: 1.40 **2018 Work RVU:**
2007 NF PE RVU: 5.73 **2018 NF PE RVU:** 5.73
2007 Fac PE RVU 0.5 **2018 Fac PE RVU:**0.5

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

31622 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2016 Medicare Utilization:** 63,915

2007 Work RVU: 2.78 **2018 Work RVU:** 2.53
2007 NF PE RVU: 5.55 **2018 NF PE RVU:** 5.55
2007 Fac PE RVU 1.02 **2018 Fac PE RVU:**1.02

RUC Recommendation: 2.78 **Referred to CPT** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31623 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings**

Global: 000 **Issue:** Diagnostic Bronchoscopy **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 09 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2016 **2016 Medicare Utilization:** 30,760

2007 Work RVU: 2.88 **2018 Work RVU:** 2.63
2007 NF PE RVU: 6.32 **2018 NF PE RVU:** 6.32
2007 Fac PE RVU 1.02 **2018 Fac PE RVU:**1.02

RUC Recommendation: 2.63 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31624 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage**

Global: 000 **Issue:** Diagnostic Bronchoscopy **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 09 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2017 **2016 Medicare Utilization:** 112,956

2007 Work RVU: 2.88 **2018 Work RVU:** 2.63
2007 NF PE RVU: 5.67 **2018 NF PE RVU:** 5.67
2007 Fac PE RVU 1.02 **2018 Fac PE RVU:**1.02

RUC Recommendation: 2.63 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31625 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2013 **2016 Medicare Utilization:** 21,951

2007 Work RVU: 3.36 **2018 Work RVU:** 3.11
2007 NF PE RVU: 5.73 **2018 NF PE RVU:** 5.73
2007 Fac PE RVU 1.17 **2018 Fac PE RVU:** 1.17

RUC Recommendation: 3.36 **Referred to CPT** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31626 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2016 Medicare Utilization:** 2,423

2007 Work RVU: **2018 Work RVU:** 3.91
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.16 **Referred to CPT** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31628 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2016 Medicare Utilization:** 33,858

2007 Work RVU: 3.80 **2018 Work RVU:** 3.55
2007 NF PE RVU: 7.02 **2018 NF PE RVU:** 7.02
2007 Fac PE RVU 1.26 **2018 Fac PE RVU:** 1.26

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31629 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2016 Medicare Utilization:** 16,271

2007 Work RVU: 4.09 **2018 Work RVU:** 3.75
2007 NF PE RVU: 13.7 **2018 NF PE RVU:** 13.7
2007 Fac PE RVU 1.35 **2018 Fac PE RVU:** 1.35

RUC Recommendation: 4.00 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31632 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2016 Medicare Utilization:** 3,836

2007 Work RVU: 1.03 **2018 Work RVU:** 1.03
2007 NF PE RVU: 0.83 **2018 NF PE RVU:** 0.83
2007 Fac PE RVU 0.3 **2018 Fac PE RVU:**0.3

RUC Recommendation: 1.03 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31633 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2016 Medicare Utilization:** 2,917

2007 Work RVU: 1.32 **2018 Work RVU:** 1.32
2007 NF PE RVU: 0.94 **2018 NF PE RVU:** 0.94
2007 Fac PE RVU 0.38 **2018 Fac PE RVU:**0.38

RUC Recommendation: 1.32 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31645 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 08 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2015 **2016 Medicare Utilization:** 32,343

2007 Work RVU: 3.16 **2018 Work RVU:** 2.88
2007 NF PE RVU: 5.05 **2018 NF PE RVU:** 5.05
2007 Fac PE RVU 1.09 **2018 Fac PE RVU:**1.09

RUC Recommendation: 2.88 **Referred to CPT** May 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31646 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 08 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2015 **2016 Medicare Utilization:** 4,239

2007 Work RVU: 2.72 **2018 Work RVU:** 2.78
2007 NF PE RVU: 4.76 **2018 NF PE RVU:** 4.76
2007 Fac PE RVU 0.97 **2018 Fac PE RVU:** 0.97

RUC Recommendation: 2.78 **Referred to CPT** May 2016 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

31652 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** **2016 Medicare Utilization:** 20,306

2007 Work RVU: **2018 Work RVU:** 4.46
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5.00 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31653 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** **2016 Medicare Utilization:** 7,870

2007 Work RVU: **2018 Work RVU:** 4.96
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5.50 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31654 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])**

Global: ZZZ **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, ACCP

First Identified: **2016 Medicare Utilization:** 5,610

RUC Recommendation: 1.70

Referred to CPT October 2014

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

2007 Work RVU: **2018 Work RVU:** 1.40

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

32201 **Pneumonostomy; with percutaneous drainage of abscess or cyst**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2016 Medicare Utilization:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

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

2007 Work RVU: 3.99 **2018 Work RVU:**

2007 NF PE RVU: 20.21 **2018 NF PE RVU:** 20.21

2007 Fac PE RVU 1.26 **2018 Fac PE RVU:**1.26

Result: Deleted from CPT

32405 **Biopsy, lung or mediastinum, percutaneous needle**

Global: 000 **Issue:** Codes Reported Together **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2017 **2016 Medicare Utilization:** 67,567

RUC Recommendation: Refer to CPT to bundle

Referred to CPT September 2018

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

2007 Work RVU: 1.93 **2018 Work RVU:** 1.68

2007 NF PE RVU: 0.64 **2018 NF PE RVU:** 0.64

2007 Fac PE RVU 0.61 **2018 Fac PE RVU:**0.61

Result:

Status Report: CMS Requests and Relativity Assessment Issues

32420 **Pneumocentesis, puncture of lung for aspiration**

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 2.18 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0.66 **2018 Fac PE RVU:** 0.66

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

32421 **Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent**

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

32422 **Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)**

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** April 2011 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32440 **Removal of lung, pneumonectomy;**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2016 Medicare Utilization:** 449

2007 Work RVU: 27.17 **2018 Work RVU:** 27.28
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 12.44 **2018 Fac PE RVU:** 12.44

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

Referred to CPT

Result: Remove from screen

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

32480 **Removal of lung, other than pneumonectomy; single lobe (lobectomy)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2016 Medicare Utilization:** 6,626

2007 Work RVU: 25.71 **2018 Work RVU:** 25.82
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 11.63 **2018 Fac PE RVU:** 11.63

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

Referred to CPT

Result: Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

32482 **Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)** **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2016 Medicare Utilization:** 496

2007 Work RVU: 27.28 **2018 Work RVU:** 27.44
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 12.48 **2018 Fac PE RVU:** 12.48

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

Referred to CPT

Result: Remove from Screen

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

32491 **Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed** **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2016 Medicare Utilization:** 30

2007 Work RVU: 25.09 **2018 Work RVU:** 25.24
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 12.13 **2018 Fac PE RVU:** 12.13

RUC Recommendation: Request further information from CMS

Referred to CPT

Result: Remove from Screen

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

32551 **Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)** **Global:** 000 **Issue:** Chest Tube Thoracostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 10 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** April 2011 **2016 Medicare Utilization:** 36,332

2007 Work RVU: **2018 Work RVU:** 3.04
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.50

Referred to CPT February 2012

Result: Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

32554 **Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance** **Global:** 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2016 Medicare Utilization:** 18,117

2007 Work RVU: **2018 Work RVU:** 1.82
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.82 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32555 **Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance** **Global:** 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2016 Medicare Utilization:** 216,877

2007 Work RVU: **2018 Work RVU:** 2.27
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.27 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32556 **Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance** **Global:** 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2016 Medicare Utilization:** 3,640

2007 Work RVU: **2018 Work RVU:** 2.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32557 **Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance** **Global:** 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2016 Medicare Utilization:** 36,683

2007 Work RVU: **2018 Work RVU:** 3.12
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.62 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32663 **Thoracoscopy, surgical; with lobectomy (single lobe)**

Global: 090 **Issue:** RAW review **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** STS

First Identified: October 2008 **2016 Medicare Utilization:** 7,519

2007 Work RVU: 24.56 **2018 Work RVU:** 24.64
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 10.44 **2018 Fac PE RVU:** 10.44

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

Referred to CPT

Result: Remove from Screen

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

33015 **Tube pericardiostomy**

Global: 090 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** ACC

First Identified: April 2017 **2016 Medicare Utilization:** 1,008

2007 Work RVU: 8.44 **2018 Work RVU:** 8.52
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.98 **2018 Fac PE RVU:** 4.98

RUC Recommendation: Refer to CPT for deletion

Referred to CPT May 2018

Result:

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

33025 **Creation of pericardial window or partial resection for drainage**

Global: 090 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: April 2017 **2016 Medicare Utilization:** 5,137

2007 Work RVU: 13.65 **2018 Work RVU:** 13.70
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.25 **2018 Fac PE RVU:** 6.25

RUC Recommendation: Survey for April 2018

Referred to CPT

Result:

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

Status Report: CMS Requests and Relativity Assessment Issues

330X1 **Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)**

Global: **Issue:** Hemi-Aortic Arch Replacement **Screen:** New and Revised Service (Not Part of RAW) **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 06 **Specialty Developing Recommendation:** AATS, STS **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Survey with family **Referred to CPT** February 2018 **Result:** Not Part of RAW
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 **2016 Medicare Utilization:** 16,872

2007 Work RVU: 9.05 **2018 Work RVU:** 7.80
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.95 **2018 Fac PE RVU:** 4.95

RUC Recommendation: 8.05 **Referred to CPT** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33208 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 103,010

2007 Work RVU: 8.12 **2018 Work RVU:** 8.52
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.95 **2018 Fac PE RVU:** 4.95

RUC Recommendation: 8.77 **Referred to CPT** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33212 **Insertion of pacemaker pulse generator only; with existing single lead** **Global:** 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 721

2007 Work RVU: 5.51 **2018 Work RVU:** 5.01
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.46 **2018 Fac PE RVU:**3.46

RUC Recommendation: 5.26 **Referred to CPT** 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 **2016 Medicare Utilization:** 2,446

2007 Work RVU: 6.36 **2018 Work RVU:** 5.28
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.87 **2018 Fac PE RVU:**3.87

RUC Recommendation: 5.53 **Referred to CPT** 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 **2016 Medicare Utilization:** 355

2007 Work RVU: **2018 Work RVU:** 5.55
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5.80 **Referred to CPT** 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 **2016 Medicare Utilization:** 6,422

2007 Work RVU: **2018 Work RVU:** 5.25
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5.50 **Referred to CPT** 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 **2016 Medicare Utilization:** 38,431

2007 Work RVU: **2018 Work RVU:** 5.52
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5.77 **Referred to CPT** 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 **2016 Medicare Utilization:** 4,454

2007 Work RVU: **2018 Work RVU:** 5.79
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.04 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33230 **Insertion of implantable defibrillator pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2016 Medicare Utilization:** 240

RUC Recommendation: 6.32

Referred to CPT February 2011

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

2007 Work RVU: **2018 Work RVU:** 6.07

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

33231 **Insertion of implantable defibrillator pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2016 Medicare Utilization:** 196

RUC Recommendation: 6.59

Referred to CPT February 2011

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

2007 Work RVU: **2018 Work RVU:** 6.34

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

33233 **Removal of permanent pacemaker pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2016 Medicare Utilization:** 9,250

RUC Recommendation: 3.39

Referred to CPT February 2011

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

2007 Work RVU: 3.33 **2018 Work RVU:** 3.14

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 3.29 **2018 Fac PE RVU:** 3.29

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33240 **Insertion of implantable defibrillator pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2016 Medicare Utilization:** 593

RUC Recommendation: 6.06

Referred to CPT February 2011

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

2007 Work RVU: 7.61 **2018 Work RVU:** 5.80

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 4.79 **2018 Fac PE RVU:** 4.79

Result: Decrease

33241 **Removal of implantable defibrillator pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2016 Medicare Utilization:** 7,373

RUC Recommendation: 3.29

Referred to CPT February 2011

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

2007 Work RVU: 3.26 **2018 Work RVU:** 3.04

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 2.99 **2018 Fac PE RVU:** 2.99

Result: Maintain

33249 **Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2016 Medicare Utilization:** 49,235

RUC Recommendation: 15.17

Referred to CPT February 2011

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

2007 Work RVU: 15.02 **2018 Work RVU:** 14.92

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 8.89 **2018 Fac PE RVU:** 8.89

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33262 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2016 Medicare Utilization:** 4,017

2007 Work RVU: **2018 Work RVU:** 5.81

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.06

Referred to CPT February 2011

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

Result: Decrease

33263 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2016 Medicare Utilization:** 11,726

2007 Work RVU: **2018 Work RVU:** 6.08

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.33

Referred to CPT February 2011

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

Result: Decrease

33264 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2016 Medicare Utilization:** 18,542

2007 Work RVU: **2018 Work RVU:** 6.35

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.60

Referred to CPT February 2011

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

33282 **Implantation of patient-activated cardiac event recorder**

Global: 090 **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2016 Medicare Utilization:** 36,597

2007 Work RVU: 4.70 **2018 Work RVU:** 3.25
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.1 **2018 Fac PE RVU:**4.1

RUC Recommendation: 3.50

Referred to CPT February 2017

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 **2016 Medicare Utilization:** 9,307

2007 Work RVU: 3.04 **2018 Work RVU:** 2.75
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.5 **2018 Fac PE RVU:**3.5

RUC Recommendation: 3.00

Referred to CPT February 2017

Result: Decrease

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

33405 **Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: September 2011 **2016 Medicare Utilization:** 25,255

2007 Work RVU: 41.19 **2018 Work RVU:** 41.32
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 17.58 **2018 Fac PE RVU:**17.58

RUC Recommendation: 41.32

Referred to CPT

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

33430 **Replacement, mitral valve, with cardiopulmonary bypass**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** High IWPUT / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: February 2008 **2016 Medicare Utilization:** 8,518

2007 Work RVU: 50.75 **2018 Work RVU:** 50.93
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 17.71 **2018 Fac PE RVU:**17.71

RUC Recommendation: 50.93

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

Result: Maintain

33533 **Coronary artery bypass, using arterial graft(s); single arterial graft**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: September 2011 **2016 Medicare Utilization:** 63,846

2007 Work RVU: 33.64 **2018 Work RVU:** 33.75
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 15.55 **2018 Fac PE RVU:**15.55

RUC Recommendation: 34.98

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

Result: Increase

33620 **Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 35 **Specialty Developing Recommendation:** STS

First Identified: January 2015 **2016 Medicare Utilization:** 54

2007 Work RVU: **2018 Work RVU:** 30.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: CPT Article published July 2016

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33621 **Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 35 **Specialty Developing Recommendation:** STS **First Identified:** January 2015 **2016 Medicare Utilization:** 3

2007 Work RVU: **2018 Work RVU:** 16.18
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: CPT Assistant published July 2016

Referred to CPT **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

33622 **Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 35 **Specialty Developing Recommendation:** STS **First Identified:** January 2015 **2016 Medicare Utilization:** 2

2007 Work RVU: **2018 Work RVU:** 64.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: CPT Assistant published July 2016

Referred to CPT **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

33863 **Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)**

Global: 090 **Issue:** Aortic Graft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** STS, AATS **First Identified:** February 2008 **2016 Medicare Utilization:** 1,751

2007 Work RVU: 58.71 **2018 Work RVU:** 58.79
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 19.01 **2018 Fac PE RVU:** 19.01

RUC Recommendation: Remove from screen

Referred to CPT **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33945 **Heart transplant, with or without recipient cardiectomy**

Global: 090 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 806

2007 Work RVU: 89.08 **2018 Work RVU:** 89.50
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 23.74 **2018 Fac PE RVU:** 23.74

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33946 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** **2016 Medicare Utilization:** 398

2007 Work RVU: **2018 Work RVU:** 6.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33947 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2016 Medicare Utilization:** 944

2007 Work RVU: **2018 Work RVU:** 6.63
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.63 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33948 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2016 Medicare Utilization:** 2,576

2007 Work RVU: **2018 Work RVU:** 4.73
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33949 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2016 Medicare Utilization:** 2,955

2007 Work RVU: **2018 Work RVU:** 4.60
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.60 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33951 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 8.15
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 8.15 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33952 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2016 Medicare Utilization:** 884

2007 Work RVU: **2018 Work RVU:** 8.15
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 8.43 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33953 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2016 Medicare Utilization:** 1

2007 Work RVU: **2018 Work RVU:** 9.11
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 9.83 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33954 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 308

2007 Work RVU: **2018 Work RVU:** 9.11
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 9.43 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33956 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 282

2007 Work RVU: **2018 Work RVU:** 16.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33957 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 3.51
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33958 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 57

2007 Work RVU: **2018 Work RVU:** 3.51
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.05 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33959 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 1

2007 Work RVU: **2018 Work RVU:** 4.47
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.69 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33960 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2016 Medicare Utilization:**

2007 Work RVU: 19.33 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.09 **2018 Fac PE RVU:**5.09

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

33961 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2016 Medicare Utilization:**

2007 Work RVU: 10.91 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.45 **2018 Fac PE RVU:**3.45

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

33962 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 15

2007 Work RVU: **2018 Work RVU:** 4.47
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33963 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 9.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 9.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33964 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 12

2007 Work RVU: **2018 Work RVU:** 9.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33965 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 3

2007 Work RVU: **2018 Work RVU:** 3.51
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.51 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33966 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 277

2007 Work RVU: **2018 Work RVU:** 4.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.50 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33969 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 5.22
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33984 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 296

2007 Work RVU: **2018 Work RVU:** 5.46
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.38 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33985 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 9.89
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 9.89 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33986 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 166

2007 Work RVU: **2018 Work RVU:** 10.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 10.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33987 **Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 30

2007 Work RVU: **2018 Work RVU:** 4.04
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.08 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33988 **Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 29

2007 Work RVU: **2018 Work RVU:** 15.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 15.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33989 **Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2016 Medicare Utilization:** 8

2007 Work RVU: **2018 Work RVU:** 9.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

34701 **Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 23.71
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 23.71 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34702 **Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 36.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 36.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34703 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 26.52
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 26.52 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34704 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 45.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 45.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34705 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 29.58
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 29.58 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34706 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 45.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 45.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34707 **Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 22.28
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 22.28 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34708 **Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 36.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 36.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34709 **Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 6.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34710 **Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 15.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 15.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34711 **Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 6.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34712 **Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 12.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 12.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34713 **Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 2.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34714 **Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 5.25
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5.25 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34715 **Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 6.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34716 **Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 7.19
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 7.19 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34800 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2016 Medicare Utilization:** 431

2007 Work RVU: 21.46 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 8.72 **2018 Fac PE RVU:**8.72

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
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:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2016 Medicare Utilization:** 9,341

2007 Work RVU: 23.71 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 9.38 **2018 Fac PE RVU:**9.38

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34803 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2016 Medicare Utilization:** 4,873

2007 Work RVU: 24.74 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 9.68 **2018 Fac PE RVU:**9.68

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

34804 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2016 Medicare Utilization:** 2,638

2007 Work RVU: 23.71 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 9.37 **2018 Fac PE RVU:**9.37

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

34805 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2016 Medicare Utilization:** 556

2007 Work RVU: 22.59 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 9.04 **2018 Fac PE RVU:**9.04

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

Status Report: CMS Requests and Relativity Assessment Issues

34806 **Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2016 Medicare Utilization:** 6

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

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

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

34812 **Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2016 Medicare Utilization:** 20,103

2007 Work RVU: 6.74 **2018 Work RVU:** 4.13
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.1 **2018 Fac PE RVU:** 2.1

RUC Recommendation: 4.13 **Referred to CPT** September 2016 **Result:** Decrease

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

34820 **Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2016 Medicare Utilization:** 209

2007 Work RVU: 9.74 **2018 Work RVU:** 7.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.04 **2018 Fac PE RVU:** 3.04

RUC Recommendation: 7.00 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

34825 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2016 Medicare Utilization:** 10,960

2007 Work RVU: 12.72 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.89 **2018 Fac PE RVU:**5.89

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34826 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2016 Medicare Utilization:** 3,495

2007 Work RVU: 4.12 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.31 **2018 Fac PE RVU:**1.31

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

34833 **Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2016 Medicare Utilization:** 126

2007 Work RVU: 11.98 **2018 Work RVU:** 8.16
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.15 **2018 Fac PE RVU:**4.15

RUC Recommendation: 8.16 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34834 **Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2016 Medicare Utilization:** 593

2007 Work RVU: 5.34 **2018 Work RVU:** 2.65
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.04 **2018 Fac PE RVU:**2.04

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34900 **Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2016 Medicare Utilization:** 729

2007 Work RVU: 16.77 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.24 **2018 Fac PE RVU:**7.24

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

35301 **Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision**

Global: 090 **Issue:** Thromboendarterectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 21 **Specialty Developing Recommendation:** SVS **First Identified:** September 2011 **2016 Medicare Utilization:** 42,046

2007 Work RVU: 19.53 **2018 Work RVU:** 21.16
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 8.04 **2018 Fac PE RVU:**8.04

RUC Recommendation: 21.16 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35450 **Transluminal balloon angioplasty, open; renal or other visceral artery**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified:

2016 Medicare Utilization: 50

2007 Work RVU: 10.05 **2018 Work RVU:**

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 3.47 **2018 Fac PE RVU:**3.47

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Result: Deleted from CPT

35452 **Transluminal balloon angioplasty, open; aortic**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified:

2016 Medicare Utilization: 31

2007 Work RVU: 6.90 **2018 Work RVU:**

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 2.48 **2018 Fac PE RVU:**2.48

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Result: Deleted from CPT

35454 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS

First Identified: February 2010

2016 Medicare Utilization:

2007 Work RVU: 6.03 **2018 Work RVU:**

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 2.19 **2018 Fac PE RVU:**2.19

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

35456 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 7.34 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.64 **2018 Fac PE RVU:**2.64

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

35458 **Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2016 Medicare Utilization:** 433

2007 Work RVU: 9.48 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.33 **2018 Fac PE RVU:**3.33

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

35459 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 8.62 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.01 **2018 Fac PE RVU:**3.01

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

Status Report: CMS Requests and Relativity Assessment Issues

35460 **Transluminal balloon angioplasty, open; venous**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2016 Medicare Utilization:** 2,178

2007 Work RVU: 6.03 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.15 **2018 Fac PE RVU:**2.15

RUC Recommendation: Deleted from CPT **Referred to CPT** **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 **2016 Medicare Utilization:**

2007 Work RVU: 8.62 **2018 Work RVU:**
2007 NF PE RVU: 81.78 **2018 NF PE RVU:** 81.78
2007 Fac PE RVU 3.37 **2018 Fac PE RVU:**3.37

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

35471 **Transluminal balloon angioplasty, percutaneous; renal or visceral artery**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2009 **2016 Medicare Utilization:** 2,493

2007 Work RVU: 10.05 **2018 Work RVU:**
2007 NF PE RVU: 91.6 **2018 NF PE RVU:** 91.6
2007 Fac PE RVU 4.13 **2018 Fac PE RVU:**4.13

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

Status Report: CMS Requests and Relativity Assessment Issues

35472 **Transluminal balloon angioplasty, percutaneous; aortic**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2009 **2016 Medicare Utilization:** 310

2007 Work RVU: 6.90 **2018 Work RVU:**
2007 NF PE RVU: 60.05 **2018 NF PE RVU:** 60.05
2007 Fac PE RVU 2.75 **2018 Fac PE RVU:**2.75

RUC Recommendation: Deleted from CPT **Referred to CPT** Removed from CPT referral **Result:** Deleted from CPT
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:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 6.03 **2018 Work RVU:**
2007 NF PE RVU: 56.4 **2018 NF PE RVU:** 56.4
2007 Fac PE RVU 2.43 **2018 Fac PE RVU:**2.43

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

35474 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** October 2008 **2016 Medicare Utilization:**

2007 Work RVU: 7.35 **2018 Work RVU:**
2007 NF PE RVU: 80.7 **2018 NF PE RVU:** 80.7
2007 Fac PE RVU 2.9 **2018 Fac PE RVU:**2.9

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

Status Report: CMS Requests and Relativity Assessment Issues

35475 **Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: September 2011 **2016 Medicare Utilization:** 52,136

2007 Work RVU: 9.48 **2018 Work RVU:**

2007 NF PE RVU: 53.95 **2018 NF PE RVU:** 53.95

2007 Fac PE RVU 3.48 **2018 Fac PE RVU:**3.48

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Result: Deleted from CPT

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

35476 **Transluminal balloon angioplasty, percutaneous; venous**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: September 2011 **2016 Medicare Utilization:** 286,790

2007 Work RVU: 6.03 **2018 Work RVU:**

2007 NF PE RVU: 42.45 **2018 NF PE RVU:** 42.45

2007 Fac PE RVU 2.26 **2018 Fac PE RVU:**2.26

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Result: Deleted from CPT

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

35490 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS

First Identified: April 2008 **2016 Medicare Utilization:**

2007 Work RVU: 11.06 **2018 Work RVU:**

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 5.11 **2018 Fac PE RVU:**5.11

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Result: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 7.60 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.46 **2018 Fac PE RVU:**3.46

RUC Recommendation: Deleted from CPT **Referred to CPT** 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 **2016 Medicare Utilization:**

2007 Work RVU: 6.64 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.3 **2018 Fac PE RVU:**3.3

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

35493 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 8.09 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.89 **2018 Fac PE RVU:**3.89

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

35494 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2016 Medicare Utilization:**

2007 Work RVU: 10.42 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.64 **2018 Fac PE RVU:**4.64

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 9.48 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.45 **2018 Fac PE RVU:**4.45

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

35701 **Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery**

Global: 090 **Issue:** Exploration of Artery-Vein **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 22 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2016 Medicare Utilization:** 705

2007 Work RVU: 9.11 **2018 Work RVU:** 9.19
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.93 **2018 Fac PE RVU:**4.93

RUC Recommendation: Refer to CPT **Referred to CPT** September 2018 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

35721 **Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery**

Global: 090 **Issue:** Exploration of Artery-Vein **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 22 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2016 Medicare Utilization:** 540

2007 Work RVU: 7.66 **2018 Work RVU:** 7.72
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.26 **2018 Fac PE RVU:**4.26

RUC Recommendation: Refer to CPT **Referred to CPT** September 2018 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

35741 **Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery**

Global: 090 **Issue:** Exploration of Artery-Vein **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 22 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2016 Medicare Utilization:** 208

2007 Work RVU: 8.61 **2018 Work RVU:** 8.69
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.49 **2018 Fac PE RVU:**4.49

RUC Recommendation: Refer to CPT **Referred to CPT** September 2018 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35761 **Exploration (not followed by surgical repair), with or without lysis of artery; other vessels**

Global: 090 **Issue:** Exploration of Artery-Vein **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 22 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** April 2017 **2016 Medicare Utilization:** 1,860

2007 Work RVU: 5.84 **2018 Work RVU:** 5.93
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.88 **2018 Fac PE RVU:**3.88

RUC Recommendation: Refer to CPT **Referred to CPT** September 2018 **Result:**
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 **2016 Medicare Utilization:**

2007 Work RVU: 0.18 **2018 Work RVU:** 0.18
2007 NF PE RVU: 0.54 **2018 NF PE RVU:** 0.54
2007 Fac PE RVU 0.05 **2018 Fac PE RVU:**0.05

RUC Recommendation: CMS consider a bundled status for this code **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

36010 **Introduction of catheter, superior or inferior vena cava**

Global: XXX **Issue:** Introduction of Catheter **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 15,944

2007 Work RVU: 2.43 **2018 Work RVU:** 2.18
2007 NF PE RVU: 17.17 **2018 NF PE RVU:** 17.17
2007 Fac PE RVU 0.77 **2018 Fac PE RVU:**0.77

RUC Recommendation: Remove from re-review. **Referred to CPT** February 2011 **Result:** Remove from screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36140 **Introduction of needle or intracatheter, upper or lower 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 **2016 Medicare Utilization:** 20,142

2007 Work RVU: 2.01 **2018 Work RVU:** 1.76
2007 NF PE RVU: 12.15 **2018 NF PE RVU:** 12.15
2007 Fac PE RVU 0.65 **2018 Fac PE RVU:**0.65

RUC Recommendation: Remove from re-review

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

Result: Remove from Screen

36145 **Deleted from CPT**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:** **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 2.01 **2018 Work RVU:**
2007 NF PE RVU: 11.87 **2018 NF PE RVU:** 11.87
2007 Fac PE RVU 0.64 **2018 Fac PE RVU:**0.64

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

36147 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)**

Global: XXX **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2008 **2016 Medicare Utilization:** 349,910

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

36148 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2008 **2016 Medicare Utilization:** 67,715

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

36215 **Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Harvard Valued - Utilization greater than 30,000-Part2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 49,211

2007 Work RVU: 4.67 **2018 Work RVU:** 4.17
2007 NF PE RVU: 26.59 **2018 NF PE RVU:** 26.59
2007 Fac PE RVU 1.65 **2018 Fac PE RVU:** 1.65

RUC Recommendation: 4.17 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

36216 **Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 4,521

2007 Work RVU: 5.27 **2018 Work RVU:** 5.27
2007 NF PE RVU: 28.57 **2018 NF PE RVU:** 28.57
2007 Fac PE RVU 1.82 **2018 Fac PE RVU:** 1.82

RUC Recommendation: 5.27 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

36217 **Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2011 **2016 Medicare Utilization:** 4,171

2007 Work RVU: 6.29 **2018 Work RVU:** 6.29
2007 NF PE RVU: 52.65 **2018 NF PE RVU:** 52.65
2007 Fac PE RVU 2.17 **2018 Fac PE RVU:**2.17

RUC Recommendation: 6.29 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

36218 **Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Selective Catheter Placement **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** July 2015 **2016 Medicare Utilization:** 1,367

2007 Work RVU: 1.01 **2018 Work RVU:** 1.01
2007 NF PE RVU: 4.72 **2018 NF PE RVU:** 4.72
2007 Fac PE RVU 0.34 **2018 Fac PE RVU:**0.34

RUC Recommendation: 1.01 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

36221 **Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 2,663

2007 Work RVU: **2018 Work RVU:** 3.92
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.51 **Referred to CPT** 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 **2016 Medicare Utilization:** 10,052

2007 Work RVU: **2018 Work RVU:** 5.28
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.00 **Referred to CPT** 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 **2016 Medicare Utilization:** 31,359

2007 Work RVU: **2018 Work RVU:** 5.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.50 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36224 **Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 32,452

2007 Work RVU: **2018 Work RVU:** 6.25
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 7.55 **Referred to CPT** 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 **2016 Medicare Utilization:** 11,962

2007 Work RVU: **2018 Work RVU:** 5.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.50 **Referred to CPT** 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 **2016 Medicare Utilization:** 30,500

2007 Work RVU: **2018 Work RVU:** 6.25
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 7.55 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36227 **Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 11,183

2007 Work RVU: **2018 Work RVU:** 2.09
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.32 **Referred to CPT** 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 **2016 Medicare Utilization:** 2,527

2007 Work RVU: **2018 Work RVU:** 4.25
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.25 **Referred to CPT** 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 **2016 Medicare Utilization:** 46,331

2007 Work RVU: 4.67 **2018 Work RVU:** 4.65
2007 NF PE RVU: 31.17 **2018 NF PE RVU:** 31.17
2007 Fac PE RVU 1.78 **2018 Fac PE RVU:** 1.78

RUC Recommendation: 4.90 **Referred to CPT** 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 **2016 Medicare Utilization:** 38,246

2007 Work RVU: 5.27 **2018 Work RVU:** 5.02
2007 NF PE RVU: 29.18 **2018 NF PE RVU:** 29.18
2007 Fac PE RVU 1.84 **2018 Fac PE RVU:** 1.84

RUC Recommendation: 5.27 **Referred to CPT** **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 **2016 Medicare Utilization:** 65,418

2007 Work RVU: 6.29 **2018 Work RVU:** 6.04
2007 NF PE RVU: 48.22 **2018 NF PE RVU:** 48.22
2007 Fac PE RVU 2.17 **2018 Fac PE RVU:**2.17

RUC Recommendation: 7.00 **Referred to CPT** **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 **2016 Medicare Utilization:** 24,751

2007 Work RVU: 1.01 **2018 Work RVU:** 1.01
2007 NF PE RVU: 3.81 **2018 NF PE RVU:** 3.81
2007 Fac PE RVU 0.35 **2018 Fac PE RVU:**0.35

RUC Recommendation: Remove from screen **Referred to CPT** 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:** **2016 Medicare Utilization:** 4,094

2007 Work RVU: **2018 Work RVU:** 5.10
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5.45 **Referred to CPT** **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:** **2016 Medicare Utilization:** 10,544

2007 Work RVU: **2018 Work RVU:** 6.74
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 7.38 **Referred to CPT** **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:** **2016 Medicare Utilization:** 1,261

2007 Work RVU: **2018 Work RVU:** 7.30
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 7.55 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36254 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2016 Medicare Utilization:** 204

2007 Work RVU: **2018 Work RVU:** 7.90
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 8.15 **Referred to CPT** **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 **2016 Medicare Utilization:** 170,810

RUC Recommendation: 0.18

Referred to CPT

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

2007 Work RVU: 0.18 **2018 Work RVU:** 0.18
2007 NF PE RVU: 0.3 **2018 NF PE RVU:** 0.3
2007 Fac PE RVU 0.05 **2018 Fac PE RVU:**0.05
Result: Maintain

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 **2016 Medicare Utilization:** 120,640

RUC Recommendation: 5.30

Referred to CPT

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

2007 Work RVU: 6.72 **2018 Work RVU:** 5.30
2007 NF PE RVU: 47.57 **2018 NF PE RVU:** 47.57
2007 Fac PE RVU 2.39 **2018 Fac PE RVU:**2.39
Result: Decrease

36476 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS

First Identified: October 2013 **2016 Medicare Utilization:** 10,077

RUC Recommendation: 2.65

Referred to CPT

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

2007 Work RVU: 3.38 **2018 Work RVU:** 2.65
2007 NF PE RVU: 7.39 **2018 NF PE RVU:** 7.39
2007 Fac PE RVU 1.08 **2018 Fac PE RVU:**1.08
Result: Decrease

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 **2016 Medicare Utilization:** 86,463

2007 Work RVU: 6.72 **2018 Work RVU:** 5.30
2007 NF PE RVU: 42.85 **2018 NF PE RVU:** 42.85
2007 Fac PE RVU 2.41 **2018 Fac PE RVU:**2.41

RUC Recommendation: 5.30 **Referred to CPT** **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; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2016 Medicare Utilization:** 9,562

2007 Work RVU: 3.38 **2018 Work RVU:** 2.65
2007 NF PE RVU: 7.59 **2018 NF PE RVU:** 7.59
2007 Fac PE RVU 1.1 **2018 Fac PE RVU:**1.1

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36481 **Percutaneous portal vein catheterization by any method**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2016 Medicare Utilization:** 736

2007 Work RVU: 6.98 **2018 Work RVU:** 6.73
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.46 **2018 Fac PE RVU:**2.46

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36511 **Therapeutic apheresis; for white blood cells**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2016 Medicare Utilization:** 194

2007 Work RVU: 1.74 **2018 Work RVU:** 2.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0.69 **2018 Fac PE RVU:**0.69

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016 **Result:** Increase
Referred to CPT Asst ☑ **Published in CPT Asst:** Expected May 2018

36512 **Therapeutic apheresis; for red blood cells**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2016 Medicare Utilization:** 1,573

2007 Work RVU: 1.74 **2018 Work RVU:** 2.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0.71 **2018 Fac PE RVU:**0.71

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016 **Result:** Increase
Referred to CPT Asst ☑ **Published in CPT Asst:** Expected May 2018

36513 **Therapeutic apheresis; for platelets**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2016 Medicare Utilization:** 250

2007 Work RVU: 1.74 **2018 Work RVU:** 2.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0.68 **2018 Fac PE RVU:**0.68

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016 **Result:** Increase
Referred to CPT Asst ☑ **Published in CPT Asst:** Expected May 2018

36514 **Therapeutic apheresis; for plasma pheresis**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2016 Medicare Utilization:** 28,767

2007 Work RVU: 1.74 **2018 Work RVU:** 1.81
2007 NF PE RVU: 15.33 **2018 NF PE RVU:** 15.33
2007 Fac PE RVU 0.67 **2018 Fac PE RVU:**0.67

RUC Recommendation: 1.81. Refer to CPT Assistant

Referred to CPT September 2016 **Result:** Increase
Referred to CPT Asst ☑ **Published in CPT Asst:** Expected May 2018

Status Report: CMS Requests and Relativity Assessment Issues

36515 **Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2016 Medicare Utilization:** 1

2007 Work RVU: 1.74 **2018 Work RVU:**
2007 NF PE RVU: 60.92 **2018 NF PE RVU:** 60.92
2007 Fac PE RVU 0.63 **2018 Fac PE RVU:**0.63

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Expected May 2018

36516 **Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: October 2008 **2016 Medicare Utilization:** 1,456

2007 Work RVU: 1.22 **2018 Work RVU:** 1.56
2007 NF PE RVU: 75.37 **2018 NF PE RVU:** 75.37
2007 Fac PE RVU 0.46 **2018 Fac PE RVU:**0.46

RUC Recommendation: 1.56. Refer to CPT Assistant

Referred to CPT September 2016 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

36522 **Photopheresis, extracorporeal**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2016 Medicare Utilization:** 9,104

2007 Work RVU: 1.67 **2018 Work RVU:** 1.75
2007 NF PE RVU: 33.02 **2018 NF PE RVU:** 33.02
2007 Fac PE RVU 0.94 **2018 Fac PE RVU:**0.94

RUC Recommendation: 1.75. Refer to CPT Assistant

Referred to CPT September 2016 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Expected May 2018

Status Report: CMS Requests and Relativity Assessment Issues

36555 **Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 16 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2016 Medicare Utilization:** 38

2007 Work RVU: 2.68 **2018 Work RVU:** 1.93
2007 NF PE RVU: 5.34 **2018 NF PE RVU:** 5.34
2007 Fac PE RVU 0.76 **2018 Fac PE RVU:**0.76

RUC Recommendation: 1.93 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36556 **Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 16 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2016 Medicare Utilization:** 472,760

2007 Work RVU: 2.50 **2018 Work RVU:** 1.75
2007 NF PE RVU: 4.93 **2018 NF PE RVU:** 4.93
2007 Fac PE RVU 0.7 **2018 Fac PE RVU:**0.7

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36568 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age**

Global: 000 **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2016 **2016 Medicare Utilization:** 10

2007 Work RVU: 1.92 **2018 Work RVU:** 1.67
2007 NF PE RVU: 7.03 **2018 NF PE RVU:** 7.03
2007 Fac PE RVU 0.57 **2018 Fac PE RVU:**0.57

RUC Recommendation: 2.11 **Referred to CPT** September 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36569 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older**

Global: 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** July 2015 **2016 Medicare Utilization:** 167,571

2007 Work RVU: 1.82 **2018 Work RVU:** 1.70
2007 NF PE RVU: 6.55 **2018 NF PE RVU:** 6.55
2007 Fac PE RVU 0.57 **2018 Fac PE RVU:**0.57

RUC Recommendation: 1.90. Review at RAW in October 2021. **Referred to CPT** September 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36584 **Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access**

Global: 000 **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2016 **2016 Medicare Utilization:** 6,401

2007 Work RVU: 1.20 **2018 Work RVU:** 1.20
2007 NF PE RVU: 6.16 **2018 NF PE RVU:** 6.16
2007 Fac PE RVU 0.54 **2018 Fac PE RVU:**0.54

RUC Recommendation: 1.47

Referred to CPT September 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

36620 **Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, ASA

First Identified: July 2015 **2016 Medicare Utilization:** 568,103

2007 Work RVU: 1.15 **2018 Work RVU:** 1.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0.22 **2018 Fac PE RVU:**0.22

RUC Recommendation: 1.00

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

Result: Decrease

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 **2016 Medicare Utilization:** 6,745

2007 Work RVU: 11.81 **2018 Work RVU:** 12.39
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2018 Fac PE RVU:**5.73

RUC Recommendation: 13.00

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 9,406

2007 Work RVU: 14.39 **2018 Work RVU:** 13.29
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.08 **2018 Fac PE RVU:**6.08

RUC Recommendation: 15.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

36820 **Arteriovenous anastomosis, open; by forearm vein transposition** **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2016 Medicare Utilization:** 2,052

2007 Work RVU: 14.39 **2018 Work RVU:** 13.07
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.11 **2018 Fac PE RVU:**6.11

RUC Recommendation: 13.99 **Referred to CPT** **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 **2016 Medicare Utilization:** 32,679

2007 Work RVU: 9.15 **2018 Work RVU:** 11.90
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.49 **2018 Fac PE RVU:**4.49

RUC Recommendation: 11.90 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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: **2016 Medicare Utilization:**

2007 Work RVU: 5.51 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.23 **2018 Fac PE RVU:** 4.23

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

36825 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: September 2007 **2016 Medicare Utilization:** 2,607

2007 Work RVU: 10.00 **2018 Work RVU:** 14.17
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.87 **2018 Fac PE RVU:** 4.87

RUC Recommendation: 15.93

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

Result: Increase

36830 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: November 2012 **2016 Medicare Utilization:** 22,643

2007 Work RVU: 12.00 **2018 Work RVU:** 12.03
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.98 **2018 Fac PE RVU:** 4.98

RUC Recommendation: 11.90

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

36834 **Deleted from CPT**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AVA, ACS **First Identified:** September 2007 **2016 Medicare Utilization:**

2007 Work RVU: 11.11 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.68 **2018 Fac PE RVU:**4.68

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

36870 **Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)**

Global: 090 **Issue:** Dialysis Circuit -1 **Screen:** Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2007 **2016 Medicare Utilization:** 58,929

2007 Work RVU: 5.17 **2018 Work RVU:**
2007 NF PE RVU: 49.54 **2018 NF PE RVU:** 49.54
2007 Fac PE RVU 2.99 **2018 Fac PE RVU:**2.99

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

36901 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 3.36
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.36 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36902 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 4.83
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.83 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36903 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 6.39
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.39 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36904 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 7.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 7.50 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36905 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 9.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 9.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36906 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 10.42
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 10.42 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36907 **Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 3.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36908 **Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 4.25
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.25 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36909 **Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 4.12
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.12 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36X72

Global: **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36X73

Global: **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.90 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37183 **Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanulization/dilatation, stent placement and all associated imaging guidance and documentation)**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2016 Medicare Utilization:** 830

2007 Work RVU: 7.99 **2018 Work RVU:** 7.74
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.89 **2018 Fac PE RVU:** 2.89

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

37191 **Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2016 Medicare Utilization:** 35,879

2007 Work RVU: **2018 Work RVU:** 4.46
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.71 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37192 **Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2016 Medicare Utilization:** 42

2007 Work RVU: **2018 Work RVU:** 7.10
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37193 **Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2016 Medicare Utilization:** 8,042

2007 Work RVU: **2018 Work RVU:** 7.10
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37201 **Transcatheter therapy, infusion for thrombolysis other than coronary**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 4.99 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.43 **2018 Fac PE RVU:** 2.43

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37203 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)**

Global: 000 **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 5.02 **2018 Work RVU:**
2007 NF PE RVU: 31.87 **2018 NF PE RVU:** 31.87
2007 Fac PE RVU 1.98 **2018 Fac PE RVU:** 1.98

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37204 **Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 18.11 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.75 **2018 Fac PE RVU:**5.75

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37205 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 8.27 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.77 **2018 Fac PE RVU:**3.77

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37206 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 4.12 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.46 **2018 Fac PE RVU:**1.46

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37207 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 8.27 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.98 **2018 Fac PE RVU:**2.98

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37208 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 4.12 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.3 **2018 Fac PE RVU:**1.3

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37209 **Exchange of a previously placed intravascular catheter during thrombolytic therapy**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 2.27 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0.72 **2018 Fac PE RVU:**0.72

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37210 **Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 10.60 **2018 Work RVU:**
2007 NF PE RVU: 46.03 **2018 NF PE RVU:** 46.03
2007 Fac PE RVU 3.13 **2018 Fac PE RVU:** 3.13

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37211 **Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 10,920

2007 Work RVU: **2018 Work RVU:** 7.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37212 **Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 3,798

2007 Work RVU: **2018 Work RVU:** 6.81
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 7.06 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37213 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 3,259

2007 Work RVU: **2018 Work RVU:** 4.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37214 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 6,914

2007 Work RVU: **2018 Work RVU:** 2.49
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.04 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37220 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 12,303

2007 Work RVU: **2018 Work RVU:** 7.90
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 8.15 **Referred to CPT** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37221 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

First Identified: February 2010 **2016 Medicare Utilization:** 38,446

RUC Recommendation: 10.00

Referred to CPT February 2010

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

2007 Work RVU: **2018 Work RVU:** 9.75

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

37222 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

First Identified: February 2010 **2016 Medicare Utilization:** 3,300

RUC Recommendation: 3.73

Referred to CPT February 2010

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

2007 Work RVU: **2018 Work RVU:** 3.73

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

37223 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

First Identified: February 2010 **2016 Medicare Utilization:** 5,281

RUC Recommendation: 4.25

Referred to CPT February 2010

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

2007 Work RVU: **2018 Work RVU:** 4.25

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

37224 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 34,837

RUC Recommendation: 9.00 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 8.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

37225 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 37,524

RUC Recommendation: 12.00 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 11.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

37226 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 27,633

RUC Recommendation: 10.49 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 10.24
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

37227 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 19,021

RUC Recommendation: 14.50 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 14.25
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

37228 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 28,919

RUC Recommendation: 11.00 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 10.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

37229 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 27,982

RUC Recommendation: 14.05 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 13.80
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

37230 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 2,980

2007 Work RVU: **2018 Work RVU:** 13.55
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 13.80 **Referred to CPT** 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 **2016 Medicare Utilization:** 1,999

2007 Work RVU: **2018 Work RVU:** 14.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 15.00 **Referred to CPT** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37232 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 10,515

2007 Work RVU: **2018 Work RVU:** 4.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.00 **Referred to CPT** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37233 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 6,501

RUC Recommendation: 6.50 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 6.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

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 **2016 Medicare Utilization:** 367

RUC Recommendation: 5.50 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 5.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

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 **2016 Medicare Utilization:** 166

RUC Recommendation: 7.80 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 7.80
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

37236 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2016 Medicare Utilization:** 14,605

2007 Work RVU: **2018 Work RVU:** 8.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37237 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2016 Medicare Utilization:** 1,525

2007 Work RVU: **2018 Work RVU:** 4.25
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.25 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37238 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2016 Medicare Utilization:** 41,337

2007 Work RVU: **2018 Work RVU:** 6.04
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.29 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37239 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2016 Medicare Utilization:** 6,292

2007 Work RVU: **2018 Work RVU:** 2.97
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.34 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37241 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 11,225

2007 Work RVU: **2018 Work RVU:** 8.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37242 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 9,076

2007 Work RVU: **2018 Work RVU:** 9.80
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 11.98 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37243 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 14,730

2007 Work RVU: **2018 Work RVU:** 11.74
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37244 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 10,415

2007 Work RVU: **2018 Work RVU:** 13.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37246 **Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 7.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 7.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37247 **Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 3.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.50 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37248 **Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 6.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37249 **Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 2.97
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.97 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37250 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** July 2014 **2016 Medicare Utilization:**

2007 Work RVU: 2.10 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0.77 **2018 Fac PE RVU:**0.77

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37251 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2016 Medicare Utilization:**

2007 Work RVU: 1.60 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0.54 **2018 Fac PE RVU:**0.54

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37252 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 / Work Neutrality (CPT 2016) **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2016 Medicare Utilization:** 20,981

2007 Work RVU: **2018 Work RVU:** 1.80
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Review action plan. 1.80 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37253 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 / Work Neutrality (CPT 2016) **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS

First Identified: July 2014 **2016 Medicare Utilization:** 25,358

2007 Work RVU: **2018 Work RVU:** 1.44
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Review action plan. 1.44

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2016 Medicare Utilization:** 15,484

2007 Work RVU: 3.02 **2018 Work RVU:** 3.05
2007 NF PE RVU: 4.43 **2018 NF PE RVU:** 4.43
2007 Fac PE RVU 1.93 **2018 Fac PE RVU:** 1.93

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

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: **2016 Medicare Utilization:** 49

2007 Work RVU: **2018 Work RVU:** 30.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 37.60

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

37620 **Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)**

Global: 090 **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 11.49 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.52 **2018 Fac PE RVU:**5.52

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37760 **Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg**

Global: 090 **Issue:** Perorator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2016 Medicare Utilization:** 167

2007 Work RVU: 10.69 **2018 Work RVU:** 10.78
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.14 **2018 Fac PE RVU:**5.14

RUC Recommendation: 10.69 **Referred to CPT** February 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

37761 **Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg**

Global: 090 **Issue:** Perforator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** **2016 Medicare Utilization:** 479

2007 Work RVU: **2018 Work RVU:** 9.13
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 9.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 2017 **Tab** 19 **Specialty Developing Recommendation:** ACS **First Identified:** February 2008 **2016 Medicare Utilization:** 16,618

2007 Work RVU: 7.63 **2018 Work RVU:** 7.71
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.36 **2018 Fac PE RVU:**4.36

RUC Recommendation: Survey April 2018. Non-Facility PE Inputs.

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

Result: PE Only

37766 **Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions** **Global:** 090 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** ACS **First Identified:** February 2008 **2016 Medicare Utilization:** 12,595

2007 Work RVU: 9.58 **2018 Work RVU:** 9.66
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.01 **2018 Fac PE RVU:**5.01

RUC Recommendation: Survey April 2018. Non-Facility PE Inputs.

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

Result: PE Only

37785 **Ligation, division, and/or excision of varicose vein cluster(s), 1 leg** **Global:** 090 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, SVS, ACS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,425

2007 Work RVU: 3.87 **2018 Work RVU:** 3.93
2007 NF PE RVU: 5.12 **2018 NF PE RVU:** 5.12
2007 Fac PE RVU 2.69 **2018 Fac PE RVU:**2.69

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

38220 **Diagnostic bone marrow; aspiration(s)** **Global:** XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** February 2016 **2016 Medicare Utilization:** 32,796

2007 Work RVU: 1.08 **2018 Work RVU:** 1.20
2007 NF PE RVU: 3.46 **2018 NF PE RVU:** 3.46
2007 Fac PE RVU 0.5 **2018 Fac PE RVU:**0.5

RUC Recommendation: 1.20

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

38221 **Diagnostic bone marrow; biopsy(ies)**

Global: XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** July 2015 **2016 Medicare Utilization:** 127,276

2007 Work RVU: 1.37 **2018 Work RVU:** 1.28
2007 NF PE RVU: 3.64 **2018 NF PE RVU:** 3.64
2007 Fac PE RVU 0.63 **2018 Fac PE RVU:**0.63

RUC Recommendation: 1.28 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

38222 **Diagnostic bone marrow; biopsy(ies) and aspiration(s)**

Global: XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** February 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 1.44
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.44 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

38542 **Dissection, deep jugular node(s)**

Global: 090 **Issue:** Jugular Node Dissection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 40 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 626

2007 Work RVU: 6.08 **2018 Work RVU:** 7.95
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.3 **2018 Fac PE RVU:**4.3

RUC Recommendation: 7.85 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

38570 **Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple**

Global: 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** AUA **First Identified:** January 2014 **2016 Medicare Utilization:** 2,561

2007 Work RVU: 9.28 **2018 Work RVU:** 8.49
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.98 **2018 Fac PE RVU:**3.98

RUC Recommendation: 9.34 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 14,098

RUC Recommendation: 12.00

Referred to CPT

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

2007 Work RVU: 14.70 **2018 Work RVU:** 12.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.97 **2018 Fac PE RVU:** 5.97
Result: Decrease

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 **2016 Medicare Utilization:** 2,798

RUC Recommendation: 15.60

Referred to CPT

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

2007 Work RVU: 16.86 **2018 Work RVU:** 15.60
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.86 **2018 Fac PE RVU:** 6.86
Result: Decrease

38792 **Injection procedure; radioactive tracer for identification of sentinel node**

Global: 000 **Issue:** Radioactive Tracer **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 23 **Specialty Developing Recommendation:**

First Identified: April 2017 **2016 Medicare Utilization:** 32,077

RUC Recommendation: 0.65

Referred to CPT

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

2007 Work RVU: 0.52 **2018 Work RVU:** 0.52
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0.45 **2018 Fac PE RVU:** 0.45
Result: Increase

39400 **Mediastinoscopy, includes biopsy(ies), when performed**

Global: 010 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 08 **Specialty Developing Recommendation:** STS

First Identified: January 2014 **2016 Medicare Utilization:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

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

2007 Work RVU: 8.00 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.68 **2018 Fac PE RVU:** 4.68
Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

39401 **Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed**

Global: 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 08 **Specialty Developing Recommendation:** STS

First Identified: October 2014 **2016 Medicare Utilization:** 1,196

2007 Work RVU: **2018 Work RVU:** 5.44
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5.44

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

39402 **Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)**

Global: 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 08 **Specialty Developing Recommendation:** STS

First Identified: October 2014 **2016 Medicare Utilization:** 5,707

2007 Work RVU: **2018 Work RVU:** 7.25
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 7.50

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2016 Medicare Utilization:** 33,776

2007 Work RVU: 1.22 **2018 Work RVU:** 1.22
2007 NF PE RVU: 1.75 **2018 NF PE RVU:** 1.75
2007 Fac PE RVU 0.61 **2018 Fac PE RVU:** 0.61

RUC Recommendation: 1.22

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

Result: Maintain

40650 **Repair lip, full thickness; vermilion only**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

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

First Identified: October 2015 **2016 Medicare Utilization:** 345

2007 Work RVU: 3.69 **2018 Work RVU:** 3.78
2007 NF PE RVU: 6.58 **2018 NF PE RVU:** 6.58
2007 Fac PE RVU 3.26 **2018 Fac PE RVU:** 3.26

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 1,458

2007 Work RVU: 1.19 **2018 Work RVU:** 1.23
2007 NF PE RVU: 3.18 **2018 NF PE RVU:** 3.18
2007 Fac PE RVU 1.8 **2018 Fac PE RVU:**1.8

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

40808 **Biopsy, vestibule of mouth** **Global:** 010 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 12,528

2007 Work RVU: 0.98 **2018 Work RVU:** 1.01
2007 NF PE RVU: 2.87 **2018 NF PE RVU:** 2.87
2007 Fac PE RVU 1.51 **2018 Fac PE RVU:**1.51

RUC Recommendation: Survey **Referred to CPT** **Result:**
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 **2016 Medicare Utilization:** 6,112

2007 Work RVU: 2.33 **2018 Work RVU:** 2.37
2007 NF PE RVU: 3.92 **2018 NF PE RVU:** 3.92
2007 Fac PE RVU 2.37 **2018 Fac PE RVU:**2.37

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

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 **2016 Medicare Utilization:** 1,384

2007 Work RVU: 1.30 **2018 Work RVU:** 1.34
2007 NF PE RVU: 4.23 **2018 NF PE RVU:** 4.23
2007 Fac PE RVU 2.54 **2018 Fac PE RVU:**2.54

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

Status Report: CMS Requests and Relativity Assessment Issues

41530 **Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session**

Global: 000 **Issue:** Submucosal ablation of tongue base **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 26 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** July 2014 **2016 Medicare Utilization:** 2,278

2007 Work RVU: **2018 Work RVU:** 3.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

RUC Recommendation: 3.50
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

42145 **Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)**

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

Most Recent RUC Meeting: April 2008 **Tab** 41 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 849

2007 Work RVU: 9.63 **2018 Work RVU:** 9.78
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.33 **2018 Fac PE RVU:**7.33
Result: Maintain

RUC Recommendation: 9.63
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

42415 **Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve**

Global: 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 5,242

2007 Work RVU: 17.99 **2018 Work RVU:** 17.16
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 10.11 **2018 Fac PE RVU:**10.11
Result: Maintain

RUC Recommendation: 18.12
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

42420 **Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve**

Global: 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,640

2007 Work RVU: 20.87 **2018 Work RVU:** 19.53
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 11.46 **2018 Fac PE RVU:**11.46
Result: Maintain

RUC Recommendation: 21.00
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 1,922

2007 Work RVU: 7.05 **2018 Work RVU:** 6.14
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.48 **2018 Fac PE RVU:** 4.48

RUC Recommendation: 7.13 **Referred to CPT** **Result:** Maintain

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

43191 **Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 2,989

2007 Work RVU: **2018 Work RVU:** 2.49
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.78 **Referred to CPT** **Result:** Increase

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

43192 **Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 144

2007 Work RVU: **2018 Work RVU:** 2.79
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.21 **Referred to CPT** **Result:** Increase

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

43193 **Esophagoscopy, rigid, transoral; with biopsy, single or multiple**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 273

2007 Work RVU: **2018 Work RVU:** 2.79
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

43194 **Esophagoscopy, rigid, transoral; with removal of foreign body(s)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 209

2007 Work RVU: **2018 Work RVU:** 3.51
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.99 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

43195 **Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 422

2007 Work RVU: **2018 Work RVU:** 3.07
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.21 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

43196 **Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 267

2007 Work RVU: **2018 Work RVU:** 3.31
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

43197 **Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2016 Medicare Utilization:** 1,713

2007 Work RVU: **2018 Work RVU:** 1.52
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.59 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43198 **Esophagoscopy, flexible, transnasal; with biopsy, single or multiple**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2016 Medicare Utilization:** 251

2007 Work RVU: **2018 Work RVU:** 1.82
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.89 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43200 **Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 7,238

2007 Work RVU: 1.59 **2018 Work RVU:** 1.42
2007 NF PE RVU: 3.98 **2018 NF PE RVU:** 3.98
2007 Fac PE RVU 1.04 **2018 Fac PE RVU:** 1.04

RUC Recommendation: 1.59 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43201 **Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 293

2007 Work RVU: 2.09 **2018 Work RVU:** 1.72
2007 NF PE RVU: 4.86 **2018 NF PE RVU:** 4.86
2007 Fac PE RVU 1.12 **2018 Fac PE RVU:** 1.12

RUC Recommendation: 1.90 **Referred to CPT** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43202 **Esophagoscopy, flexible, transoral; with biopsy, single or multiple**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 2,740

2007 Work RVU: 1.89 **2018 Work RVU:** 1.72
2007 NF PE RVU: 5.44 **2018 NF PE RVU:** 5.44
2007 Fac PE RVU 0.95 **2018 Fac PE RVU:** 0.95

RUC Recommendation: 1.89 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 14

RUC Recommendation: 2.89 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.76 **2018 Work RVU:** 2.33
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.63 **2018 Fac PE RVU:**1.63
Result: Decrease

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 **2016 Medicare Utilization:** 257

RUC Recommendation: 3.00 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.78 **2018 Work RVU:** 2.44
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.66 **2018 Fac PE RVU:**1.66
Result: Decrease

43206 **Esophagoscopy, flexible, transoral; with optical endomicroscopy**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 73

RUC Recommendation: 2.39 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 2.29
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

43211 **Esophagoscopy, flexible, transoral; with endoscopic mucosal resection**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 103

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

2007 Work RVU: **2018 Work RVU:** 4.20
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

43212 **Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 599

2007 Work RVU: **2018 Work RVU:** 3.40
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

RUC Recommendation: 3.73

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

43213 **Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 464

2007 Work RVU: **2018 Work RVU:** 4.63
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

RUC Recommendation: 5.00

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

43214 **Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 229

2007 Work RVU: **2018 Work RVU:** 3.40
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

RUC Recommendation: 3.78

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

43215 **Esophagoscopy, flexible, transoral; with removal of foreign body(s)**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 1,076

2007 Work RVU: 2.60 **2018 Work RVU:** 2.44
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.22 **2018 Fac PE RVU:** 1.22
Result: Maintain

RUC Recommendation: 2.60

Referred to CPT May 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43216 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 186

RUC Recommendation: 2.40 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.40 **2018 Work RVU:** 2.30
2007 NF PE RVU: 1.55 **2018 NF PE RVU:** 1.55
2007 Fac PE RVU 1.1 **2018 Fac PE RVU:**1.1
Result: Maintain

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 **2016 Medicare Utilization:** 103

RUC Recommendation: 2.90 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.90 **2018 Work RVU:** 2.80
2007 NF PE RVU: 6.85 **2018 NF PE RVU:** 6.85
2007 Fac PE RVU 1.25 **2018 Fac PE RVU:**1.25
Result: Maintain

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 **2016 Medicare Utilization:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.80 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.4 **2018 Fac PE RVU:**1.4
Result: Deleted from CPT

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 **2016 Medicare Utilization:** 2,153

RUC Recommendation: 2.10 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.10 **2018 Work RVU:** 2.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.01 **2018 Fac PE RVU:**1.01
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 1,680

RUC Recommendation: 2.34 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.34 **2018 Work RVU:** 2.24
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.1 **2018 Fac PE RVU:**1.1
Result: Maintain

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 **2016 Medicare Utilization:** 300

RUC Recommendation: 3.26 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.59 **2018 Work RVU:** 2.89
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.55 **2018 Fac PE RVU:**1.55
Result: Decrease

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 **2016 Medicare Utilization:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.76 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.63 **2018 Fac PE RVU:**1.63
Result: Deleted from CPT

43229 **Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 3,382

RUC Recommendation: 3.72 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 3.49
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

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 **2016 Medicare Utilization:** 572

2007 Work RVU: 3.19 **2018 Work RVU:** 2.80
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.42 **2018 Fac PE RVU:** 1.42

RUC Recommendation: 3.19 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43232 **Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 485

2007 Work RVU: 4.47 **2018 Work RVU:** 3.59
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.96 **2018 Fac PE RVU:** 1.96

RUC Recommendation: 3.83 **Referred to CPT** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43233 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2016 Medicare Utilization:** 1,908

2007 Work RVU: **2018 Work RVU:** 4.07
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.45 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43234 **Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 2.01 **2018 Work RVU:**
2007 NF PE RVU: 5.23 **2018 NF PE RVU:** 5.23
2007 Fac PE RVU 0.91 **2018 Fac PE RVU:** 0.91

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43235 **Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** EGD **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2016 Medicare Utilization:** 355,934

RUC Recommendation: 2.26 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.39 **2018 Work RVU:** 2.09
2007 NF PE RVU: 5.19 **2018 NF PE RVU:** 5.19
2007 Fac PE RVU 1.11 **2018 Fac PE RVU:**1.11
Result: Decrease

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 **2016 Medicare Utilization:** 16,333

RUC Recommendation: 2.57 **Referred to CPT** October 2012 **Referred to CPT Asst** ☑ **Published in CPT Asst:** Apr 2009 and Jun 2010

2007 Work RVU: 2.92 **2018 Work RVU:** 2.39
2007 NF PE RVU: 6.47 **2018 NF PE RVU:** 6.47
2007 Fac PE RVU 1.33 **2018 Fac PE RVU:**1.33
Result: Decrease

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 **2016 Medicare Utilization:** 13,727

RUC Recommendation: 3.85 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.98 **2018 Work RVU:** 3.47
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.74 **2018 Fac PE RVU:**1.74
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

43238 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)**

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

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 10,245

2007 Work RVU: 5.02 **2018 Work RVU:** 4.16
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.11 **2018 Fac PE RVU:**2.11

RUC Recommendation: 4.50 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43239 **Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple**

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

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2016 Medicare Utilization:** 1,442,510

2007 Work RVU: 2.87 **2018 Work RVU:** 2.39
2007 NF PE RVU: 5.79 **2018 NF PE RVU:** 5.79
2007 Fac PE RVU 1.29 **2018 Fac PE RVU:**1.29

RUC Recommendation: 2.56 **Referred to CPT** **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 **2016 Medicare Utilization:** 728

2007 Work RVU: 6.85 **2018 Work RVU:** 7.15
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.82 **2018 Fac PE RVU:**2.82

RUC Recommendation: 7.25 **Referred to CPT** 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 **2016 Medicare Utilization:** 3,901

2007 Work RVU: 2.59 **2018 Work RVU:** 2.49
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.18 **2018 Fac PE RVU:**1.18

RUC Recommendation: 2.59 **Referred to CPT** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43242 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2016 Medicare Utilization:** 25,364

2007 Work RVU: 7.30 **2018 Work RVU:** 4.73
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.98 **2018 Fac PE RVU:**2.98

RUC Recommendation: 5.39 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43243 **Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices**

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

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 1,151

2007 Work RVU: 4.56 **2018 Work RVU:** 4.27
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.94 **2018 Fac PE RVU:**1.94

RUC Recommendation: 4.37 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43244 **Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices**

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

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 20,862

RUC Recommendation: 4.50 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 5.04 **2018 Work RVU:** 4.40
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.14 **2018 Fac PE RVU:**2.14
Result: Decrease

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 **2016 Medicare Utilization:** 14,889

RUC Recommendation: 3.18 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.18 **2018 Work RVU:** 3.08
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.39 **2018 Fac PE RVU:**1.39
Result: Maintain

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 **2016 Medicare Utilization:** 88,218

RUC Recommendation: 4.32 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 4.32 **2018 Work RVU:** 3.56
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.8 **2018 Fac PE RVU:**1.8
Result: Maintain

43247 **Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)**

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

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 29,435

RUC Recommendation: 3.27 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.38 **2018 Work RVU:** 3.11
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.48 **2018 Fac PE RVU:**1.48
Result: Decrease

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 **2016 Medicare Utilization:** 108,412

2007 Work RVU: 3.15 **2018 Work RVU:** 2.91
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.43 **2018 Fac PE RVU:**1.43

RUC Recommendation: 3.01 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43249 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)**

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

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 109,580

2007 Work RVU: 2.90 **2018 Work RVU:** 2.67
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.32 **2018 Fac PE RVU:**1.32

RUC Recommendation: 2.77 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43250 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

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

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 4,796

2007 Work RVU: 3.20 **2018 Work RVU:** 2.97
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.4 **2018 Fac PE RVU:**1.4

RUC Recommendation: 3.07 **Referred to CPT** 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 **2016 Medicare Utilization:** 31,419

2007 Work RVU: 3.69 **2018 Work RVU:** 3.47
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.6 **2018 Fac PE RVU:**1.6

RUC Recommendation: 3.57 **Referred to CPT** 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:** **2016 Medicare Utilization:** 1,662

2007 Work RVU: **2018 Work RVU:** 4.73
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5.39 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43254 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection**

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

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2016 Medicare Utilization:** 4,829

2007 Work RVU: **2018 Work RVU:** 4.87
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5.25 **Referred to CPT** 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 **2016 Medicare Utilization:** 58,842

2007 Work RVU: 4.81 **2018 Work RVU:** 3.56
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.05 **2018 Fac PE RVU:** 2.05

RUC Recommendation: 4.20 **Referred to CPT** 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 **2016 Medicare Utilization:**

2007 Work RVU: 4.34 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.85 **2018 Fac PE RVU:**1.85

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43257 **Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease**

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

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 345

2007 Work RVU: 5.50 **2018 Work RVU:** 4.15
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.16 **2018 Fac PE RVU:**2.16

RUC Recommendation: 4.25 **Referred to CPT** 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 **2016 Medicare Utilization:**

2007 Work RVU: 4.54 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.94 **2018 Fac PE RVU:**1.94

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43259 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2016 Medicare Utilization:** 35,292

2007 Work RVU: 5.19 **2018 Work RVU:** 4.04
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.17 **2018 Fac PE RVU:**2.17

RUC Recommendation: 4.74 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43260 **Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 6,692

2007 Work RVU: 5.95 **2018 Work RVU:** 5.85
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.49 **2018 Fac PE RVU:**2.49

RUC Recommendation: 5.95 **Referred to CPT** 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 **2016 Medicare Utilization:** 8,054

2007 Work RVU: 6.26 **2018 Work RVU:** 6.15
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.61 **2018 Fac PE RVU:**2.61

RUC Recommendation: 6.25 **Referred to CPT** 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 **2016 Medicare Utilization:** 34,078

2007 Work RVU: 7.38 **2018 Work RVU:** 6.50
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2018 Fac PE RVU:**3.03

RUC Recommendation: 6.60 **Referred to CPT** January 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43263 **Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi**

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

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 257

2007 Work RVU: 7.28 **2018 Work RVU:** 6.50
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.02 **2018 Fac PE RVU:**3.02

RUC Recommendation: 7.28 **Referred to CPT** 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 **2016 Medicare Utilization:** 51,481

2007 Work RVU: 8.89 **2018 Work RVU:** 6.63
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.61 **2018 Fac PE RVU:**3.61

RUC Recommendation: 6.73 **Referred to CPT** 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 **2016 Medicare Utilization:** 2,651

2007 Work RVU: 10.00 **2018 Work RVU:** 7.93
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.03 **2018 Fac PE RVU:**4.03

RUC Recommendation: 8.03 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43266 **Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

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

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2016 Medicare Utilization:** 5,043

2007 Work RVU: **2018 Work RVU:** 3.92
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.40 **Referred to CPT** 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 **2016 Medicare Utilization:**

2007 Work RVU: 7.38 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.01 **2018 Fac PE RVU:**3.01

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 7.38 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.15 **2018 Fac PE RVU:** 3.15

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43269 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent**

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

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 8.20 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.35 **2018 Fac PE RVU:** 3.35

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43270 **Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

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

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2016 Medicare Utilization:** 19,051

2007 Work RVU: **2018 Work RVU:** 4.01
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.39 **Referred to CPT** 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 **2016 Medicare Utilization:**

2007 Work RVU: 7.38 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2018 Fac PE RVU:**3.03

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43272 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

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

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 7.38 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.05 **2018 Fac PE RVU:**3.05

RUC Recommendation: Deleted from CPT **Referred to CPT** 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 **2016 Medicare Utilization:** 7,226

2007 Work RVU: **2018 Work RVU:** 2.24
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.24 **Referred to CPT** 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 **2016 Medicare Utilization:** 40,789

2007 Work RVU: **2018 Work RVU:** 8.48
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 8.74 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43275 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)**

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

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 13,104

2007 Work RVU: **2018 Work RVU:** 6.86
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.96 **Referred to CPT** 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 **2016 Medicare Utilization:** 13,511

2007 Work RVU: **2018 Work RVU:** 8.84
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 9.10 **Referred to CPT** 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 **2016 Medicare Utilization:** 6,627

RUC Recommendation: 7.11 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 6.90
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

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 **2016 Medicare Utilization:** 463

RUC Recommendation: 8.08 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 7.92
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

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 **2016 Medicare Utilization:** 71,973

RUC Recommendation: 1.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.38 **2018 Work RVU:** 1.28
2007 NF PE RVU: 2.64 **2018 NF PE RVU:** 2.64
2007 Fac PE RVU 0.75 **2018 Fac PE RVU:** 0.75
Result: Decrease

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 **2016 Medicare Utilization:** 2,270

RUC Recommendation: 1.51 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.51 **2018 Work RVU:** 1.41
2007 NF PE RVU: 6.12 **2018 NF PE RVU:** 6.12
2007 Fac PE RVU 0.8 **2018 Fac PE RVU:** 0.8
Result: Maintain

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 **2016 Medicare Utilization:**

2007 Work RVU: 2.57 **2018 Work RVU:**
2007 NF PE RVU: 13.55 **2018 NF PE RVU:** 13.55
2007 Fac PE RVU 1.2 **2018 Fac PE RVU:**1.2

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

43458 **Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 3.06 **2018 Work RVU:**
2007 NF PE RVU: 6.72 **2018 NF PE RVU:** 6.72
2007 Fac PE RVU 1.37 **2018 Fac PE RVU:**1.37

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

43760 **Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance** **Global:** 000 **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 11 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** July 2016 **2016 Medicare Utilization:** 56,532

2007 Work RVU: 1.10 **2018 Work RVU:** 0.90
2007 NF PE RVU: 4.77 **2018 NF PE RVU:** 4.77
2007 Fac PE RVU 0.44 **2018 Fac PE RVU:**0.44

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

43X63 **Global:** **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 11 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** September 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.75. Flag for Re-review. **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

43X64

Global: **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 11 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** September 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.41. Flag for Re-review.

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

Result: Decrease

44143 **Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)**

Global: 090 **Issue:** RAW **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2016 Medicare Utilization:** 10,707

2007 Work RVU: 27.63 **2018 Work RVU:** 27.79
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 10.6 **2018 Fac PE RVU:**10.6

RUC Recommendation: 99214 visit appropriate. Remove from screen.

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

Result: Remove from screen

44205 **Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** October 2008 **2016 Medicare Utilization:** 11,516

2007 Work RVU: 22.86 **2018 Work RVU:** 22.95
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 8.6 **2018 Fac PE RVU:**8.6

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 8,786

2007 Work RVU: 31.79 **2018 Work RVU:** 31.92
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 11.17 **2018 Fac PE RVU:**11.17

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

44380 **Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

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

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2016 Medicare Utilization:** 2,322

2007 Work RVU: 1.05 **2018 Work RVU:** 0.87
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0.6 **2018 Fac PE RVU:**0.6

RUC Recommendation: 0.97 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44381 **Ileoscopy, through stoma; with transendoscopic balloon dilation**

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

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2016 Medicare Utilization:** 156

2007 Work RVU: **2018 Work RVU:** 1.38
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.48 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44382 **Ileoscopy, through stoma; with biopsy, single or multiple**

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

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2016 Medicare Utilization:** 1,568

2007 Work RVU: 1.27 **2018 Work RVU:** 1.17
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0.67 **2018 Fac PE RVU:**0.67

RUC Recommendation: 1.27 **Referred to CPT** May 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 2.94 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.36 **2018 Fac PE RVU:**1.36

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

44384 **Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

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

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2016 Medicare Utilization:** 194

2007 Work RVU: **2018 Work RVU:** 2.85
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.11 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44385 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

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

Most Recent RUC Meeting: October 2013 **Tab** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 1,478

2007 Work RVU: 1.82 **2018 Work RVU:** 1.20
2007 NF PE RVU: 3.73 **2018 NF PE RVU:** 3.73
2007 Fac PE RVU 0.79 **2018 Fac PE RVU:**0.79

RUC Recommendation: 1.30 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44386 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple**

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

Most Recent RUC Meeting: October 2013 **Tab** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 1,449

2007 Work RVU: 2.12 **2018 Work RVU:** 1.50
2007 NF PE RVU: 6.66 **2018 NF PE RVU:** 6.66
2007 Fac PE RVU 0.93 **2018 Fac PE RVU:**0.93

RUC Recommendation: 1.60 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44388 **Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2016 Medicare Utilization:** 4,714

2007 Work RVU: 2.82 **2018 Work RVU:** 2.72
2007 NF PE RVU: 5.34 **2018 NF PE RVU:** 5.34
2007 Fac PE RVU 1.21 **2018 Fac PE RVU:**1.21

RUC Recommendation: 2.82 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

44389 **Colonoscopy through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2016 Medicare Utilization:** 2,442

2007 Work RVU: 3.13 **2018 Work RVU:** 3.02
2007 NF PE RVU: 6.73 **2018 NF PE RVU:** 6.73
2007 Fac PE RVU 1.35 **2018 Fac PE RVU:**1.35

RUC Recommendation: 3.12 **Referred to CPT** October 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(s)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2016 Medicare Utilization:** 35

2007 Work RVU: 3.82 **2018 Work RVU:** 3.74
2007 NF PE RVU: 7.32 **2018 NF PE RVU:** 7.32
2007 Fac PE RVU 1.57 **2018 Fac PE RVU:**1.57

RUC Recommendation: 3.82

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

44391 **Colonoscopy through stoma; with control of bleeding, any method**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2016 Medicare Utilization:** 200

2007 Work RVU: 4.31 **2018 Work RVU:** 4.12
2007 NF PE RVU: 8.78 **2018 NF PE RVU:** 8.78
2007 Fac PE RVU 1.83 **2018 Fac PE RVU:**1.83

RUC Recommendation: 4.22

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

44392 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2016 Medicare Utilization:** 419

2007 Work RVU: 3.81 **2018 Work RVU:** 3.53
2007 NF PE RVU: 6.78 **2018 NF PE RVU:** 6.78
2007 Fac PE RVU 1.55 **2018 Fac PE RVU:**1.55

RUC Recommendation: 3.63

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2016 Medicare Utilization:**

2007 Work RVU: 4.83 **2018 Work RVU:**
2007 NF PE RVU: 7.14 **2018 NF PE RVU:** 7.14
2007 Fac PE RVU 1.91 **2018 Fac PE RVU:**1.91

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

44394 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2016 Medicare Utilization:** 1,629

2007 Work RVU: 4.42 **2018 Work RVU:** 4.03
2007 NF PE RVU: 7.97 **2018 NF PE RVU:** 7.97
2007 Fac PE RVU 1.81 **2018 Fac PE RVU:**1.81

RUC Recommendation: 4.13 **Referred to CPT** 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 **2016 Medicare Utilization:**

2007 Work RVU: 4.70 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.93 **2018 Fac PE RVU:**1.93

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44401 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2016 Medicare Utilization:** 122

2007 Work RVU: **2018 Work RVU:** 4.34
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.44 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44402 **Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2016 Medicare Utilization:** 13

2007 Work RVU: **2018 Work RVU:** 4.70
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.96 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44403 **Colonoscopy through stoma; with endoscopic mucosal resection**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2016 Medicare Utilization:** 39

2007 Work RVU: **2018 Work RVU:** 5.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5.81 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44404 **Colonoscopy through stoma; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2016 Medicare Utilization:** 162

2007 Work RVU: **2018 Work RVU:** 3.02
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.13 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44405 **Colonoscopy through stoma; with transendoscopic balloon dilation**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2016 Medicare Utilization:** 47

2007 Work RVU: **2018 Work RVU:** 3.23
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.33 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44406 **Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2016 Medicare Utilization:** 4

2007 Work RVU: **2018 Work RVU:** 4.10
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.41 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44407 **Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2016 Medicare Utilization:** 2

2007 Work RVU: **2018 Work RVU:** 4.96
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5.06 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44408 **Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2016 Medicare Utilization:** 30

2007 Work RVU: **2018 Work RVU:** 4.14
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.24 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44901 **Incision and drainage of appendiceal abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2016 Medicare Utilization:**

2007 Work RVU: 3.37 **2018 Work RVU:**
2007 NF PE RVU: 25.61 **2018 NF PE RVU:** 25.61
2007 Fac PE RVU 1.07 **2018 Fac PE RVU:** 1.07

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 21,104

2007 Work RVU: 9.35 **2018 Work RVU:** 9.45
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.11 **2018 Fac PE RVU:**4.11

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

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 **2016 Medicare Utilization:**

2007 Work RVU: 12.48 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.28 **2018 Fac PE RVU:**5.28

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45171 **Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)** **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2016 Medicare Utilization:** 2,680

2007 Work RVU: **2018 Work RVU:** 8.13
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45172 **Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)** **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,977

2007 Work RVU: **2018 Work RVU:** 12.13
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 12.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45300 **Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** Diagnostic Proctosigmoidoscopy - Rigid **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 13 **Specialty Developing Recommendation:** ACS, ASCRS, SAGES **First Identified:** July 2016 **2016 Medicare Utilization:** 29,359

2007 Work RVU: 0.38 **2018 Work RVU:** 0.80
2007 NF PE RVU: 1.63 **2018 NF PE RVU:** 1.63
2007 Fac PE RVU 0.3 **2018 Fac PE RVU:**0.3

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

45330 **Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** April 2011 **2016 Medicare Utilization:** 56,930

2007 Work RVU: 0.96 **2018 Work RVU:** 0.84
2007 NF PE RVU: 2.33 **2018 NF PE RVU:** 2.33
2007 Fac PE RVU 0.53 **2018 Fac PE RVU:**0.53

RUC Recommendation: 0.84 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45331 **Sigmoidoscopy, flexible; with biopsy, single or multiple**

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

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 37,415

2007 Work RVU: 1.15 **2018 Work RVU:** 1.14
2007 NF PE RVU: 3.11 **2018 NF PE RVU:** 3.11
2007 Fac PE RVU 0.64 **2018 Fac PE RVU:**0.64

RUC Recommendation: 1.14 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45332 **Sigmoidoscopy, flexible; with removal of foreign body(s)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 306

2007 Work RVU: 1.79 **2018 Work RVU:** 1.76
2007 NF PE RVU: 5.15 **2018 NF PE RVU:** 5.15
2007 Fac PE RVU 0.86 **2018 Fac PE RVU:**0.86

RUC Recommendation: 1.85 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45333 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 1,095

2007 Work RVU: 1.79 **2018 Work RVU:** 1.55
2007 NF PE RVU: 5.06 **2018 NF PE RVU:** 5.06
2007 Fac PE RVU 0.85 **2018 Fac PE RVU:**0.85

RUC Recommendation: 1.65 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45334 **Sigmoidoscopy, flexible; with control of bleeding, any method** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 3,246

2007 Work RVU: 2.73 **2018 Work RVU:** 2.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.24 **2018 Fac PE RVU:**1.24

RUC Recommendation: 2.10 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45335 **Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 3,276

2007 Work RVU: 1.46 **2018 Work RVU:** 1.04
2007 NF PE RVU: 3.74 **2018 NF PE RVU:** 3.74
2007 Fac PE RVU 0.75 **2018 Fac PE RVU:**0.75

RUC Recommendation: 1.15 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45337 **Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 1,425

2007 Work RVU: 2.36 **2018 Work RVU:** 2.10
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.06 **2018 Fac PE RVU:**1.06

RUC Recommendation: 2.20 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45338 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 4,950

2007 Work RVU: 2.34 **2018 Work RVU:** 2.05
2007 NF PE RVU: 5.37 **2018 NF PE RVU:** 5.37
2007 Fac PE RVU 1.07 **2018 Fac PE RVU:**1.07

RUC Recommendation: 2.15 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45339 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

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

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 3.14 **2018 Work RVU:**
2007 NF PE RVU: 4.03 **2018 NF PE RVU:** 4.03
2007 Fac PE RVU 1.38 **2018 Fac PE RVU:**1.38

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45340 **Sigmoidoscopy, flexible; with transendoscopic balloon dilation**

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

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 1,289

2007 Work RVU: 1.89 **2018 Work RVU:** 1.25
2007 NF PE RVU: 7.18 **2018 NF PE RVU:** 7.18
2007 Fac PE RVU 0.89 **2018 Fac PE RVU:**0.89

RUC Recommendation: 1.35 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45341 **Sigmoidoscopy, flexible; with endoscopic ultrasound examination**

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

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2016 Medicare Utilization:** 3,438

2007 Work RVU: 2.60 **2018 Work RVU:** 2.12
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.17 **2018 Fac PE RVU:**1.17

RUC Recommendation: 2.43 **Referred to CPT** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45342 **Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)**

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

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2016 Medicare Utilization:** 372

2007 Work RVU: 4.05 **2018 Work RVU:** 2.98
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.71 **2018 Fac PE RVU:**1.71

RUC Recommendation: 3.08 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45345 **Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)**

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

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 2.92 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.26 **2018 Fac PE RVU:**1.26

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45346 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

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

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** **2016 Medicare Utilization:** 1,099

2007 Work RVU: **2018 Work RVU:** 2.81
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.97 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45347 **Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

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

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** **2016 Medicare Utilization:** 583

2007 Work RVU: **2018 Work RVU:** 2.72
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.98 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45349 **Sigmoidoscopy, flexible; with endoscopic mucosal resection**

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

Most Recent RUC Meeting: April 2014 **Tab** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2016 Medicare Utilization:** 403

2007 Work RVU: **2018 Work RVU:** 3.52
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.83 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45350 **Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)**

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

Most Recent RUC Meeting: April 2014 **Tab** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2016 Medicare Utilization:** 808

2007 Work RVU: **2018 Work RVU:** 1.68
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.78 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45355 **Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple** **Global:** 000 **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 3.51 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.43 **2018 Fac PE RVU:**1.43

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45378 **Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)** **Global:** 000 **Issue:** Colonoscopy **Screen:** CMS High Expenditure Procedural Codes1 / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 433,008

2007 Work RVU: 3.69 **2018 Work RVU:** 3.26
2007 NF PE RVU: 6.2 **2018 NF PE RVU:** 6.2
2007 Fac PE RVU 1.57 **2018 Fac PE RVU:**1.57

RUC Recommendation: 3.36 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45379 **Colonoscopy, flexible; with removal of foreign body(s)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 884

2007 Work RVU: 4.68 **2018 Work RVU:** 4.28
2007 NF PE RVU: 7.78 **2018 NF PE RVU:** 7.78
2007 Fac PE RVU 1.92 **2018 Fac PE RVU:**1.92

RUC Recommendation: 4.37 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45380 **Colonoscopy, flexible; with biopsy, single or multiple** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2010 **2016 Medicare Utilization:** 1,012,974

2007 Work RVU: 4.43 **2018 Work RVU:** 3.56
2007 NF PE RVU: 7.33 **2018 NF PE RVU:** 7.33
2007 Fac PE RVU 1.87 **2018 Fac PE RVU:** 1.87

RUC Recommendation: 3.66 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45381 **Colonoscopy, flexible; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Colonoscopy **Screen:** CMS Fastest Growing / MPC List / Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2008 **2016 Medicare Utilization:** 76,048

2007 Work RVU: 4.19 **2018 Work RVU:** 3.56
2007 NF PE RVU: 7.26 **2018 NF PE RVU:** 7.26
2007 Fac PE RVU 1.79 **2018 Fac PE RVU:** 1.79

RUC Recommendation: 3.67 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2010

45382 **Colonoscopy, flexible; with control of bleeding, any method** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 24,634

2007 Work RVU: 5.68 **2018 Work RVU:** 4.66
2007 NF PE RVU: 10.04 **2018 NF PE RVU:** 10.04
2007 Fac PE RVU 2.37 **2018 Fac PE RVU:** 2.37

RUC Recommendation: 4.76 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45383 **Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

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

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 5.86 **2018 Work RVU:**
2007 NF PE RVU: 8.08 **2018 NF PE RVU:** 8.08
2007 Fac PE RVU 2.34 **2018 Fac PE RVU:**2.34

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45384 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

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

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 114,671

2007 Work RVU: 4.69 **2018 Work RVU:** 4.07
2007 NF PE RVU: 6.9 **2018 NF PE RVU:** 6.9
2007 Fac PE RVU 1.93 **2018 Fac PE RVU:**1.93

RUC Recommendation: 4.17 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45385 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List / Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2010 **2016 Medicare Utilization:** 840,665

2007 Work RVU: 5.30 **2018 Work RVU:** 4.57
2007 NF PE RVU: 7.94 **2018 NF PE RVU:** 7.94
2007 Fac PE RVU 2.18 **2018 Fac PE RVU:**2.18

RUC Recommendation: 4.67 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45386 **Colonoscopy, flexible; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 2,292

2007 Work RVU: 4.57 **2018 Work RVU:** 3.77
2007 NF PE RVU: 12.37 **2018 NF PE RVU:** 12.37
2007 Fac PE RVU 1.89 **2018 Fac PE RVU:** 1.89

RUC Recommendation: 3.87 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45387 **Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 5.90 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.49 **2018 Fac PE RVU:** 2.49

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45388 **Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2016 Medicare Utilization:** 30,740

2007 Work RVU: **2018 Work RVU:** 4.88
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.98 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45389 **Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)**

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

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2016 Medicare Utilization:** 487

2007 Work RVU: **2018 Work RVU:** 5.24
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5.50 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45390 **Colonoscopy, flexible; with endoscopic mucosal resection**

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

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2016 Medicare Utilization:** 14,010

2007 Work RVU: **2018 Work RVU:** 6.04
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.35 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45391 **Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures**

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

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 983

2007 Work RVU: 5.09 **2018 Work RVU:** 4.64
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.13 **2018 Fac PE RVU:** 2.13

RUC Recommendation: 4.95 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45392 **Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures**

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

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 157

2007 Work RVU: 6.54 **2018 Work RVU:** 5.50
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.65 **2018 Fac PE RVU:** 2.65

RUC Recommendation: 5.60 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45393 **Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

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

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2016 Medicare Utilization:** 2,031

2007 Work RVU: **2018 Work RVU:** 4.68
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.78 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45398 **Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)**

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

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2016 Medicare Utilization:** 2,110

2007 Work RVU: **2018 Work RVU:** 4.20
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.30 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

46200 **Fissurectomy, including sphincterotomy, when performed**

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

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

First Identified: September 2007

2016 Medicare Utilization: 1,109

2007 Work RVU: 3.48 **2018 Work RVU:** 3.59

2007 NF PE RVU: 4.46 **2018 NF PE RVU:** 4.46

2007 Fac PE RVU 3.08 **2018 Fac PE RVU:**3.08

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

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

Result: PE Only

46500 **Injection of sclerosing solution, hemorrhoids**

Global: 010 **Issue:** Hemorrhoid Injection **Screen:** 010-Day Global Post-Operative Visits / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 24 **Specialty Developing Recommendation:** ACS, ASCRS (colon)

First Identified: January 2014

2016 Medicare Utilization: 12,787

2007 Work RVU: 1.64 **2018 Work RVU:** 1.42

2007 NF PE RVU: 2.48 **2018 NF PE RVU:** 2.48

2007 Fac PE RVU 1.18 **2018 Fac PE RVU:**1.18

RUC Recommendation: 2.00

Referred to CPT

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

Result: Increase

47011 **Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012

2016 Medicare Utilization:

2007 Work RVU: 3.69 **2018 Work RVU:**

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 1.17 **2018 Fac PE RVU:**1.17

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

47135 **Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age**

Global: 090 **Issue:** Liver Allotransplantation **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 14 **Specialty Developing Recommendation:** ACS, ASTS **First Identified:** January 2014 **2016 Medicare Utilization:** 1,636

2007 Work RVU: 83.29 **2018 Work RVU:** 90.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 30.59 **2018 Fac PE RVU:**30.59

RUC Recommendation: 91.78 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

47136 **Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ACS, ASTS **First Identified:** April 2014 **2016 Medicare Utilization:**

2007 Work RVU: 70.39 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 26.2 **2018 Fac PE RVU:**26.2

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

47382 **Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency**

Global: 010 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2016 Medicare Utilization:** 2,599

2007 Work RVU: 15.19 **2018 Work RVU:** 14.97
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.83 **2018 Fac PE RVU:**5.83

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47490 **Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation**

Global: 010 **Issue:** Cholecystostomy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 04 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2016 Medicare Utilization:** 11,528

RUC Recommendation: 4.76

Referred to CPT June 2009

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

2007 Work RVU: 8.05 **2018 Work RVU:** 4.76

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 5.32 **2018 Fac PE RVU:** 5.32

Result: Decrease

47500 **Injection procedure for percutaneous transhepatic cholangiography**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2016 Medicare Utilization:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

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

2007 Work RVU: 1.96 **2018 Work RVU:**

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 0.62 **2018 Fac PE RVU:** 0.62

Result: Deleted from CPT

47505 **Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2016 Medicare Utilization:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

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

2007 Work RVU: 0.76 **2018 Work RVU:**

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 0.24 **2018 Fac PE RVU:** 0.24

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

47510 **Introduction of percutaneous transhepatic catheter for biliary drainage** **Global:** 090 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 7.94 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.76 **2018 Fac PE RVU:**4.76

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

47511 **Introduction of percutaneous transhepatic stent for internal and external biliary drainage** **Global:** 090 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 10.74 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.87 **2018 Fac PE RVU:**4.87

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

47525 **Change of percutaneous biliary drainage catheter** **Global:** 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 5.55 **2018 Work RVU:**
2007 NF PE RVU: 14.8 **2018 NF PE RVU:** 14.8
2007 Fac PE RVU 2.67 **2018 Fac PE RVU:**2.67

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

Status Report: CMS Requests and Relativity Assessment Issues

47530 **Revision and/or reinsertion of transhepatic tube**

Global: 090 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: 5.96 **2018 Work RVU:**
2007 NF PE RVU: 32.56 **2018 NF PE RVU:** 32.56
2007 Fac PE RVU 3.53 **2018 Fac PE RVU:**3.53

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

47531 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2016 Medicare Utilization:** 9,595

2007 Work RVU: **2018 Work RVU:** 1.30
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.30 **Referred to CPT** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

47532 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2016 Medicare Utilization:** 757

2007 Work RVU: **2018 Work RVU:** 4.25
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.50 **Referred to CPT** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47533 **Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2016 Medicare Utilization:** 1,627

RUC Recommendation: 5.63

Referred to CPT February 2015

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

2007 Work RVU: **2018 Work RVU:** 5.38

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Increase

47534 **Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2016 Medicare Utilization:** 4,645

RUC Recommendation: 7.85

Referred to CPT February 2015

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

2007 Work RVU: **2018 Work RVU:** 7.60

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Increase

47535 **Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2016 Medicare Utilization:** 505

RUC Recommendation: 4.20

Referred to CPT February 2015

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

2007 Work RVU: **2018 Work RVU:** 3.95

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

47536 **Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2016 Medicare Utilization:** 12,615

RUC Recommendation: 2.86

Referred to CPT February 2015

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

2007 Work RVU: **2018 Work RVU:** 2.61

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Increase

47537 **Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2016 Medicare Utilization:** 1,322

RUC Recommendation: 1.85

Referred to CPT February 2015

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

2007 Work RVU: **2018 Work RVU:** 1.84

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Increase

47538 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2016 Medicare Utilization:** 1,192

RUC Recommendation: 5.00

Referred to CPT February 2015

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

2007 Work RVU: **2018 Work RVU:** 4.75

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

47539 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2016 Medicare Utilization:** 164

RUC Recommendation: 9.00

Referred to CPT February 2015

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

2007 Work RVU: **2018 Work RVU:** 8.75

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Increase

47540 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2016 Medicare Utilization:** 325

RUC Recommendation: 9.28

Referred to CPT February 2015

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

2007 Work RVU: **2018 Work RVU:** 9.03

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Increase

47541 **Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2016 Medicare Utilization:** 157

RUC Recommendation: 7.00

Referred to CPT February 2015

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

2007 Work RVU: **2018 Work RVU:** 6.75

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

47542 **Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2016 Medicare Utilization:** 1,277

RUC Recommendation: 2.85

Referred to CPT February 2015

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

2007 Work RVU: **2018 Work RVU:** 2.85

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Increase

47543 **Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2016 Medicare Utilization:** 839

RUC Recommendation: 3.00

Referred to CPT February 2015

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

2007 Work RVU: **2018 Work RVU:** 3.00

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Increase

47544 **Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2016 Medicare Utilization:** 359

RUC Recommendation: 3.28

Referred to CPT February 2015

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

2007 Work RVU: **2018 Work RVU:** 3.28

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

47560 **Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy**

Global: 000 **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

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

First Identified: July 2013 **2016 Medicare Utilization:**

2007 Work RVU: 4.88 **2018 Work RVU:**

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 1.57 **2018 Fac PE RVU:**1.57

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Result: Maintain

47562 **Laparoscopy, surgical; cholecystectomy**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACS

First Identified: September 2011 **2016 Medicare Utilization:** 109,265

2007 Work RVU: 11.63 **2018 Work RVU:** 10.47

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 5.06 **2018 Fac PE RVU:**5.06

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

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

Result: Maintain

47563 **Laparoscopy, surgical; cholecystectomy with cholangiography**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

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

First Identified: September 2011 **2016 Medicare Utilization:** 44,813

2007 Work RVU: 12.03 **2018 Work RVU:** 11.47

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 5.24 **2018 Fac PE RVU:**5.24

RUC Recommendation: No further action. 12.11

Referred to CPT

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

47600 **Cholecystectomy;**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 10,695

2007 Work RVU: 17.35 **2018 Work RVU:** 17.48
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.4 **2018 Fac PE RVU:**6.4

RUC Recommendation: 20.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Increase

47605 **Cholecystectomy; with cholangiography**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 2,089

2007 Work RVU: 15.90 **2018 Work RVU:** 18.48
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.47 **2018 Fac PE RVU:**6.47

RUC Recommendation: 21.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Increase

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 **2016 Medicare Utilization:** 1,369

2007 Work RVU: 4.68 **2018 Work RVU:** 4.70
2007 NF PE RVU: 8.21 **2018 NF PE RVU:** 8.21
2007 Fac PE RVU 1.85 **2018 Fac PE RVU:**1.85

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

Status Report: CMS Requests and Relativity Assessment Issues

48511 **External drainage, pseudocyst of pancreas; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2016 Medicare Utilization:**

2007 Work RVU: 3.99 **2018 Work RVU:**

2007 NF PE RVU: 20.43 **2018 NF PE RVU:** 20.43

2007 Fac PE RVU 1.27 **2018 Fac PE RVU:**1.27

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

Result: Deleted from CPT

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

49021 **Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2016 Medicare Utilization:**

2007 Work RVU: 3.37 **2018 Work RVU:**

2007 NF PE RVU: 20.43 **2018 NF PE RVU:** 20.43

2007 Fac PE RVU 1.07 **2018 Fac PE RVU:**1.07

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

Result: Deleted from CPT

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

49041 **Drainage of subdiaphragmatic or subphrenic abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2016 Medicare Utilization:**

2007 Work RVU: 3.99 **2018 Work RVU:**

2007 NF PE RVU: 19.33 **2018 NF PE RVU:** 19.33

2007 Fac PE RVU 1.27 **2018 Fac PE RVU:**1.27

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

Result: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

49061 **Drainage of retroperitoneal abscess; percutaneous** **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2016 Medicare Utilization:**

2007 Work RVU: 3.69 **2018 Work RVU:**
2007 NF PE RVU: 19.38 **2018 NF PE RVU:** 19.38
2007 Fac PE RVU 1.17 **2018 Fac PE RVU:**1.17

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49080 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial** **Global:** 000 **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 1.35 **2018 Work RVU:**
2007 NF PE RVU: 3.63 **2018 NF PE RVU:** 3.63
2007 Fac PE RVU 0.45 **2018 Fac PE RVU:**0.45

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

49081 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent** **Global:** 000 **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.26 **2018 Work RVU:**
2007 NF PE RVU: 2.65 **2018 NF PE RVU:** 2.65
2007 Fac PE RVU 0.43 **2018 Fac PE RVU:**0.43

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

Status Report: CMS Requests and Relativity Assessment Issues

49082 **Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2016 Medicare Utilization:** 11,900

2007 Work RVU: **2018 Work RVU:** 1.24
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.35 **Referred to CPT** June 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49083 **Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2016 Medicare Utilization:** 230,535

2007 Work RVU: **2018 Work RVU:** 2.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.00 **Referred to CPT** June 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49084 **Peritoneal lavage, including imaging guidance, when performed** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2016 Medicare Utilization:** 2,354

2007 Work RVU: **2018 Work RVU:** 2.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.50 **Referred to CPT** June 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49405 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2016 Medicare Utilization:** 6,182

RUC Recommendation: 4.25

Referred to CPT October 2012

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

2007 Work RVU: **2018 Work RVU:** 4.00

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

49406 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2016 Medicare Utilization:** 31,391

RUC Recommendation: 4.25

Referred to CPT October 2012

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

2007 Work RVU: **2018 Work RVU:** 4.00

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

49407 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2016 Medicare Utilization:** 281

RUC Recommendation: 4.50

Referred to CPT October 2012

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

2007 Work RVU: **2018 Work RVU:** 4.25

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

49418 **Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR

First Identified: **2016 Medicare Utilization:** 5,514

2007 Work RVU: **2018 Work RVU:** 3.96

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.21

Referred to CPT 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 **2016 Medicare Utilization:**

2007 Work RVU: 2.22 **2018 Work RVU:**

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 1.11 **2018 Fac PE RVU:**1.11

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Result: Deleted from CPT

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

49421 **Insertion of tunneled intraperitoneal catheter for dialysis, open**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR

First Identified: September 2007 **2016 Medicare Utilization:** 2,554

2007 Work RVU: 5.87 **2018 Work RVU:** 4.21

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 3.15 **2018 Fac PE RVU:**3.15

RUC Recommendation: 4.21

Referred to CPT February 2010

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

49422 **Removal of tunneled intraperitoneal catheter** **Global:** 010 **Issue:** Removal of Intraperitoneal Catheter **Screen:** Site of Service Anomaly - 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 14 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** October 2016 **2016 Medicare Utilization:** 11,558

2007 Work RVU: 6.26 **2018 Work RVU:** 6.29
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.82 **2018 Fac PE RVU:**2.82

RUC Recommendation: 4.00 **Referred to CPT** **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 Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** September 2011 **2016 Medicare Utilization:** 65,387

2007 Work RVU: 7.88 **2018 Work RVU:** 7.96
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.78 **2018 Fac PE RVU:**3.78

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

49507 **Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2016 Medicare Utilization:** 11,725

2007 Work RVU: 9.97 **2018 Work RVU:** 9.09
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.46 **2018 Fac PE RVU:**4.46

RUC Recommendation: 10.05 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49521 **Repair recurrent inguinal hernia, any age; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2016 Medicare Utilization:** 2,257

2007 Work RVU: 12.36 **2018 Work RVU:** 11.48
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.18 **2018 Fac PE RVU:**5.18

RUC Recommendation: 12.44 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49587 **Repair umbilical hernia, age 5 years or older; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2016 Medicare Utilization:** 9,026

2007 Work RVU: 7.96 **2018 Work RVU:** 7.08
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.77 **2018 Fac PE RVU:** 3.77

RUC Recommendation: 8.04 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49652 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2016 Medicare Utilization:** 8,414

2007 Work RVU: **2018 Work RVU:** 11.92
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 12.88 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49653 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2016 Medicare Utilization:** 4,785

2007 Work RVU: **2018 Work RVU:** 14.94
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 16.21 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49654 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2016 Medicare Utilization:** 6,865

2007 Work RVU: **2018 Work RVU:** 13.76
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 15.03 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49655 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated**

Global: 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS

First Identified: June 2010 **2016 Medicare Utilization:** 4,183

2007 Work RVU: **2018 Work RVU:** 16.84

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 18.11

Referred to CPT

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

Result: Maintain

50021 **Drainage of perirenal or renal abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2016 Medicare Utilization:**

2007 Work RVU: 3.37 **2018 Work RVU:**

2007 NF PE RVU: 21.23 **2018 NF PE RVU:** 21.23

2007 Fac PE RVU 1.07 **2018 Fac PE RVU:**1.07

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

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

Result: Deleted from CPT

50200 **Renal biopsy; percutaneous, by trocar or needle**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 13 **Specialty Developing Recommendation:** ACR, SIR

First Identified: NA **2016 Medicare Utilization:** 35,514

2007 Work RVU: 2.63 **2018 Work RVU:** 2.38

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 1.24 **2018 Fac PE RVU:**1.24

RUC Recommendation: New PE Inputs

Referred to CPT

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

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

50360 **Renal allotransplantation, implantation of graft; without recipient nephrectomy** **Global:** 090 **Issue:** Renal Allotransplantation **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2016 Medicare Utilization:** 10,915

RUC Recommendation: 40.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 40.45 **2018 Work RVU:** 39.88
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 16.32 **2018 Fac PE RVU:**16.32
Result: Maintain

50387 **Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation** **Global:** 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:** 6,372

RUC Recommendation: 2.00 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.00 **2018 Work RVU:** 1.75
2007 NF PE RVU: 16.66 **2018 NF PE RVU:** 16.66
2007 Fac PE RVU 0.65 **2018 Fac PE RVU:**0.65
Result: Maintain

50392 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous** **Global:** 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.37 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.46 **2018 Fac PE RVU:**1.46
Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

50393 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 4.15 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.71 **2018 Fac PE RVU:**1.71

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

50394 **Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.76 **2018 Work RVU:**
2007 NF PE RVU: 2.45 **2018 NF PE RVU:** 2.45
2007 Fac PE RVU 0.63 **2018 Fac PE RVU:**0.63

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

50395 **Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Medicare Utilization:** 3,022

2007 Work RVU: 3.37 **2018 Work RVU:** 3.37
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.47 **2018 Fac PE RVU:**1.47

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50398 **Change of nephrostomy or pyelostomy tube**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 1.46 **2018 Work RVU:**
2007 NF PE RVU: 15.06 **2018 NF PE RVU:** 15.06
2007 Fac PE RVU 0.51 **2018 Fac PE RVU:** 0.51

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

50430 **Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Medicare Utilization:** 1,510

2007 Work RVU: **2018 Work RVU:** 2.90
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.15 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

50431 **Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Medicare Utilization:** 9,529

2007 Work RVU: **2018 Work RVU:** 1.10
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.42 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50432 **Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2016 Medicare Utilization:** 25,201

RUC Recommendation: 4.00

Referred to CPT October 2014

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

2007 Work RVU: **2018 Work RVU:** 4.00

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Maintain

50433 **Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: September 2017 **2016 Medicare Utilization:** 4,660

RUC Recommendation: 5.05

Referred to CPT

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

2007 Work RVU: **2018 Work RVU:** 5.05

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Maintain

50434 **Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2016 Medicare Utilization:** 2,075

RUC Recommendation: 4.20

Referred to CPT October 2014

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

2007 Work RVU: **2018 Work RVU:** 3.75

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

50435 **Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2016 Medicare Utilization:** 39,380

RUC Recommendation: 2.00

Referred to CPT October 2014

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

2007 Work RVU: **2018 Work RVU:** 1.82

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Increase

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 **2016 Medicare Utilization:** 313

RUC Recommendation: Remove from screen

Referred to CPT

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

2007 Work RVU: 21.18 **2018 Work RVU:** 21.36

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 8.93 **2018 Fac PE RVU:** 8.93

Result: Remove from Screen

50548 **Laparoscopy, surgical; nephrectomy with total ureterectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2008 **2016 Medicare Utilization:** 2,159

RUC Recommendation: Remove from screen

Referred to CPT

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

2007 Work RVU: 25.26 **2018 Work RVU:** 25.36

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 9.99 **2018 Fac PE RVU:** 9.99

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

50590 **Lithotripsy, extracorporeal shock wave**

Global: 090 **Issue:** Lithotripsy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 42 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2016 Medicare Utilization:** 59,042

2007 Work RVU: 9.64 **2018 Work RVU:** 9.77
2007 NF PE RVU: 13.6 **2018 NF PE RVU:** 13.6
2007 Fac PE RVU 4.65 **2018 Fac PE RVU:**4.65

RUC Recommendation: 9.77

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

Result: Maintain

50605 **Ureterotomy for insertion of indwelling stent, all types**

Global: 090 **Issue:** Ureterotomy **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA, SIR

First Identified: October 2008 **2016 Medicare Utilization:** 3,061

2007 Work RVU: 16.66 **2018 Work RVU:** 16.79
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.06 **2018 Fac PE RVU:**7.06

RUC Recommendation: Review action plan at the RAW Oct 2015. CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

Result: Maintain

50606 **Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2016 Medicare Utilization:** 132

2007 Work RVU: **2018 Work RVU:** 3.16
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.16

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

50693 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2016 Medicare Utilization:** 4,487

RUC Recommendation: 4.60

Referred to CPT October 2014

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

2007 Work RVU: **2018 Work RVU:** 3.96

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Increase

50694 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2016 Medicare Utilization:** 1,181

RUC Recommendation: 6.00

Referred to CPT October 2014

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

2007 Work RVU: **2018 Work RVU:** 5.25

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Increase

50695 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2016 Medicare Utilization:** 1,592

RUC Recommendation: 7.55

Referred to CPT October 2014

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

2007 Work RVU: **2018 Work RVU:** 6.80

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

50705 **Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2016 Medicare Utilization:** 121

RUC Recommendation: 4.03

Referred to CPT October 2014

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

2007 Work RVU: **2018 Work RVU:** 4.03

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Increase

50706 **Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2016 Medicare Utilization:** 1,470

RUC Recommendation: 3.80

Referred to CPT October 2014

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

2007 Work RVU: **2018 Work RVU:** 3.80

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Increase

50X39

Global: **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: September 2017 **2016 Medicare Utilization:**

RUC Recommendation: 3.37

Referred to CPT

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

2007 Work RVU: **2018 Work RVU:**

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

50X40

Global: **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: September 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5.44

Referred to CPT

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

Result: Decrease

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 **2016 Medicare Utilization:** 5,665

2007 Work RVU: 4.43 **2018 Work RVU:** 4.49

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 3.01 **2018 Fac PE RVU:**3.01

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

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

Result: PE Only

51102 **Aspiration of bladder; with insertion of suprapubic catheter**

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

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2016 Medicare Utilization:** 14,404

2007 Work RVU: **2018 Work RVU:** 2.70

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.70

Referred to CPT

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

Result: Decrease

51700 **Bladder irrigation, simple, lavage and/or instillation**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2016 Medicare Utilization:** 185,695

2007 Work RVU: 0.88 **2018 Work RVU:** 0.60

2007 NF PE RVU: 1.58 **2018 NF PE RVU:** 1.58

2007 Fac PE RVU 0.3 **2018 Fac PE RVU:**0.3

RUC Recommendation: 0.60

Referred to CPT

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

51701 **Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2016 Medicare Utilization:** 174,737

2007 Work RVU: 0.50 **2018 Work RVU:** 0.50
2007 NF PE RVU: 1.45 **2018 NF PE RVU:** 1.45
2007 Fac PE RVU 0.21 **2018 Fac PE RVU:**0.21

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

51702 **Insertion of temporary indwelling bladder catheter; simple (eg, Foley)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2016 Medicare Utilization:** 230,111

2007 Work RVU: 0.50 **2018 Work RVU:** 0.50
2007 NF PE RVU: 1.94 **2018 NF PE RVU:** 1.94
2007 Fac PE RVU 0.27 **2018 Fac PE RVU:**0.27

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

51703 **Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2016 Medicare Utilization:** 57,708

2007 Work RVU: 1.47 **2018 Work RVU:** 1.47
2007 NF PE RVU: 2.62 **2018 NF PE RVU:** 2.62
2007 Fac PE RVU 0.63 **2018 Fac PE RVU:**0.63

RUC Recommendation: 1.47 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

51720 **Bladder instillation of anticarcinogenic agent (including retention time)**

Global: 000 **Issue:** Treatment of Bladder Lesion **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 33 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2016 Medicare Utilization:** 189,154

2007 Work RVU: 1.50 **2018 Work RVU:** 0.87
2007 NF PE RVU: 1.72 **2018 NF PE RVU:** 1.72
2007 Fac PE RVU 0.71 **2018 Fac PE RVU:**0.71

RUC Recommendation: 0.87 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 7,533

2007 Work RVU: 1.71 **2018 Work RVU:** 1.71
2007 NF PE RVU: 7.41 **2018 NF PE RVU:** 7.41
2007 Fac PE RVU 7.41 **2018 Fac PE RVU:**7.41

RUC Recommendation: 1.71 **Referred to CPT** 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:** **2016 Medicare Utilization:** 2,191

2007 Work RVU: **2018 Work RVU:** 2.11
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51728 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2016 Medicare Utilization:** 68,969

2007 Work RVU: **2018 Work RVU:** 2.11
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2016 Medicare Utilization:** 72,981

2007 Work RVU: **2018 Work RVU:** 2.51
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.51 **Referred to CPT** **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 **2016 Medicare Utilization:** 10,976

2007 Work RVU: 0.61 **2018 Work RVU:** 0.17
2007 NF PE RVU: 0.67 **2018 NF PE RVU:** 0.67
2007 Fac PE RVU 0.67 **2018 Fac PE RVU:**0.67

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51741 **Complex uroflowmetry (eg, calibrated electronic equipment)** **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2016 Medicare Utilization:** 488,804

2007 Work RVU: 1.14 **2018 Work RVU:** 0.17
2007 NF PE RVU: 0.91 **2018 NF PE RVU:** 0.91
2007 Fac PE RVU 0.91 **2018 Fac PE RVU:**0.91

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 1.61 **2018 Work RVU:**
2007 NF PE RVU: 5.44 **2018 NF PE RVU:** 5.44
2007 Fac PE RVU 5.44 **2018 Fac PE RVU:**5.44

RUC Recommendation: Deleted from CPT **Referred to CPT** 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: XXX **Issue:** Electromyography Studies (EMG) **Screen:** Codes Reported Together 75% or More-Part2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 34 **Specialty Developing Recommendation:** AUA **First Identified:** October 2012 **2016 Medicare Utilization:** 156,318

2007 Work RVU: 1.53 **2018 Work RVU:** 0.75
2007 NF PE RVU: 3.95 **2018 NF PE RVU:** 3.95
2007 Fac PE RVU 3.95 **2018 Fac PE RVU:**3.95

RUC Recommendation: 0.75 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

51792 **Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)**

Global: 000 **Issue:** Urinary Reflex Studies with EMG **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AUA **First Identified:** October 2012 **2016 Medicare Utilization:** 10,442

2007 Work RVU: 1.10 **2018 Work RVU:** 1.10
2007 NF PE RVU: 5.74 **2018 NF PE RVU:** 5.74
2007 Fac PE RVU 5.74 **2018 Fac PE RVU:**5.74

RUC Recommendation: CPT edits and CPT Assistant article complete. **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 1.53 **2018 Work RVU:**
2007 NF PE RVU: 7.15 **2018 NF PE RVU:** 7.15
2007 Fac PE RVU 7.15 **2018 Fac PE RVU:**7.15

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2016 Medicare Utilization:** 127,566

2007 Work RVU: 1.60 **2018 Work RVU:** 0.80
2007 NF PE RVU: 5.55 **2018 NF PE RVU:** 5.55
2007 Fac PE RVU 5.55 **2018 Fac PE RVU:**5.55

RUC Recommendation: 0.80

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

51798 **Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging**

Global: XXX **Issue:** Voiding Pressure Studies **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 25 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2016 Medicare Utilization:** 2,107,906

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0.4 **2018 NF PE RVU:** 0.4
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: PE Only

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

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

52000 **Cystourethroscopy (separate procedure)** **Global:** 000 **Issue:** Cystourethroscopy **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 35 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** October 2010 **2016 Medicare Utilization:** 912,981

2007 Work RVU: 2.23 **2018 Work RVU:** 1.53
2007 NF PE RVU: 3.4 **2018 NF PE RVU:** 3.4
2007 Fac PE RVU 0.91 **2018 Fac PE RVU:**0.91

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease
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 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AUA **First Identified:** June 2008 **2016 Medicare Utilization:** 20,110

2007 Work RVU: 3.70 **2018 Work RVU:** 3.50
2007 NF PE RVU: 33.55 **2018 NF PE RVU:** 33.55
2007 Fac PE RVU 1.47 **2018 Fac PE RVU:**1.47

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009 and May 2016

52224 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy** **Global:** 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2016 Medicare Utilization:** 43,722

2007 Work RVU: 3.14 **2018 Work RVU:** 4.05
2007 NF PE RVU: 32.11 **2018 NF PE RVU:** 32.11
2007 Fac PE RVU 1.28 **2018 Fac PE RVU:**1.28

RUC Recommendation: 4.05 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009 and May 2016

Status Report: CMS Requests and Relativity Assessment Issues

52234 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2016 Medicare Utilization:** 28,087

2007 Work RVU: 4.62 **2018 Work RVU:** 4.62
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.83 **2018 Fac PE RVU:**1.83

RUC Recommendation: 4.62 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

52235 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AUA **First Identified:** April 2011 **2016 Medicare Utilization:** 32,540

2007 Work RVU: 5.44 **2018 Work RVU:** 5.44
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.13 **2018 Fac PE RVU:**2.13

RUC Recommendation: 5.44 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

52240 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2016 Medicare Utilization:** 22,781

2007 Work RVU: 9.71 **2018 Work RVU:** 7.50
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.6 **2018 Fac PE RVU:**3.6

RUC Recommendation: 8.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

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 **2016 Medicare Utilization:** 78,924

RUC Recommendation: 2.80

Referred to CPT

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

2007 Work RVU: 2.80 **2018 Work RVU:** 2.75
2007 NF PE RVU: 6.65 **2018 NF PE RVU:** 6.65
2007 Fac PE RVU 1.21 **2018 Fac PE RVU:**1.21
Result: Maintain

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 **2016 Medicare Utilization:** 145,820

RUC Recommendation: 2.82

Referred to CPT February 2013

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

2007 Work RVU: 2.83 **2018 Work RVU:** 2.82
2007 NF PE RVU: 7.42 **2018 NF PE RVU:** 7.42
2007 Fac PE RVU 1.19 **2018 Fac PE RVU:**1.19
Result: Maintain

52334 **Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: September 2017 **2016 Medicare Utilization:** 417

RUC Recommendation: 3.37

Referred to CPT

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

2007 Work RVU: 4.82 **2018 Work RVU:** 4.82
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.89 **2018 Fac PE RVU:**1.89
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

52341 **Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)** **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2016 Medicare Utilization:** 2,546

2007 Work RVU: 6.11 **2018 Work RVU:** 5.35
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.44 **2018 Fac PE RVU:**2.44
Result: Decrease

RUC Recommendation: 5.35 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

52342 **Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)** **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2016 Medicare Utilization:** 247

2007 Work RVU: 6.61 **2018 Work RVU:** 5.85
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.59 **2018 Fac PE RVU:**2.59
Result: Decrease

RUC Recommendation: 5.85 **Referred to CPT** **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 **2016 Medicare Utilization:** 35

2007 Work RVU: 7.31 **2018 Work RVU:** 6.55
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.84 **2018 Fac PE RVU:**2.84
Result: Decrease

RUC Recommendation: 6.55 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

52344 **Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)** **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2016 Medicare Utilization:** 3,172

2007 Work RVU: 7.81 **2018 Work RVU:** 7.05
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.09 **2018 Fac PE RVU:**3.09
Result: Decrease

RUC Recommendation: 7.05 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52345 **Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)** **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2016 Medicare Utilization:** 498

2007 Work RVU: 8.31 **2018 Work RVU:** 7.55
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.27 **2018 Fac PE RVU:**3.27
Result: Decrease

RUC Recommendation: 7.55 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

52346 **Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)** **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2016 Medicare Utilization:** 264

2007 Work RVU: 9.34 **2018 Work RVU:** 8.58
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.62 **2018 Fac PE RVU:**3.62
Result: Decrease

RUC Recommendation: 8.58 **Referred to CPT** **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 **2016 Medicare Utilization:** 21,810

2007 Work RVU: 5.85 **2018 Work RVU:** 5.75
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **2018 Fac PE RVU:**2.36
Result: Decrease

RUC Recommendation: 5.75 **Referred to CPT** **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 **2016 Medicare Utilization:** 24,296

2007 Work RVU: 6.87 **2018 Work RVU:** 6.75
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.77 **2018 Fac PE RVU:**2.77
Result: Decrease

RUC Recommendation: 6.75 **Referred to CPT** **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 **2016 Medicare Utilization:** 11,738

2007 Work RVU: 7.96 **2018 Work RVU:** 7.50
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.14 **2018 Fac PE RVU:** 3.14

RUC Recommendation: 7.50 **Referred to CPT** 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 **2016 Medicare Utilization:** 8,494

2007 Work RVU: 7.33 **2018 Work RVU:** 8.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.94 **2018 Fac PE RVU:** 2.94

RUC Recommendation: 8.58 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

52355 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor**

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

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2016 Medicare Utilization:** 1,020

2007 Work RVU: 8.81 **2018 Work RVU:** 9.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.44 **2018 Fac PE RVU:** 3.44

RUC Recommendation: 10.00 **Referred to CPT** **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 **2016 Medicare Utilization:** 58,915

RUC Recommendation: 8.00

Referred to CPT

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

2007 Work RVU: **2018 Work RVU:** 8.00

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

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 **2016 Medicare Utilization:** 220

RUC Recommendation: 8.69

Referred to CPT

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

2007 Work RVU: 10.06 **2018 Work RVU:** 8.69

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 4.18 **2018 Fac PE RVU:** 4.18

Result: Decrease

52500 **Transurethral resection of bladder neck (separate procedure)**

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

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2016 Medicare Utilization:** 3,708

RUC Recommendation: 8.14

Referred to CPT

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

2007 Work RVU: 9.39 **2018 Work RVU:** 8.14

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 4.52 **2018 Fac PE RVU:** 4.52

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

52601 **Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)**

Global: 090 **Issue:** Transurethral Electrosurgical Resection of Prostate (TURP) **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2015 **2016 Medicare Utilization:** 46,839

2007 Work RVU: 15.13 **2018 Work RVU:** 13.16
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.99 **2018 Fac PE RVU:**5.99

RUC Recommendation: 13.16

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

Result: Decrease

52640 **Transurethral resection; of postoperative bladder neck contracture**

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

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2016 Medicare Utilization:** 1,697

2007 Work RVU: 6.89 **2018 Work RVU:** 4.79
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.35 **2018 Fac PE RVU:**3.35

RUC Recommendation: 4.79

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

Result: Decrease

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 **2016 Medicare Utilization:** 21,785

2007 Work RVU: 12.00 **2018 Work RVU:** 12.15
2007 NF PE RVU: 66.1 **2018 NF PE RVU:** 66.1
2007 Fac PE RVU 5.44 **2018 Fac PE RVU:**5.44

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 1,850

RUC Recommendation: 13.00

Referred to CPT

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

2007 Work RVU: 15.21 **2018 Work RVU:** 13.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.55 **2018 Fac PE RVU:**7.55
Result: Decrease

53850 **Transurethral destruction of prostate tissue; by microwave thermotherapy**

Global: 090 **Issue:** Transurethral Destruction of Prostate Tissue **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 43 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2016 Medicare Utilization:** 5,753

RUC Recommendation: 10.08

Referred to CPT

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

2007 Work RVU: 9.98 **2018 Work RVU:** 10.08
2007 NF PE RVU: 82.87 **2018 NF PE RVU:** 82.87
2007 Fac PE RVU 4.46 **2018 Fac PE RVU:**4.46
Result: Maintain

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 **2016 Medicare Utilization:** 4,999

RUC Recommendation: 14.39

Referred to CPT

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

2007 Work RVU: 14.39 **2018 Work RVU:** 14.52
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.51 **2018 Fac PE RVU:**6.51
Result: Maintain

54410 **Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session**

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

Most Recent RUC Meeting: February 2011 **Tab** 31 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2016 Medicare Utilization:** 1,267

RUC Recommendation: 15.18

Referred to CPT

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

2007 Work RVU: 16.48 **2018 Work RVU:** 15.18
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.35 **2018 Fac PE RVU:**7.35
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 2,999

2007 Work RVU: 5.25 **2018 Work RVU:** 5.30
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2018 Fac PE RVU:**3.03
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

54530 **Orchiectomy, radical, for tumor; inguinal approach**

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

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2016 Medicare Utilization:** 1,222

2007 Work RVU: 9.31 **2018 Work RVU:** 8.46
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.72 **2018 Fac PE RVU:**4.72
Result: Decrease

RUC Recommendation: 8.46

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

55700 **Biopsy, prostate; needle or punch, single or multiple, any approach**

Global: 000 **Issue:** Biopsy of Prostate **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 36 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2016 Medicare Utilization:** 139,444

2007 Work RVU: 2.58 **2018 Work RVU:** 2.50
2007 NF PE RVU: 4.08 **2018 NF PE RVU:** 4.08
2007 Fac PE RVU 0.82 **2018 Fac PE RVU:**0.82
Result: Decrease

RUC Recommendation: 2.50

Referred to CPT
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 **2016 Medicare Utilization:** 1,360

2007 Work RVU: **2018 Work RVU:** 6.28
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Maintain

RUC Recommendation: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

55840 **Prostatectomy, retropubic radical, with or without nerve sparing;** **Global:** 090 **Issue:** **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2016 Medicare Utilization:** 1,727

2007 Work RVU: 24.45 **2018 Work RVU:** 21.36
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 10.19 **2018 Fac PE RVU:**10.19
Result: Decrease

RUC Recommendation: 21.36

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

55842 **Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)** **Global:** 090 **Issue:** **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2016 Medicare Utilization:** 219

2007 Work RVU: 26.31 **2018 Work RVU:** 21.36
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 10.83 **2018 Fac PE RVU:**10.83
Result: Decrease

RUC Recommendation: 24.16

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

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 **2016 Medicare Utilization:** 1,548

2007 Work RVU: 30.52 **2018 Work RVU:** 25.18
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 12.01 **2018 Fac PE RVU:**12.01
Result: Decrease

RUC Recommendation: 29.07

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

Status Report: CMS Requests and Relativity Assessment Issues

55866 **Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed**

Global: 090 **Issue:** Laparoscopic Radical Prostatectomy **Screen:** New Technology / CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 27 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2016 Medicare Utilization:** 16,375

RUC Recommendation: 26.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 32.25 **2018 Work RVU:** 26.80
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 12.87 **2018 Fac PE RVU:**12.87
Result: Decrease

55873 **Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)**

Global: 090 **Issue:** Cryoablation of Prostate **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 25 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2016 Medicare Utilization:** 1,584

RUC Recommendation: 13.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 20.25 **2018 Work RVU:** 13.60
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 9.59 **2018 Fac PE RVU:**9.59
Result: Decrease

55875 **Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy**

Global: 090 **Issue:** RAW **Screen:** RUC request **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** April 2015 **2016 Medicare Utilization:** 5,473

RUC Recommendation: Review data at RAW **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 13.31 **2018 Work RVU:** 13.46
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.38 **2018 Fac PE RVU:**6.38
Result: Not Part of RAW

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 **2016 Medicare Utilization:** 2,083

2007 Work RVU: 3.03 **2018 Work RVU:** 3.08
2007 NF PE RVU: 2.5 **2018 NF PE RVU:** 2.5
2007 Fac PE RVU 1.79 **2018 Fac PE RVU:**1.79

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

56620 **Vulvectomy simple; partial**

Global: 090 **Issue:** Partial Removal of Vulva **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** D **Specialty Developing Recommendation:** ACOG

First Identified: September 2007 **2016 Medicare Utilization:** 2,895

2007 Work RVU: 8.44 **2018 Work RVU:** 7.53
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.7 **2018 Fac PE RVU:**4.7

RUC Recommendation: 7.35

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

Result: Decrease

57150 **Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease**

Global: 000 **Issue:** Vaginal Treatments **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 15 **Specialty Developing Recommendation:** ACOG

First Identified: July 2016 **2016 Medicare Utilization:** 29,238

2007 Work RVU: 0.55 **2018 Work RVU:** 0.55
2007 NF PE RVU: 0.97 **2018 NF PE RVU:** 0.97
2007 Fac PE RVU 0.2 **2018 Fac PE RVU:**0.2

RUC Recommendation: 0.50

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 2017 **Tab** 30 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2016 Medicare Utilization:** 3,658

RUC Recommendation: 5.40 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 6.79 **2018 Work RVU:** 5.15
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.3 **2018 Fac PE RVU:**4.3
Result: Decrease

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 2017 **Tab** 30 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2016 Medicare Utilization:** 13,490

RUC Recommendation: 2.69 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 2.69
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

57160 **Fitting and insertion of pessary or other intravaginal support device** **Global:** 000 **Issue:** Vaginal Treatments **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 15 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2016 Medicare Utilization:** 91,203

RUC Recommendation: 0.89 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.89 **2018 Work RVU:** 0.89
2007 NF PE RVU: 1.02 **2018 NF PE RVU:** 1.02
2007 Fac PE RVU 0.32 **2018 Fac PE RVU:**0.32
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

57240 **Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2015 **2016 Medicare Utilization:** 10,078

2007 Work RVU: 11.42 **2018 Work RVU:** 10.08
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.22 **2018 Fac PE RVU:**4.22

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

57250 **Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2016 Medicare Utilization:** 7,763

2007 Work RVU: 11.42 **2018 Work RVU:** 10.08
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.93 **2018 Fac PE RVU:**3.93

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

57260 **Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2016 Medicare Utilization:** 8,861

2007 Work RVU: 14.36 **2018 Work RVU:** 13.25
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.08 **2018 Fac PE RVU:**5.08

RUC Recommendation: 13.25 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

57265 **Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2016 Medicare Utilization:** 4,355

2007 Work RVU: 15.86 **2018 Work RVU:** 15.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.1 **2018 Fac PE RVU:**6.1

RUC Recommendation: 15.00 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 2,305

2007 Work RVU: 11.49 **2018 Work RVU:** 11.15
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2018 Fac PE RVU:**5.73

RUC Recommendation: 10.97 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2016 Medicare Utilization:** 24,560

2007 Work RVU: 14.01 **2018 Work RVU:** 12.13
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.21 **2018 Fac PE RVU:**6.21

RUC Recommendation: 12.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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58100 **Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)** **Global:** 000 **Issue:** Biopsy of Uterus Lining **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2016 Medicare Utilization:** 73,585

2007 Work RVU: 1.53 **2018 Work RVU:** 1.53
2007 NF PE RVU: 1.27 **2018 NF PE RVU:** 1.27
2007 Fac PE RVU 0.69 **2018 Fac PE RVU:**0.69

RUC Recommendation: 1.21 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

58110 **Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biopsy of Uterus Lining **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2017 **2016 Medicare Utilization:** 695

2007 Work RVU: 0.77 **2018 Work RVU:** 0.77
2007 NF PE RVU: 0.51 **2018 NF PE RVU:** 0.51
2007 Fac PE RVU 0.29 **2018 Fac PE RVU:**0.29

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

58555 **Hysteroscopy, diagnostic (separate procedure)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2016 Medicare Utilization:** 1,903

2007 Work RVU: 3.33 **2018 Work RVU:** 2.65
2007 NF PE RVU: 2.32 **2018 NF PE RVU:** 2.32
2007 Fac PE RVU 1.47 **2018 Fac PE RVU:**1.47

RUC Recommendation: 3.07 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

58558 **Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2016 Medicare Utilization:** 43,211

2007 Work RVU: 4.74 **2018 Work RVU:** 4.17
2007 NF PE RVU: 2.52 **2018 NF PE RVU:** 2.52
2007 Fac PE RVU 2.05 **2018 Fac PE RVU:**2.05

RUC Recommendation: 4.37 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58559 **Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2016 Medicare Utilization:** 165

2007 Work RVU: 6.16 **2018 Work RVU:** 5.20
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.56 **2018 Fac PE RVU:**2.56
Result: Decrease

RUC Recommendation: 5.54

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

58560 **Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2016 Medicare Utilization:** 53

2007 Work RVU: 6.99 **2018 Work RVU:** 5.75
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.88 **2018 Fac PE RVU:**2.88
Result: Decrease

RUC Recommendation: 6.15

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

58561 **Hysteroscopy, surgical; with removal of leiomyomata** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2016 Medicare Utilization:** 2,599

2007 Work RVU: 9.99 **2018 Work RVU:** 6.60
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4 **2018 Fac PE RVU:**4
Result: Decrease

RUC Recommendation: 7.00

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

Status Report: CMS Requests and Relativity Assessment Issues

58562 **Hysteroscopy, surgical; with removal of impacted foreign body**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG

First Identified: NA **2016 Medicare Utilization:** 199

2007 Work RVU: 5.20 **2018 Work RVU:** 4.00
2007 NF PE RVU: 2.63 **2018 NF PE RVU:** 2.63
2007 Fac PE RVU 2.21 **2018 Fac PE RVU:**2.21

RUC Recommendation: 4.17

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

Result: Decrease

58563 **Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG

First Identified: NA **2016 Medicare Utilization:** 3,792

2007 Work RVU: 6.16 **2018 Work RVU:** 4.47
2007 NF PE RVU: 51.38 **2018 NF PE RVU:** 51.38
2007 Fac PE RVU 2.58 **2018 Fac PE RVU:**2.58

RUC Recommendation: 4.62

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

Result: Decrease

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 **2016 Medicare Utilization:** 1,110

2007 Work RVU: 11.54 **2018 Work RVU:** 11.59
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.07 **2018 Fac PE RVU:**5.07

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

58661 **Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)**

Global: 010 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** September 2007 **2016 Medicare Utilization:** 12,177

2007 Work RVU: 11.30 **2018 Work RVU:** 11.35
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.84 **2018 Fac PE RVU:**4.84

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

58823 **Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2016 Medicare Utilization:**

2007 Work RVU: 3.37 **2018 Work RVU:**
2007 NF PE RVU: 20.75 **2018 NF PE RVU:** 20.75
2007 Fac PE RVU 1.08 **2018 Fac PE RVU:**1.08

RUC Recommendation: Deleted from CPT

Referred to CPT 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 **2016 Medicare Utilization:** 3,710

2007 Work RVU: 26.80 **2018 Work RVU:** 32.16
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 15.06 **2018 Fac PE RVU:**15.06

RUC Recommendation: 32.69

Referred to CPT
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 **2016 Medicare Utilization:** 1,903

2007 Work RVU: 13.48 **2018 Work RVU:** 14.37
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.91 **2018 Fac PE RVU:**4.91

RUC Recommendation: 14.37

Referred to CPT
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 **2016 Medicare Utilization:** 1,066

2007 Work RVU: 15.29 **2018 Work RVU:** 18.01
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.96 **2018 Fac PE RVU:**5.96
Result: Increase

RUC Recommendation: 18.54

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

59412 **External cephalic version, with or without tocolysis**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2016 Medicare Utilization:** 51

2007 Work RVU: 1.71 **2018 Work RVU:** 1.71
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0.77 **2018 Fac PE RVU:**0.77
Result: Maintain

RUC Recommendation: 1.71

Referred to CPT
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 **2016 Medicare Utilization:** 64

2007 Work RVU: 1.61 **2018 Work RVU:** 1.61
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0.59 **2018 Fac PE RVU:**0.59
Result: Maintain

RUC Recommendation: 1.61

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

59425 **Antepartum care only; 4-6 visits**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2016 Medicare Utilization:** 873

2007 Work RVU: 6.22 **2018 Work RVU:** 6.31
2007 NF PE RVU: 4.21 **2018 NF PE RVU:** 4.21
2007 Fac PE RVU 1.81 **2018 Fac PE RVU:**1.81
Result: Decrease

RUC Recommendation: 6.31

Referred to CPT
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 **2016 Medicare Utilization:** 938

2007 Work RVU: 11.04 **2018 Work RVU:** 11.16
2007 NF PE RVU: 7.6 **2018 NF PE RVU:** 7.6
2007 Fac PE RVU 3.17 **2018 Fac PE RVU:**3.17
Result: Decrease

RUC Recommendation: 11.16

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

59430 **Postpartum care only (separate procedure)**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2016 Medicare Utilization:** 1,291

2007 Work RVU: 2.13 **2018 Work RVU:** 2.47
2007 NF PE RVU: 1.19 **2018 NF PE RVU:** 1.19
2007 Fac PE RVU 0.88 **2018 Fac PE RVU:**0.88
Result: Increase

RUC Recommendation: 2.47

Referred to CPT
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 **2016 Medicare Utilization:** 3,081

2007 Work RVU: 30.34 **2018 Work RVU:** 35.64
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 16.92 **2018 Fac PE RVU:**16.92
Result: Increase

RUC Recommendation: 36.17

Referred to CPT
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:** **2016 Medicare Utilization:** 1,559

2007 Work RVU: 15.95 **2018 Work RVU:** 16.13
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.78 **2018 Fac PE RVU:**5.78
Result: Increase

RUC Recommendation: 16.13

Referred to CPT
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 **2016 Medicare Utilization:** 1,021

2007 Work RVU: 18.26 **2018 Work RVU:** 21.47
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.43 **2018 Fac PE RVU:**7.43
Result: Increase

RUC Recommendation: 22.00

Referred to CPT
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 **2016 Medicare Utilization:** 101

2007 Work RVU: 28.21 **2018 Work RVU:** 33.87
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 15.52 **2018 Fac PE RVU:**15.52
Result: Increase

RUC Recommendation: 34.40

Referred to CPT
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 **2016 Medicare Utilization:** 69

2007 Work RVU: 15.04 **2018 Work RVU:** 16.09
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.6 **2018 Fac PE RVU:**5.6
Result: Increase

RUC Recommendation: 16.09

Referred to CPT
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 **2016 Medicare Utilization:** 49

2007 Work RVU: 16.59 **2018 Work RVU:** 19.73
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **2018 Fac PE RVU:**6.49
Result: Increase

RUC Recommendation: 20.26

Referred to CPT
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 **2016 Medicare Utilization:** 22

2007 Work RVU: 31.78 **2018 Work RVU:** 36.16
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 17.74 **2018 Fac PE RVU:**17.74

RUC Recommendation: 36.69 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

59620 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2016 Medicare Utilization:** 11

2007 Work RVU: 17.50 **2018 Work RVU:** 16.66
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.27 **2018 Fac PE RVU:**6.27

RUC Recommendation: 16.66 **Referred to CPT** **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 **2016 Medicare Utilization:** 9

2007 Work RVU: 19.70 **2018 Work RVU:** 22.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 8.14 **2018 Fac PE RVU:**8.14

RUC Recommendation: 22.53 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

60220 **Total thyroid lobectomy, unilateral; with or without isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 8,048

2007 Work RVU: 12.29 **2018 Work RVU:** 11.19
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.96 **2018 Fac PE RVU:**5.96

RUC Recommendation: 12.29 **Referred to CPT** **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 **2016 Medicare Utilization:** 412

2007 Work RVU: 14.67 **2018 Work RVU:** 14.79
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.22 **2018 Fac PE RVU:**7.22

RUC Recommendation: 14.67 **Referred to CPT** **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 **2016 Medicare Utilization:** 363

2007 Work RVU: 17.07 **2018 Work RVU:** 17.16
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.95 **2018 Fac PE RVU:**7.95

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures. **Referred to CPT** **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 **2016 Medicare Utilization:** 306

2007 Work RVU: 19.11 **2018 Work RVU:** 19.18
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 9.22 **2018 Fac PE RVU:**9.22

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures. **Referred to CPT** **Result:** Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 116

2007 Work RVU: 23.37 **2018 Work RVU:** 23.48
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 10.89 **2018 Fac PE RVU:** 10.89

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

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

Result: Remove from Screen

61055 **Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: January 2014 **2016 Medicare Utilization:** 410

2007 Work RVU: 2.10 **2018 Work RVU:** 2.10
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.37 **2018 Fac PE RVU:** 1.37

RUC Recommendation: Editorial change

Referred to CPT October 2013

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

Result: Remove from screen

61781 **Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS

First Identified: October 2009 **2016 Medicare Utilization:** 13,363

2007 Work RVU: **2018 Work RVU:** 3.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.75

Referred to CPT October 2009

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

Result: Decrease

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:** October 2009 **2016 Medicare Utilization:** 12,288

2007 Work RVU: **2018 Work RVU:** 3.18
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.18 **Referred to CPT** 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:** October 2009 **2016 Medicare Utilization:** 9,084

2007 Work RVU: **2018 Work RVU:** 3.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.75 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61793 **Deleted from CPT**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AANS **First Identified:** September 2007 **2016 Medicare Utilization:**

2007 Work RVU: 17.75 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 10.08 **2018 Fac PE RVU:** 10.08

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 4.03 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.87 **2018 Fac PE RVU:** 1.87

RUC Recommendation: Deleted from CPT **Referred to CPT** 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 **2016 Medicare Utilization:** 6,089

2007 Work RVU: **2018 Work RVU:** 13.93
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 15.50 **Referred to CPT** **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 **2016 Medicare Utilization:** 6,338

2007 Work RVU: **2018 Work RVU:** 3.48
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.48 **Referred to CPT** **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 **2016 Medicare Utilization:** 3,546

2007 Work RVU: **2018 Work RVU:** 19.85
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 19.75 **Referred to CPT** **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 **2016 Medicare Utilization:** 914

2007 Work RVU: **2018 Work RVU:** 4.81
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.81

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

Result: Decrease

61800 **Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 16 **Specialty Developing Recommendation:**

First Identified: **2016 Medicare Utilization:** 5,713

2007 Work RVU: **2018 Work RVU:** 2.25
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.25

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

Result: Decrease

61885 **Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array**

Global: 090 **Issue:** Vagal Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 14 **Specialty Developing Recommendation:** AANS/CNS

First Identified: September 2007 **2016 Medicare Utilization:** 5,892

2007 Work RVU: 7.37 **2018 Work RVU:** 6.05
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.85 **2018 Fac PE RVU:** 5.85

RUC Recommendation: 6.44

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62263 **Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days**

Global: 010 **Issue:** Epidual Lysis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 66 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, NASS **First Identified:** September 2007 **2016 Medicare Utilization:** 414

2007 Work RVU: 6.41 **2018 Work RVU:** 5.00
2007 NF PE RVU: 11.78 **2018 NF PE RVU:** 11.78
2007 Fac PE RVU 3.11 **2018 Fac PE RVU:**3.11

RUC Recommendation: 6.54 **Referred to CPT** **Result:** Maintain

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

62270 **Spinal puncture, lumbar, diagnostic**

Global: 000 **Issue:** Diagnostic Lumbar Spinal Puncture **Screen:** Different Performing Specialty from Survey **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, ASNR, SIR **First Identified:** October 2017 **2016 Medicare Utilization:** 81,109

2007 Work RVU: 1.37 **2018 Work RVU:** 1.37
2007 NF PE RVU: 2.82 **2018 NF PE RVU:** 2.82
2007 Fac PE RVU 0.55 **2018 Fac PE RVU:**0.55

RUC Recommendation: Refer to CPT **Referred to CPT** May 2018 **Result:**

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 **2016 Medicare Utilization:** 419

2007 Work RVU: 2.66 **2018 Work RVU:** 2.66
2007 NF PE RVU: 5.16 **2018 NF PE RVU:** 5.16
2007 Fac PE RVU 0.89 **2018 Fac PE RVU:**0.89

RUC Recommendation: Remove 99238 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Q&A May 2010

Status Report: CMS Requests and Relativity Assessment Issues

62284 **Injection procedure for myelography and/or computed tomography, lumbar**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2012 **2016 Medicare Utilization:** 14,152

2007 Work RVU: 1.54 **2018 Work RVU:** 1.54
2007 NF PE RVU: 4.62 **2018 NF PE RVU:** 4.62
2007 Fac PE RVU 0.67 **2018 Fac PE RVU:**0.67

RUC Recommendation: 1.54

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

62287 **Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar**

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

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

First Identified: September 2007 **2016 Medicare Utilization:** 225

2007 Work RVU: 8.88 **2018 Work RVU:** 9.03
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.18 **2018 Fac PE RVU:**5.18

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

62290 **Injection procedure for discography, each level; lumbar**

Global: 000 **Issue:** Injection for discography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, AUR, NASS, ACR, ASNR, ISIS, AANS

First Identified: October 2009 **2016 Medicare Utilization:** 10,445

2007 Work RVU: 3.00 **2018 Work RVU:** 3.00
2007 NF PE RVU: 6.43 **2018 NF PE RVU:** 6.43
2007 Fac PE RVU 1.31 **2018 Fac PE RVU:**1.31

RUC Recommendation: 3.00, CPT Assistant article published.

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

62302 **Myelography via lumbar injection, including radiological supervision and interpretation; cervical**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2016 Medicare Utilization:** 5,616

2007 Work RVU: **2018 Work RVU:** 2.29

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.29 **Referred to CPT** October 2013 **Result:** Decrease

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

62303 **Myelography via lumbar injection, including radiological supervision and interpretation; thoracic**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2016 Medicare Utilization:** 463

2007 Work RVU: **2018 Work RVU:** 2.29

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.29 **Referred to CPT** October 2013 **Result:** Decrease

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

62304 **Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2016 Medicare Utilization:** 24,819

2007 Work RVU: **2018 Work RVU:** 2.25

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.25 **Referred to CPT** October 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

62305 **Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2016 Medicare Utilization:** 7,601

2007 Work RVU: **2018 Work RVU:** 2.35
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.35 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62310 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2016 Medicare Utilization:** 224,117

2007 Work RVU: 1.91 **2018 Work RVU:**
2007 NF PE RVU: 4.35 **2018 NF PE RVU:** 4.35
2007 Fac PE RVU 0.63 **2018 Fac PE RVU:** 0.63

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

62311 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** September 2011 **2016 Medicare Utilization:** 824,842

2007 Work RVU: 1.54 **2018 Work RVU:**
2007 NF PE RVU: 4.35 **2018 NF PE RVU:** 4.35
2007 Fac PE RVU 0.58 **2018 Fac PE RVU:** 0.58

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

Status Report: CMS Requests and Relativity Assessment Issues

62318 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2016 Medicare Utilization:** 29,996

2007 Work RVU: 2.04 **2018 Work RVU:**
2007 NF PE RVU: 5.09 **2018 NF PE RVU:** 5.09
2007 Fac PE RVU 0.61 **2018 Fac PE RVU:**0.61

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

62319 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2016 Medicare Utilization:** 12,696

2007 Work RVU: 1.87 **2018 Work RVU:**
2007 NF PE RVU: 4.45 **2018 NF PE RVU:** 4.45
2007 Fac PE RVU 0.58 **2018 Fac PE RVU:**0.58

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

62320 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 1.80
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.80 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62321 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 1.95
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.95 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62322 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 1.55
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.55 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62323 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 1.80
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.80 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62324 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 1.89
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.89 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62325 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 2.20
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.20 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62326 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 1.78
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.78 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62327 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 1.90
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.90 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 5,431

2007 Work RVU: 8.04 **2018 Work RVU:** 6.05
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4 **2018 Fac PE RVU:**4

RUC Recommendation: 6.05 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:** 1,261

2007 Work RVU: 6.60 **2018 Work RVU:** 3.55
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.27 **2018 Fac PE RVU:**3.27

RUC Recommendation: 4.35 **Referred to CPT** **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 **2016 Medicare Utilization:** 343

2007 Work RVU: 3.68 **2018 Work RVU:** 4.33
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.87 **2018 Fac PE RVU:**2.87

RUC Recommendation: 4.33 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 38

2007 Work RVU: 6.59 **2018 Work RVU:** 5.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.94 **2018 Fac PE RVU:**3.94

RUC Recommendation: 5.65 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62362 **Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2016 Medicare Utilization:** 7,454

2007 Work RVU: 8.58 **2018 Work RVU:** 5.60
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.46 **2018 Fac PE RVU:**4.46

RUC Recommendation: 6.10 **Referred to CPT** **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 **2016 Medicare Utilization:** 1,281

2007 Work RVU: 6.57 **2018 Work RVU:** 3.93
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.65 **2018 Fac PE RVU:**3.65

RUC Recommendation: 4.65 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** October 2009 **2016 Medicare Utilization:** 9,322

2007 Work RVU: 0.48 **2018 Work RVU:** 0.48
2007 NF PE RVU: 0.56 **2018 NF PE RVU:** 0.56
2007 Fac PE RVU 0.1 **2018 Fac PE RVU:**0.1

RUC Recommendation: Review PE. 0.48 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

62368 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** October 2009 **2016 Medicare Utilization:** 44,341

2007 Work RVU: 0.75 **2018 Work RVU:** 0.67
2007 NF PE RVU: 0.67 **2018 NF PE RVU:** 0.67
2007 Fac PE RVU 0.17 **2018 Fac PE RVU:**0.17

RUC Recommendation: Review PE. 0.67 **Referred to CPT** 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?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** **2016 Medicare Utilization:** 37,422

2007 Work RVU: **2018 Work RVU:** 0.67
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Review PE. 0.67 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** **2016 Medicare Utilization:** 95,837

2007 Work RVU: **2018 Work RVU:** 0.90
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Review PE. 1.10 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63030 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar**

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AANS, AAOS, NASS **First Identified:** January 2014 **2016 Medicare Utilization:** 34,711

2007 Work RVU: 13.03 **2018 Work RVU:** 13.18
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 8.5 **2018 Fac PE RVU:**8.5

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

63042 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar**

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AANS, AAOS, NASS **First Identified:** January 2014 **2016 Medicare Utilization:** 14,881

2007 Work RVU: 18.61 **2018 Work RVU:** 18.76
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 11.2 **2018 Fac PE RVU:**11.2

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 9,710

RUC Recommendation: 17.95

Referred to CPT

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

2007 Work RVU: 17.82 **2018 Work RVU:** 17.95
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 10.4 **2018 Fac PE RVU:**10.4
Result: Maintain

63046 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 16 **Specialty Developing Recommendation:**

First Identified: November 2013 **2016 Medicare Utilization:** 3,522

RUC Recommendation: 17.25

Referred to CPT

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

2007 Work RVU: 17.12 **2018 Work RVU:** 17.25
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 10.13 **2018 Fac PE RVU:**10.13
Result: Maintain

63047 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar**

Global: 090 **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 24 **Specialty Developing Recommendation:** NASS, AANS

First Identified: September 2011 **2016 Medicare Utilization:** 106,417

RUC Recommendation: 15.37

Referred to CPT

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

2007 Work RVU: 15.22 **2018 Work RVU:** 15.37
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 9.79 **2018 Fac PE RVU:**9.79
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

63048 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 24 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** January 2012 **2016 Medicare Utilization:** 138,566

2007 Work RVU: 3.47 **2018 Work RVU:** 3.47
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.58 **2018 Fac PE RVU:**1.58

RUC Recommendation: 3.47 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

63056 **Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2016 Medicare Utilization:** 7,643

2007 Work RVU: 21.73 **2018 Work RVU:** 21.86
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 12.31 **2018 Fac PE RVU:**12.31

RUC Recommendation: Review action plan at RAW Oct 2015. Maintain **Referred to CPT** February 2010 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

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 **2016 Medicare Utilization:** 841

2007 Work RVU: 19.47 **2018 Work RVU:** 19.60
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 11.87 **2018 Fac PE RVU:**11.87

RUC Recommendation: 19.60 **Referred to CPT** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2016 Medicare Utilization:** 535

2007 Work RVU: 4.04 **2018 Work RVU:** 4.04
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.93 **2018 Fac PE RVU:** 1.93

RUC Recommendation: 4.04 **Referred to CPT** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

63090 **Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** AAOS, AANS **First Identified:** January 2015 **2016 Medicare Utilization:** 1,029

2007 Work RVU: 30.78 **2018 Work RVU:** 30.93
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 15.58 **2018 Fac PE RVU:** 15.58

RUC Recommendation: Review action plan and additional data **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

63620 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2016 Medicare Utilization:** 444

2007 Work RVU: **2018 Work RVU:** 15.60
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 15.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63621 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:**

First Identified: NA **2016 Medicare Utilization:** 93

2007 Work RVU: **2018 Work RVU:** 4.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.00

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

Result: Decrease

63650 **Percutaneous implantation of neurostimulator electrode array, epidural**

Global: 010 **Issue:** Percutaneous implantation of neurostimulator **Screen:** Site of Service Anomaly / CMS Fastest Growing / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 22 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS

First Identified: September 2007 **2016 Medicare Utilization:** 64,887

2007 Work RVU: 7.57 **2018 Work RVU:** 7.15
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.11 **2018 Fac PE RVU:** 3.11

RUC Recommendation: 7.20. New PE Inputs

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

Result: Decrease

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 **2016 Medicare Utilization:** 6,421

2007 Work RVU: 11.43 **2018 Work RVU:** 10.92
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.15 **2018 Fac PE RVU:** 7.15

RUC Recommendation: 11.43

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

63660 **Deleted from CPT**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2016 Medicare Utilization:**

2007 Work RVU: 6.87 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.54 **2018 Fac PE RVU:** 3.54

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

63661 **Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2016 Medicare Utilization:** 3,244

2007 Work RVU: **2018 Work RVU:** 5.08
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5.03 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63662 **Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2016 Medicare Utilization:** 1,989

2007 Work RVU: **2018 Work RVU:** 11.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 10.87 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63663 **Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2016 Medicare Utilization:** 1,210

2007 Work RVU: **2018 Work RVU:** 7.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 70 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63664 **Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2016 Medicare Utilization:** 603

2007 Work RVU: **2018 Work RVU:** 11.52
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 11.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63685 **Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling**

Global: 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 68 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2016 Medicare Utilization:** 20,257

2007 Work RVU: 7.87 **2018 Work RVU:** 5.19
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.03 **2018 Fac PE RVU:** 4.03

RUC Recommendation: 6.05 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63688 **Revision or removal of implanted spinal neurostimulator pulse generator or receiver**

Global: 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** I **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2016 Medicare Utilization:** 6,940

2007 Work RVU: 6.10 **2018 Work RVU:** 5.30
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.56 **2018 Fac PE RVU:**3.56

RUC Recommendation: 5.25 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64405 **Injection, anesthetic agent; greater occipital nerve**

Global: 000 **Issue:** Injection - Greater Occipital Nerve **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 17 **Specialty Developing Recommendation:** AAN, AAPM, AAPMR, ASA **First Identified:** July 2016 **2016 Medicare Utilization:** 122,242

2007 Work RVU: 1.32 **2018 Work RVU:** 0.94
2007 NF PE RVU: 1.39 **2018 NF PE RVU:** 1.39
2007 Fac PE RVU 0.47 **2018 Fac PE RVU:**0.47

RUC Recommendation: 0.94 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

64412 **Injection, anesthetic agent; spinal accessory nerve**

Global: 000 **Issue:** Anesthetic Injection – Spinal Nerve **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 36 **Specialty Developing Recommendation:** AAN, ASA, AAPMR, ISIS **First Identified:** April 2013 **2016 Medicare Utilization:**

2007 Work RVU: 1.18 **2018 Work RVU:**
2007 NF PE RVU: 2.5 **2018 NF PE RVU:** 2.5
2007 Fac PE RVU 0.46 **2018 Fac PE RVU:**0.46

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** FAQ Sept 2015

Status Report: CMS Requests and Relativity Assessment Issues

64415 **Injection, anesthetic agent; brachial plexus, single** **Global:** 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2016 Medicare Utilization:** 164,213

2007 Work RVU: 1.48 **2018 Work RVU:** 1.48
2007 NF PE RVU: 2.47 **2018 NF PE RVU:** 2.47
2007 Fac PE RVU 0.43 **2018 Fac PE RVU:**0.43

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

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 **2016 Medicare Utilization:** 19,621

2007 Work RVU: 3.85 **2018 Work RVU:** 1.81
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0.74 **2018 Fac PE RVU:**0.74

RUC Recommendation: Remove from screen. 1.81 **Referred to CPT** February 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64418 **Injection, anesthetic agent; suprascapular nerve** **Global:** 000 **Issue:** Injection, Anesthetic Agent **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 28 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA **First Identified:** October 2015 **2016 Medicare Utilization:** 32,424

2007 Work RVU: 1.32 **2018 Work RVU:** 1.10
2007 NF PE RVU: 2.43 **2018 NF PE RVU:** 2.43
2007 Fac PE RVU 0.46 **2018 Fac PE RVU:**0.46

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64445 **Injection, anesthetic agent; sciatic nerve, single** **Global:** 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2016 Medicare Utilization:** 114,199

2007 Work RVU: 1.48 **2018 Work RVU:** 1.48
2007 NF PE RVU: 2.42 **2018 NF PE RVU:** 2.42
2007 Fac PE RVU 0.51 **2018 Fac PE RVU:**0.51

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

Status Report: CMS Requests and Relativity Assessment Issues

64446 **Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 19 **Specialty Developing Recommendation:** ASA

First Identified: February 2008 **2016 Medicare Utilization:** 5,489

2007 Work RVU: 3.61 **2018 Work RVU:** 1.81
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0.9 **2018 Fac PE RVU:**0.9

RUC Recommendation: 1.81

Referred to CPT February 2008

Result: Decrease

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

64447 **Injection, anesthetic agent; femoral nerve, single**

Global: 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAPM, ASA

First Identified: October 2008 **2016 Medicare Utilization:** 186,803

2007 Work RVU: 1.50 **2018 Work RVU:** 1.50
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0.38 **2018 Fac PE RVU:**0.38

RUC Recommendation: 1.50

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64448 **Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

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

First Identified: February 2008 **2016 Medicare Utilization:** 40,395

2007 Work RVU: 3.36 **2018 Work RVU:** 1.63
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0.73 **2018 Fac PE RVU:**0.73

RUC Recommendation: Remove from screen. 1.63

Referred to CPT February 2008

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

64449 **Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 19 **Specialty Developing Recommendation:** ASA

First Identified: September 2007 **2016 Medicare Utilization:** 2,788

2007 Work RVU: 3.24 **2018 Work RVU:** 1.81
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0.84 **2018 Fac PE RVU:** 0.84

RUC Recommendation: 1.81

Referred to CPT February 2008

Result: Decrease

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

64450 **Injection, anesthetic agent; other peripheral nerve or branch**

Global: 000 **Issue:** Injection - Anesthetic Agent **Screen:** Harvard Valued - Utilization over 100,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 38 **Specialty Developing Recommendation:** ASA, AAPM, APMA, ASIPP

First Identified: October 2009 **2016 Medicare Utilization:** 534,380

2007 Work RVU: 1.27 **2018 Work RVU:** 0.75
2007 NF PE RVU: 1.25 **2018 NF PE RVU:** 1.25
2007 Fac PE RVU 0.49 **2018 Fac PE RVU:** 0.49

RUC Recommendation: 0.75 and review additional utilization data (October 2019).

Referred to CPT

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2013

64455 **Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)**

Global: 000 **Issue:** Injection – Digital Nerves **Screen:** High Volume Growth4 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 18 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA

First Identified: October 2016 **2016 Medicare Utilization:** 69,904

2007 Work RVU: **2018 Work RVU:** 0.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.75

Referred to CPT

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

64461 **Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)**

Global: 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2016 Medicare Utilization:** 2,541

2007 Work RVU: **2018 Work RVU:** 1.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64462 **Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2016 Medicare Utilization:** 1,068

2007 Work RVU: **2018 Work RVU:** 1.10
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64463 **Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)**

Global: 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2016 Medicare Utilization:** 958

2007 Work RVU: **2018 Work RVU:** 1.90
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64470 **Deleted from CPT**

Global: 000 **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2016 Medicare Utilization:**

2007 Work RVU: 1.85 **2018 Work RVU:**
2007 NF PE RVU: 6.37 **2018 NF PE RVU:** 6.37
2007 Fac PE RVU 0.71 **2018 Fac PE RVU:** 0.71

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 1.29 **2018 Work RVU:**
2007 NF PE RVU: 2.05 **2018 NF PE RVU:** 2.05
2007 Fac PE RVU 0.34 **2018 Fac PE RVU:**0.34

RUC Recommendation: Deleted from CPT **Referred to CPT** 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 **2016 Medicare Utilization:**

2007 Work RVU: 1.41 **2018 Work RVU:**
2007 NF PE RVU: 6.07 **2018 NF PE RVU:** 6.07
2007 Fac PE RVU 0.62 **2018 Fac PE RVU:**0.62

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

64476 **Deleted from CPT**

Global: ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.98 **2018 Work RVU:**
2007 NF PE RVU: 1.86 **2018 NF PE RVU:** 1.86
2007 Fac PE RVU 0.24 **2018 Fac PE RVU:**0.24

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

64479 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level**

Global: 000 **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2016 Medicare Utilization:** 46,162

2007 Work RVU: 2.20 **2018 Work RVU:** 2.29
2007 NF PE RVU: 6.55 **2018 NF PE RVU:** 6.55
2007 Fac PE RVU 0.87 **2018 Fac PE RVU:**0.87

RUC Recommendation: 2.29 **Referred to CPT** June 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64480 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2016 Medicare Utilization:** 23,805

2007 Work RVU: 1.54 **2018 Work RVU:** 1.20
2007 NF PE RVU: 2.5 **2018 NF PE RVU:** 2.5
2007 Fac PE RVU 0.45 **2018 Fac PE RVU:**0.45

RUC Recommendation: 1.20 **Referred to CPT** 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 **2016 Medicare Utilization:** 1,029,597

2007 Work RVU: 1.90 **2018 Work RVU:** 1.90
2007 NF PE RVU: 6.86 **2018 NF PE RVU:** 6.86
2007 Fac PE RVU 0.81 **2018 Fac PE RVU:**0.81

RUC Recommendation: 1.90 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64484 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2016 Medicare Utilization:** 473,367

2007 Work RVU: 1.33 **2018 Work RVU:** 1.00
2007 NF PE RVU: 2.86 **2018 NF PE RVU:** 2.86
2007 Fac PE RVU 0.36 **2018 Fac PE RVU:**0.36

RUC Recommendation: 1.00 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64490 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2016 Medicare Utilization:** 239,147

2007 Work RVU: **2018 Work RVU:** 1.82
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.82 **Referred to CPT** **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:** **2016 Medicare Utilization:** 216,237

2007 Work RVU: **2018 Work RVU:** 1.16
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.16 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64492 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2016 Medicare Utilization:** 147,455

2007 Work RVU: **2018 Work RVU:** 1.16
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.16 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64493 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2016 Medicare Utilization:** 829,446

2007 Work RVU: **2018 Work RVU:** 1.52
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.52 **Referred to CPT** **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:** **2016 Medicare Utilization:** 741,760

2007 Work RVU: **2018 Work RVU:** 1.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64495 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2016 Medicare Utilization:** 445,906

2007 Work RVU: **2018 Work RVU:** 1.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 7,333

2007 Work RVU: 1.22 **2018 Work RVU:** 1.22
2007 NF PE RVU: 3.06 **2018 NF PE RVU:** 3.06
2007 Fac PE RVU 0.49 **2018 Fac PE RVU:**0.49

RUC Recommendation: New PE inputs **Referred to CPT** **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 **2016 Medicare Utilization:** 26,260

2007 Work RVU: 1.35 **2018 Work RVU:** 1.35
2007 NF PE RVU: 4.5 **2018 NF PE RVU:** 4.5
2007 Fac PE RVU 0.54 **2018 Fac PE RVU:**0.54

RUC Recommendation: PE Review - no change **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

64550 **Application of surface (transcutaneous) neurostimulator (eg, TENS unit)** **Global:** 000 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** AANS, CNS, AOTA **First Identified:** January 2017 **2016 Medicare Utilization:** 9,587

2007 Work RVU: 0.18 **2018 Work RVU:** 0.18
2007 NF PE RVU: 0.26 **2018 NF PE RVU:** 0.26
2007 Fac PE RVU 0.05 **2018 Fac PE RVU:**0.05

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64553 **Percutaneous implantation of neurostimulator electrode array; cranial nerve** **Global:** 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 15 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** July 2014 **2016 Medicare Utilization:** 35

2007 Work RVU: 2.33 **2018 Work RVU:** 6.13
2007 NF PE RVU: 2.75 **2018 NF PE RVU:** 2.75
2007 Fac PE RVU 1.73 **2018 Fac PE RVU:**1.73

RUC Recommendation: 6.13 **Referred to CPT** September 2016 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64555 **Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)** **Global:** 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** High Volume Growth1 / CMS Fastest Growing / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 15 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** February 2008 **2016 Medicare Utilization:** 7,920

2007 Work RVU: 2.29 **2018 Work RVU:** 5.76
2007 NF PE RVU: 2.96 **2018 NF PE RVU:** 2.96
2007 Fac PE RVU 1.23 **2018 Fac PE RVU:**1.23

RUC Recommendation: 5.76. Develop CPT Assistant article.Review September 2017.

Referred to CPT September 2016 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64561 **Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed** **Global:** 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** CMS Fastest Growing / High Volume Growth2 / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 15 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** October 2008 **2016 Medicare Utilization:** 14,917

2007 Work RVU: 7.07 **2018 Work RVU:** 5.44
2007 NF PE RVU: 27.51 **2018 NF PE RVU:** 27.51
2007 Fac PE RVU 3.05 **2018 Fac PE RVU:**3.05

RUC Recommendation: 5.44. 99214 visit appropriate. Remove from screen.

Referred to CPT September 2016 **Result:** Decrease

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

64565 **Percutaneous implantation of neurostimulator electrode array; neuromuscular** **Global:** 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 15 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** January 2017 **2016 Medicare Utilization:** 1,266

2007 Work RVU: 1.78 **2018 Work RVU:**
2007 NF PE RVU: 3.08 **2018 NF PE RVU:** 3.08
2007 Fac PE RVU 1.27 **2018 Fac PE RVU:**1.27

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

64566 **Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming**

Global: 000 **Issue:** Posterior Tibial Neurostimulation **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 29 **Specialty Developing Recommendation:** ACOG, AUA

First Identified: July 2013 **2016 Medicare Utilization:** 163,785

2007 Work RVU: **2018 Work RVU:** 0.60

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.60

Referred to CPT

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

Result: Maintain

64568 **Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator**

Global: 090 **Issue:** Vagus Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 14 **Specialty Developing Recommendation:** AANS/CNS

First Identified: **2016 Medicare Utilization:** 648

2007 Work RVU: **2018 Work RVU:** 9.00

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 11.19

Referred to CPT October 2009

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

Result: Decrease

64573 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2009 **Tab** 28 **Specialty Developing Recommendation:** AANS/CNS

First Identified: September 2007 **2016 Medicare Utilization:**

2007 Work RVU: 8.15 **2018 Work RVU:**

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 5.31 **2018 Fac PE RVU:** 5.31

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

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

Result: Deleted from CPT

64581 **Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2016 Medicare Utilization:** 10,656

2007 Work RVU: 14.15 **2018 Work RVU:** 12.20

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 5.73 **2018 Fac PE RVU:** 5.73

RUC Recommendation: 12.20. 99214 visit appropriate. Remove from screen.

Referred to CPT

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

64590 **Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling**

Global: 010 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / Different Performing Specialty from Survey **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** October 2012 **2016 Medicare Utilization:** 11,959

2007 Work RVU: 2.42 **2018 Work RVU:** 2.45
2007 NF PE RVU: 6.95 **2018 NF PE RVU:** 6.95
2007 Fac PE RVU 2.33 **2018 Fac PE RVU:**2.33

RUC Recommendation: Refer to CPT **Referred to CPT** September 2018 **Result:**
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 **2016 Medicare Utilization:**

2007 Work RVU: 3.02 **2018 Work RVU:**
2007 NF PE RVU: 6.82 **2018 NF PE RVU:** 6.82
2007 Fac PE RVU 1.34 **2018 Fac PE RVU:**1.34

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64623 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.99 **2018 Work RVU:**
2007 NF PE RVU: 2.62 **2018 NF PE RVU:** 2.62
2007 Fac PE RVU 0.22 **2018 Fac PE RVU:**0.22

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64626 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level**

Global: 010 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2016 Medicare Utilization:**

2007 Work RVU: 3.82 **2018 Work RVU:**
2007 NF PE RVU: 6.99 **2018 NF PE RVU:** 6.99
2007 Fac PE RVU 1.93 **2018 Fac PE RVU:**1.93

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64627 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1/ CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2016 Medicare Utilization:**

2007 Work RVU: 1.16 **2018 Work RVU:**
2007 NF PE RVU: 3.98 **2018 NF PE RVU:** 3.98
2007 Fac PE RVU 0.26 **2018 Fac PE RVU:**0.26

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64633 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: April 2017 **Tab** 38 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2016 Medicare Utilization:** 65,699

2007 Work RVU: **2018 Work RVU:** 3.84
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RAW review additional data **Referred to CPT** May 2015 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2015

Status Report: CMS Requests and Relativity Assessment Issues

64634 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: April 2017 **Tab** 38 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2016 Medicare Utilization:** 108,539

2007 Work RVU: **2018 Work RVU:** 1.32
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RAW review additional data **Referred to CPT** May 2015 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2015

64635 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: April 2017 **Tab** 38 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2016 Medicare Utilization:** 279,563

2007 Work RVU: **2018 Work RVU:** 3.78
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RAW review additional data **Referred to CPT** May 2015 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2015

64636 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: April 2017 **Tab** 38 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2016 Medicare Utilization:** 441,512

2007 Work RVU: **2018 Work RVU:** 1.16
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RAW review additional data **Referred to CPT** May 2015 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

Status Report: CMS Requests and Relativity Assessment Issues

64640 **Destruction by neurolytic agent; other peripheral nerve or branch** **Global:** 010 **Issue:** Injection Treatment of Nerve **Screen:** Site of Service Anomaly (99238-Only) / Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 25 **Specialty Developing Recommendation:** ASAM AAPM, APMA, ASIPP **First Identified:** September 2007 **2016 Medicare Utilization:** 119,453

2007 Work RVU: 2.78 **2018 Work RVU:** 1.23
2007 NF PE RVU: 3.75 **2018 NF PE RVU:** 3.75
2007 Fac PE RVU 1.75 **2018 Fac PE RVU:**1.75

RUC Recommendation: 1.23. Remove 99238.

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

Result: Decrease

64708 **Neuroplasty, major peripheral nerve, arm or leg, open; other than specified** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 69 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2016 Medicare Utilization:** 3,983

2007 Work RVU: 6.22 **2018 Work RVU:** 6.36
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.73 **2018 Fac PE RVU:**4.73

RUC Recommendation: 6.36

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

Result: Maintain

64712 **Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2016 Medicare Utilization:** 708

2007 Work RVU: 7.98 **2018 Work RVU:** 8.07
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.86 **2018 Fac PE RVU:**4.86

RUC Recommendation: Remove from screen

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

64831 **Suture of digital nerve, hand or foot; 1 nerve** **Global:** 090 **Issue:** Neurorrhaphy – Finger **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 70 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2016 Medicare Utilization:** 939

2007 Work RVU: 10.23 **2018 Work RVU:** 9.16
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7 **2018 Fac PE RVU:**7

RUC Recommendation: 9.16

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

65105 **Enucleation of eye; with implant, muscles attached to implant**

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

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

First Identified: September 2007 **2016 Medicare Utilization:** 921

2007 Work RVU: 9.70 **2018 Work RVU:** 9.93
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 10.13 **2018 Fac PE RVU:** 10.13

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

65205 **Removal of foreign body, external eye; conjunctival superficial**

Global: 000 **Issue:** Removal of Foreign Body - Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 19 **Specialty Developing Recommendation:** AAO, AOA

First Identified: July 2016 **2016 Medicare Utilization:** 27,471

2007 Work RVU: 0.71 **2018 Work RVU:** 0.71
2007 NF PE RVU: 0.63 **2018 NF PE RVU:** 0.63
2007 Fac PE RVU 0.3 **2018 Fac PE RVU:** 0.3

RUC Recommendation: 0.49

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

Result: Decrease

65210 **Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating**

Global: 000 **Issue:** Removal of Foreign Body - Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 19 **Specialty Developing Recommendation:** AAO, AOA

First Identified: July 2016 **2016 Medicare Utilization:** 23,963

2007 Work RVU: 0.84 **2018 Work RVU:** 0.84
2007 NF PE RVU: 0.79 **2018 NF PE RVU:** 0.79
2007 Fac PE RVU 0.39 **2018 Fac PE RVU:** 0.39

RUC Recommendation: 0.75

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

65222 **Removal of foreign body, external eye; corneal, with slit lamp**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 26 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2016 Medicare Utilization:** 27,523

2007 Work RVU: 0.93 **2018 Work RVU:** 0.84
2007 NF PE RVU: 0.87 **2018 NF PE RVU:** 0.87
2007 Fac PE RVU 0.4 **2018 Fac PE RVU:**0.4

RUC Recommendation: 0.93 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

65285 **Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue**

Global: 090 **Issue:** Repair of Eye Wound **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 8 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2016 Medicare Utilization:** 833

2007 Work RVU: 14.43 **2018 Work RVU:** 15.36
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 9.12 **2018 Fac PE RVU:**9.12

RUC Recommendation: 16.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

65780 **Ocular surface reconstruction; amniotic membrane transplantation, multiple layers**

Global: 090 **Issue:** Ocular Reconstruction Transplant **Screen:** CMS Fastest Growing / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 31 **Specialty Developing Recommendation:** AAO **First Identified:** October 2008 **2016 Medicare Utilization:** 2,117

2007 Work RVU: 10.43 **2018 Work RVU:** 7.81
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 10.04 **2018 Fac PE RVU:**10.04

RUC Recommendation: 8.80 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

Status Report: CMS Requests and Relativity Assessment Issues

65800 **Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous**

Global: 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 21 **Specialty Developing Recommendation:** AAO

First Identified: September 2011 **2016 Medicare Utilization:** 27,725

2007 Work RVU: 1.91 **2018 Work RVU:** 1.53
2007 NF PE RVU: 1.71 **2018 NF PE RVU:** 1.71
2007 Fac PE RVU 1.16 **2018 Fac PE RVU:**1.16

RUC Recommendation: 1.53

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

Result: Decrease

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 **2016 Medicare Utilization:**

2007 Work RVU: 1.91 **2018 Work RVU:**
2007 NF PE RVU: 2.07 **2018 NF PE RVU:** 2.07
2007 Fac PE RVU 1.16 **2018 Fac PE RVU:**1.16

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

65855 **Trabeculoplasty by laser surgery**

Global: 010 **Issue:** Trabeculoplasty by Laser Surgery **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2016 Medicare Utilization:** 155,386

2007 Work RVU: 3.90 **2018 Work RVU:** 3.00
2007 NF PE RVU: 4.14 **2018 NF PE RVU:** 4.14
2007 Fac PE RVU 3.01 **2018 Fac PE RVU:**3.01

RUC Recommendation: 3.00

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

Result: Decrease

66170 **Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery**

Global: 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 32 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2016 Medicare Utilization:** 10,542

2007 Work RVU: 14.57 **2018 Work RVU:** 13.94
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 12.17 **2018 Fac PE RVU:**12.17

RUC Recommendation: 13.94

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

66172 **Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)**

Global: 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 32 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2016 Medicare Utilization:** 4,583

RUC Recommendation: 14.81

Referred to CPT

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

2007 Work RVU: 18.26 **2018 Work RVU:** 14.84

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 15.21 **2018 Fac PE RVU:** 15.21

Result: Decrease

66179 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2016 Medicare Utilization:** 908

RUC Recommendation: 14.00

Referred to CPT October 2013

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

2007 Work RVU: **2018 Work RVU:** 14.00

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

66180 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2016 Medicare Utilization:** 12,051

RUC Recommendation: 15.00

Referred to CPT October 2013

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

2007 Work RVU: 16.02 **2018 Work RVU:** 15.00

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 10.62 **2018 Fac PE RVU:** 10.62

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

66183 **Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2016 Medicare Utilization:** 4,129

RUC Recommendation: 13.20

Referred to CPT

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

2007 Work RVU: **2018 Work RVU:** 13.20

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Maintain

66184 **Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2016 Medicare Utilization:** 454

RUC Recommendation: 9.58

Referred to CPT October 2013

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

2007 Work RVU: **2018 Work RVU:** 9.58

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

66185 **Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2016 Medicare Utilization:** 1,836

RUC Recommendation: 10.58

Referred to CPT October 2013

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

2007 Work RVU: 9.35 **2018 Work RVU:** 10.58

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 7.37 **2018 Fac PE RVU:** 7.37

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

66711 **Ciliary body destruction; cyclophotocoagulation, endoscopic**

Global: 090 **Issue:** Codes Reported Together **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AAO

First Identified: October 2017 **2016 Medicare Utilization:** 11,258

2007 Work RVU: 7.70 **2018 Work RVU:** 7.93
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **2018 Fac PE RVU:**6.49

RUC Recommendation: Refer to CPT to bundle

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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 **2016 Medicare Utilization:** 78,968

2007 Work RVU: 4.87 **2018 Work RVU:** 3.00
2007 NF PE RVU: 5.49 **2018 NF PE RVU:** 5.49
2007 Fac PE RVU 4.32 **2018 Fac PE RVU:**4.32

RUC Recommendation: 3.00

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

66821 **Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)**

Global: 090 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAO

First Identified: October 2010 **2016 Medicare Utilization:** 658,805

2007 Work RVU: 3.32 **2018 Work RVU:** 3.42
2007 NF PE RVU: 4.05 **2018 NF PE RVU:** 4.05
2007 Fac PE RVU 3.6 **2018 Fac PE RVU:**3.6

RUC Recommendation: Maintain

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

66982 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage**

Global: 090 **Issue:** Cataract Surgery **Screen:** High IWPUT / CMS Fastest Growing, Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 17 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2016 Medicare Utilization:** 166,903

2007 Work RVU: 14.83 **2018 Work RVU:** 11.08
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 9.75 **2018 Fac PE RVU:** 9.75

RUC Recommendation: 11.08. CPT Assistant article published; Reduce to 2x99213 & 3x99212

Referred to CPT

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

66984 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)**

Global: 090 **Issue:** Cataract Surgery **Screen:** High IWPUT / MPC List / Codes Reported Together 75%or More-Part4 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2016 Medicare Utilization:** 1,695,493

2007 Work RVU: 10.36 **2018 Work RVU:** 8.52
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.24 **2018 Fac PE RVU:** 7.24

RUC Recommendation: Refer to CPT to bundle. 8.52

Referred to CPT September 2018

Result: Decrease

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

67028 **Intravitreal injection of a pharmacologic agent (separate procedure)**

Global: 000 **Issue:** Treatment of Retinal Lesion **Screen:** High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2016 Medicare Utilization:** 3,226,272

2007 Work RVU: 2.52 **2018 Work RVU:** 1.44
2007 NF PE RVU: 2.59 **2018 NF PE RVU:** 2.59
2007 Fac PE RVU 1.42 **2018 Fac PE RVU:** 1.42

RUC Recommendation: Review utilization at RAW Oct 2018. 1.44

Referred to CPT

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 15,619

RUC Recommendation: 12.13

Referred to CPT

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

2007 Work RVU: 13.09 **2018 Work RVU:** 12.13

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 8.96 **2018 Fac PE RVU:**8.96

Result: Decrease

67038 **Deleted from CPT**

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

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

First Identified: September 2007 **2016 Medicare Utilization:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2007

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

2007 Work RVU: 23.30 **2018 Work RVU:**

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 15.16 **2018 Fac PE RVU:**15.16

Result: Deleted from CPT

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 **2016 Medicare Utilization:** 2,729

RUC Recommendation: 13.20

Referred to CPT

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

2007 Work RVU: 16.39 **2018 Work RVU:** 13.20

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 11.94 **2018 Fac PE RVU:**11.94

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 9,656

2007 Work RVU: 19.23 **2018 Work RVU:** 14.50
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 13.41 **2018 Fac PE RVU:** 13.41

RUC Recommendation: 14.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2016 Medicare Utilization:** 13,830

2007 Work RVU: **2018 Work RVU:** 16.33
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 16.33 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2016 Medicare Utilization:** 25,973

2007 Work RVU: **2018 Work RVU:** 16.33
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 16.33 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 655

2007 Work RVU: **2018 Work RVU:** 17.40
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 17.40 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

67101 **Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy**

Global: 010 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** April 2015 **2016 Medicare Utilization:** 592

2007 Work RVU: 8.60 **2018 Work RVU:** 3.50
2007 NF PE RVU: 9.04 **2018 NF PE RVU:** 9.04
2007 Fac PE RVU 6.51 **2018 Fac PE RVU:**6.51

RUC Recommendation: 3.50 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

67105 **Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation**

Global: 010 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** April 2015 **2016 Medicare Utilization:** 6,082

2007 Work RVU: 8.35 **2018 Work RVU:** 3.39
2007 NF PE RVU: 7.99 **2018 NF PE RVU:** 7.99
2007 Fac PE RVU 6.13 **2018 Fac PE RVU:**6.13

RUC Recommendation: 3.84 **Referred to CPT** May 2015 **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), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2016 Medicare Utilization:** 737

2007 Work RVU: 16.35 **2018 Work RVU:** 16.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 11.19 **2018 Fac PE RVU:** 11.19

RUC Recommendation: 16.00. Reduce 99238 to 0.5

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67108 **Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2016 Medicare Utilization:** 15,740

2007 Work RVU: 22.49 **2018 Work RVU:** 17.13
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 14.22 **2018 Fac PE RVU:** 14.22

RUC Recommendation: 17.13

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67110 **Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2016 Medicare Utilization:** 2,572

2007 Work RVU: 10.02 **2018 Work RVU:** 10.25
2007 NF PE RVU: 9.99 **2018 NF PE RVU:** 9.99
2007 Fac PE RVU 7.37 **2018 Fac PE RVU:** 7.37

RUC Recommendation: 10.25. Remove 99238

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: April 2014 **2016 Medicare Utilization:**

2007 Work RVU: 18.45 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 11.71 **2018 Fac PE RVU:** 11.71

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

67113 **Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2016 Medicare Utilization:** 12,478

2007 Work RVU: **2018 Work RVU:** 19.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 19.00

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2016 Medicare Utilization:** 67,337

2007 Work RVU: 9.35 **2018 Work RVU:** 6.36
2007 NF PE RVU: 6.48 **2018 NF PE RVU:** 6.48
2007 Fac PE RVU 5.84 **2018 Fac PE RVU:** 5.84

RUC Recommendation: 6.36

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

Result: Decrease

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 **2016 Medicare Utilization:** 4,620

2007 Work RVU: 14.19 **2018 Work RVU:** 6.36
2007 NF PE RVU: 10.23 **2018 NF PE RVU:** 10.23
2007 Fac PE RVU 8.9 **2018 Fac PE RVU:**8.9

RUC Recommendation: 6.36 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

67225 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)**

Global: ZZZ **Issue:** Photodynamic Therapy of the Eye **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** P **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2016 Medicare Utilization:** 227

2007 Work RVU: 0.47 **2018 Work RVU:** 0.47
2007 NF PE RVU: 0.25 **2018 NF PE RVU:** 0.25
2007 Fac PE RVU 0.2 **2018 Fac PE RVU:**0.2

RUC Recommendation: 0.47 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

67228 **Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation**

Global: 010 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2016 Medicare Utilization:** 77,750

2007 Work RVU: 13.67 **2018 Work RVU:** 4.39
2007 NF PE RVU: 11.2 **2018 NF PE RVU:** 11.2
2007 Fac PE RVU 8.43 **2018 Fac PE RVU:**8.43

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

Status Report: CMS Requests and Relativity Assessment Issues

67255 **Scleral reinforcement (separate procedure); with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2016 Medicare Utilization:** 1,332

RUC Recommendation: 10.17

Referred to CPT October 2013

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

2007 Work RVU: 9.97 **2018 Work RVU:** 8.38

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 9.61 **2018 Fac PE RVU:**9.61

Result: Maintain

67500 **Retrobulbar injection; medication (separate procedure, does not include supply of medication)**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: October 2017 **2016 Medicare Utilization:** 7,788

RUC Recommendation: 1.18

Referred to CPT

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

2007 Work RVU: 1.44 **2018 Work RVU:** 1.44

2007 NF PE RVU: 0.66 **2018 NF PE RVU:** 0.66

2007 Fac PE RVU 0.34 **2018 Fac PE RVU:**0.34

Result: Decrease

67505 **Retrobulbar injection; alcohol**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: October 2017 **2016 Medicare Utilization:** 201

RUC Recommendation: 1.18

Referred to CPT

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

2007 Work RVU: 1.27 **2018 Work RVU:** 1.27

2007 NF PE RVU: 0.65 **2018 NF PE RVU:** 0.65

2007 Fac PE RVU 0.34 **2018 Fac PE RVU:**0.34

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67515 **Injection of medication or other substance into Tenon's capsule**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** July 2016 **2016 Medicare Utilization:** 25,729

2007 Work RVU: 1.40 **2018 Work RVU:** 1.40
2007 NF PE RVU: 0.65 **2018 NF PE RVU:** 0.65
2007 Fac PE RVU 0.45 **2018 Fac PE RVU:**0.45
Result: Decrease

RUC Recommendation: 0.84

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

67820 **Correction of trichiasis; epilation, by forceps only**

Global: 000 **Issue:** Correction of Trichiasis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 29 **Specialty Developing Recommendation:** AOA, AOA (optometry) **First Identified:** July 2015 **2016 Medicare Utilization:** 241,952

2007 Work RVU: 0.71 **2018 Work RVU:** 0.32
2007 NF PE RVU: 0.57 **2018 NF PE RVU:** 0.57
2007 Fac PE RVU 0.54 **2018 Fac PE RVU:**0.54
Result: Decrease

RUC Recommendation: 0.32

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

67914 **Repair of ectropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2016 Medicare Utilization:** 1,771

2007 Work RVU: 3.70 **2018 Work RVU:** 3.75
2007 NF PE RVU: 5.98 **2018 NF PE RVU:** 5.98
2007 Fac PE RVU 2.99 **2018 Fac PE RVU:**2.99
Result: Maintain

RUC Recommendation: 3.75

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

Status Report: CMS Requests and Relativity Assessment Issues

67915 **Repair of ectropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2016 Medicare Utilization:** 370

RUC Recommendation: 2.03

Referred to CPT

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

2007 Work RVU: 3.21 **2018 Work RVU:** 2.03

2007 NF PE RVU: 5.62 **2018 NF PE RVU:** 5.62

2007 Fac PE RVU 2.75 **2018 Fac PE RVU:** 2.75

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 **2016 Medicare Utilization:** 2,099

RUC Recommendation: 5.48

Referred to CPT

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

2007 Work RVU: 5.37 **2018 Work RVU:** 5.48

2007 NF PE RVU: 7.68 **2018 NF PE RVU:** 7.68

2007 Fac PE RVU 4.65 **2018 Fac PE RVU:** 4.65

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 **2016 Medicare Utilization:** 25,965

RUC Recommendation: 5.93

Referred to CPT

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

2007 Work RVU: 6.08 **2018 Work RVU:** 5.93

2007 NF PE RVU: 8.08 **2018 NF PE RVU:** 8.08

2007 Fac PE RVU 4.95 **2018 Fac PE RVU:** 4.95

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 **2016 Medicare Utilization:** 3,932

RUC Recommendation: 3.47

Referred to CPT

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

2007 Work RVU: 3.42 **2018 Work RVU:** 3.47
2007 NF PE RVU: 5.83 **2018 NF PE RVU:** 5.83
2007 Fac PE RVU 2.84 **2018 Fac PE RVU:** 2.84
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 **2016 Medicare Utilization:** 111

RUC Recommendation: 2.03

Referred to CPT

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

2007 Work RVU: 3.09 **2018 Work RVU:** 2.03
2007 NF PE RVU: 5.55 **2018 NF PE RVU:** 5.55
2007 Fac PE RVU 2.7 **2018 Fac PE RVU:** 2.7
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 **2016 Medicare Utilization:** 1,701

RUC Recommendation: 5.48

Referred to CPT

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

2007 Work RVU: 5.94 **2018 Work RVU:** 5.48
2007 NF PE RVU: 7.76 **2018 NF PE RVU:** 7.76
2007 Fac PE RVU 4.86 **2018 Fac PE RVU:** 4.86
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 **2016 Medicare Utilization:** 11,552

RUC Recommendation: 5.93

Referred to CPT

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

2007 Work RVU: 5.84 **2018 Work RVU:** 5.93
2007 NF PE RVU: 8.48 **2018 NF PE RVU:** 8.48
2007 Fac PE RVU 4.57 **2018 Fac PE RVU:**4.57
Result: Maintain

68040 **Expression of conjunctival follicles (eg, for trachoma)**

Global: 000 **Issue:** Treatment of Eyelid Lesions **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2016 Medicare Utilization:** 4,974

RUC Recommendation: Revised parenthetical

Referred to CPT February 2013

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

2007 Work RVU: 0.85 **2018 Work RVU:** 0.85
2007 NF PE RVU: 0.69 **2018 NF PE RVU:** 0.69
2007 Fac PE RVU 0.42 **2018 Fac PE RVU:**0.42
Result: Maintain

68200 **Subconjunctival injection**

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

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

First Identified: April 2011 **2016 Medicare Utilization:** 9,979

RUC Recommendation: 0.49

Referred to CPT

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

2007 Work RVU: 0.49 **2018 Work RVU:** 0.49
2007 NF PE RVU: 0.52 **2018 NF PE RVU:** 0.52
2007 Fac PE RVU 0.32 **2018 Fac PE RVU:**0.32
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

68801 **Dilation of lacrimal punctum, with or without irrigation**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: January 2014 **2016 Medicare Utilization:** 41,124

2007 Work RVU: 0.96 **2018 Work RVU:** 0.82
2007 NF PE RVU: 1.91 **2018 NF PE RVU:** 1.91
2007 Fac PE RVU 1.48 **2018 Fac PE RVU:** 1.48

RUC Recommendation: 1.00

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

Result: Maintain

68810 **Probing of nasolacrimal duct, with or without irrigation;**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** Site of Service Anomaly / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2007 **2016 Medicare Utilization:** 30,272

2007 Work RVU: 2.63 **2018 Work RVU:** 1.54
2007 NF PE RVU: 3.62 **2018 NF PE RVU:** 3.62
2007 Fac PE RVU 2.7 **2018 Fac PE RVU:** 2.7

RUC Recommendation: 1.54

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

Result: Decrease

68811 **Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2014 **2016 Medicare Utilization:** 510

2007 Work RVU: 2.39 **2018 Work RVU:** 1.74
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **2018 Fac PE RVU:** 2.36

RUC Recommendation: 2.03

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

68815 **Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** January 2014 **2016 Medicare Utilization:** 8,132

2007 Work RVU: 3.24 **2018 Work RVU:** 2.70
2007 NF PE RVU: 7.82 **2018 NF PE RVU:** 7.82
2007 Fac PE RVU 2.74 **2018 Fac PE RVU:** 2.74

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

68816 **Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** September 2014 **2016 Medicare Utilization:** 281

2007 Work RVU: **2018 Work RVU:** 2.10
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.35 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

69100 **Biopsy external ear**

Global: 000 **Issue:** Biopsy of Ear **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 28 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2016 Medicare Utilization:** 143,949

2007 Work RVU: 0.81 **2018 Work RVU:** 0.81
2007 NF PE RVU: 1.75 **2018 NF PE RVU:** 1.75
2007 Fac PE RVU 0.4 **2018 Fac PE RVU:** 0.4

RUC Recommendation: 0.81 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

69200 **Removal foreign body from external auditory canal; without general anesthesia**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 29 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2016 Medicare Utilization:** 48,285

2007 Work RVU: 0.77 **2018 Work RVU:** 0.77
2007 NF PE RVU: 2.29 **2018 NF PE RVU:** 2.29
2007 Fac PE RVU 0.56 **2018 Fac PE RVU:** 0.56

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69210 **Removal impacted cerumen requiring instrumentation, unilateral**

Global: 000 **Issue:** Removal of Cerumen **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** AAFP, AAO-HNS

First Identified: September 2011 **2016 Medicare Utilization:** 1,549,016

2007 Work RVU: 0.61 **2018 Work RVU:** 0.61
2007 NF PE RVU: 0.61 **2018 NF PE RVU:** 0.61
2007 Fac PE RVU 0.21 **2018 Fac PE RVU:**0.21

RUC Recommendation: 0.58.

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

69400 **Eustachian tube inflation, transnasal; with catheterization**

Global: 000 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

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

First Identified: October 2013 **2016 Medicare Utilization:**

2007 Work RVU: 0.83 **2018 Work RVU:**
2007 NF PE RVU: 2.27 **2018 NF PE RVU:** 2.27
2007 Fac PE RVU 0.66 **2018 Fac PE RVU:**0.66

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

69401 **Eustachian tube inflation, transnasal; without catheterization**

Global: 000 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

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

First Identified: April 2013 **2016 Medicare Utilization:**

2007 Work RVU: 0.63 **2018 Work RVU:**
2007 NF PE RVU: 1.3 **2018 NF PE RVU:** 1.3
2007 Fac PE RVU 0.63 **2018 Fac PE RVU:**0.63

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

69405 **Eustachian tube catheterization, transtympanic**

Global: 010 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

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

First Identified: October 2013 **2016 Medicare Utilization:**

2007 Work RVU: 2.65 **2018 Work RVU:**
2007 NF PE RVU: 3.48 **2018 NF PE RVU:** 3.48
2007 Fac PE RVU 2.19 **2018 Fac PE RVU:**2.19

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

69433 **Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia**

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

Most Recent RUC Meeting: September 2011 **Tab** 30 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2016 Medicare Utilization:** 46,932

2007 Work RVU: 1.54 **2018 Work RVU:** 1.57
2007 NF PE RVU: 3.09 **2018 NF PE RVU:** 3.09
2007 Fac PE RVU 1.6 **2018 Fac PE RVU:**1.6

RUC Recommendation: 1.57 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

69801 **Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal**

Global: 000 **Issue:** Labyrinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 19,428

2007 Work RVU: 8.61 **2018 Work RVU:** 2.06
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 9.31 **2018 Fac PE RVU:**9.31

RUC Recommendation: Review action plan at RAW Oct 2015. 2.06 **Referred to CPT** Feb 2010 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

69802 **Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy**

Global: 090 **Issue:** Labryinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 13.39 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 11.91 **2018 Fac PE RVU:**11.91

RUC Recommendation: Deleted from CPT **Referred to CPT** Feburary 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69930 **Cochlear device implantation, with or without mastoidectomy**

Global: 090 **Issue:** Cochlear Device Implantation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** M **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007 **2016 Medicare Utilization:** 3,430

2007 Work RVU: 17.60 **2018 Work RVU:** 17.73
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 14.06 **2018 Fac PE RVU:**14.06
Result: Maintain

RUC Recommendation: 17.60

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

70100 **Radiologic examination, mandible; partial, less than 4 views**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

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

First Identified: April 2013 **2016 Medicare Utilization:** 21,291

2007 Work RVU: 0.18 **2018 Work RVU:** 0.18
2007 NF PE RVU: 0.59 **2018 NF PE RVU:** 0.59
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

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

70210 **Radiologic examination, sinuses, paranasal, less than 3 views**

Global: XXX **Issue:** X-Ray Exam - Sinuses **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AAFP, ACR, ASNR

First Identified: October 2017 **2016 Medicare Utilization:** 43,089

2007 Work RVU: 0.17 **2018 Work RVU:** 0.17
2007 NF PE RVU: 0.65 **2018 NF PE RVU:** 0.65
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result:

RUC Recommendation: Crosswalk

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

Status Report: CMS Requests and Relativity Assessment Issues

70220 **Radiologic examination, sinuses, paranasal, complete, minimum of 3 views** **Global:** XXX **Issue:** X-Ray Exam - Sinuses **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AAFP, ACR, ASNR **First Identified:** October 2017 **2016 Medicare Utilization:** 73,008

2007 Work RVU: 0.25 **2018 Work RVU:** 0.25
2007 NF PE RVU: 0.82 **2018 NF PE RVU:** 0.82
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

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

70250 **Radiologic examination, skull; less than 4 views** **Global:** XXX **Issue:** X-Ray Exam – Skull **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2016 Medicare Utilization:** 46,763

2007 Work RVU: 0.24 **2018 Work RVU:** 0.24
2007 NF PE RVU: 0.7 **2018 NF PE RVU:** 0.7
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

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

70260 **Radiologic examination, skull; complete, minimum of 4 views** **Global:** XXX **Issue:** X-Ray Exam – Skull **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** January 2018 **2016 Medicare Utilization:** 11,904

2007 Work RVU: 0.34 **2018 Work RVU:** 0.34
2007 NF PE RVU: 0.96 **2018 NF PE RVU:** 0.96
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 2,553

2007 Work RVU: 0.16 **2018 Work RVU:** 0.16
2007 NF PE RVU: 0.58 **2018 NF PE RVU:** 0.58
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

Referred to CPT
Result: Maintain

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

70360 **Radiologic examination; neck, soft tissue** **Global:** XXX **Issue:** X-Ray Exam – Neck **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AAFP, ACR, ASNR **First Identified:** October 2017 **2016 Medicare Utilization:** 71,686

2007 Work RVU: 0.17 **2018 Work RVU:** 0.17
2007 NF PE RVU: 0.5 **2018 NF PE RVU:** 0.5
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Survey

Referred to CPT
Result:

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 **2016 Medicare Utilization:** 4,845

2007 Work RVU: 0.84 **2018 Work RVU:** 0.84
2007 NF PE RVU: 2.14 **2018 NF PE RVU:** 2.14
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: CPT Assistant article published.

Referred to CPT
Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.44 **2018 Work RVU:**
2007 NF PE RVU: 1.83 **2018 NF PE RVU:** 1.83
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Result: Maintain

70450 **Computed tomography, head or brain; without contrast material**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2016 Medicare Utilization:** 5,722,071

2007 Work RVU: 0.85 **2018 Work RVU:** 0.85
2007 NF PE RVU: 4.91 **2018 NF PE RVU:** 4.91
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.85

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

Result: Maintain

70460 **Computed tomography, head or brain; with contrast material(s)**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2013 **2016 Medicare Utilization:** 34,079

2007 Work RVU: 1.13 **2018 Work RVU:** 1.13
2007 NF PE RVU: 6.06 **2018 NF PE RVU:** 6.06
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.13

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

70470 **Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Head/Brain **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2009 **2016 Medicare Utilization:** 115,712

2007 Work RVU: 1.27 **2018 Work RVU:** 1.27
2007 NF PE RVU: 7.49 **2018 NF PE RVU:** 7.49
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.27. Survey for work and PE for April 2013 RUC meeting (Identified as part of 70450 family).

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

Result: Maintain

70480 **Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material** **Global:** XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2016 Medicare Utilization:** 51,619

2007 Work RVU: 1.28 **2018 Work RVU:** 1.28
2007 NF PE RVU: 5.86 **2018 NF PE RVU:** 5.86
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Survey

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

Result:

70481 **Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)** **Global:** XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** January 2018 **2016 Medicare Utilization:** 9,363

2007 Work RVU: 1.38 **2018 Work RVU:** 1.38
2007 NF PE RVU: 6.95 **2018 NF PE RVU:** 6.95
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Survey

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

70482 **Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** January 2018 **2016 Medicare Utilization:** 5,211

2007 Work RVU: 1.45 **2018 Work RVU:** 1.45
2007 NF PE RVU: 8.36 **2018 NF PE RVU:** 8.36
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Survey **Referred to CPT** **Result:**
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 **2016 Medicare Utilization:** 484,751

2007 Work RVU: 1.14 **2018 Work RVU:** 0.85
2007 NF PE RVU: 5.42 **2018 NF PE RVU:** 5.42
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.85 **Referred to CPT** **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 **2016 Medicare Utilization:** 25,002

2007 Work RVU: 1.30 **2018 Work RVU:** 1.13
2007 NF PE RVU: 6.55 **2018 NF PE RVU:** 6.55
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 1.17 **Referred to CPT** **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 **2016 Medicare Utilization:** 3,731

2007 Work RVU: 1.42 **2018 Work RVU:** 1.27
2007 NF PE RVU: 8.11 **2018 NF PE RVU:** 8.11
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

70490 **Computed tomography, soft tissue neck; without contrast material**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 69,987

2007 Work RVU: 1.28 **2018 Work RVU:** 1.28
2007 NF PE RVU: 5.39 **2018 NF PE RVU:** 5.39
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.28 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70491 **Computed tomography, soft tissue neck; with contrast material(s)**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 248,983

2007 Work RVU: 1.38 **2018 Work RVU:** 1.38
2007 NF PE RVU: 6.48 **2018 NF PE RVU:** 6.48
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.38 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70492 **Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 24,289

2007 Work RVU: 1.45 **2018 Work RVU:** 1.62
2007 NF PE RVU: 8.04 **2018 NF PE RVU:** 8.04
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.62 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 274,292

2007 Work RVU: 1.75 **2018 Work RVU:** 1.75
2007 NF PE RVU: 12.43 **2018 NF PE RVU:** 12.43
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.75 **Referred to CPT** **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 **2016 Medicare Utilization:** 295,442

2007 Work RVU: 1.75 **2018 Work RVU:** 1.75
2007 NF PE RVU: 12.45 **2018 NF PE RVU:** 12.45
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Maintain

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

70540 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 11,675

2007 Work RVU: 1.35 **2018 Work RVU:** 1.35
2007 NF PE RVU: 12.11 **2018 NF PE RVU:** 12.11
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.35 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

70542 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 1,253

2007 Work RVU: 1.62 **2018 Work RVU:** 1.62
2007 NF PE RVU: 14.09 **2018 NF PE RVU:** 14.09
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.62 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70543 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 55,402

2007 Work RVU: 2.15 **2018 Work RVU:** 2.15
2007 NF PE RVU: 23.65 **2018 NF PE RVU:** 23.65
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 2.15 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70544 **Magnetic resonance angiography, head; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 279,826

2007 Work RVU: 1.20 **2018 Work RVU:** 1.20
2007 NF PE RVU: 12.46 **2018 NF PE RVU:** 12.46
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70545 **Magnetic resonance angiography, head; with contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 3,710

2007 Work RVU: 1.20 **2018 Work RVU:** 1.20
2007 NF PE RVU: 12.44 **2018 NF PE RVU:** 12.44
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

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

70546 **Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 17,945

2007 Work RVU: 1.80 **2018 Work RVU:** 1.48
2007 NF PE RVU: 22.97 **2018 NF PE RVU:** 22.97
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Decrease

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

70547 **Magnetic resonance angiography, neck; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 83,555

2007 Work RVU: 1.20 **2018 Work RVU:** 1.20
2007 NF PE RVU: 12.45 **2018 NF PE RVU:** 12.45
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

70548 **Magnetic resonance angiography, neck; with contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 23,986

2007 Work RVU: 1.20 **2018 Work RVU:** 1.50
2007 NF PE RVU: 12.65 **2018 NF PE RVU:** 12.65
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

70549 **Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 72,603

2007 Work RVU: 1.80 **2018 Work RVU:** 1.80
2007 NF PE RVU: 22.96 **2018 NF PE RVU:** 22.96
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.80 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70551 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2016 Medicare Utilization:** 1,081,767

2007 Work RVU: 1.48 **2018 Work RVU:** 1.48
2007 NF PE RVU: 12.2 **2018 NF PE RVU:** 12.2
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70552 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2016 Medicare Utilization:** 24,762

2007 Work RVU: 1.78 **2018 Work RVU:** 1.78
2007 NF PE RVU: 14.22 **2018 NF PE RVU:** 14.22
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Maintain

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

70553 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2016 Medicare Utilization:** 978,339

2007 Work RVU: 2.36 **2018 Work RVU:** 2.29
2007 NF PE RVU: 23.53 **2018 NF PE RVU:** 23.53
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 2.36 **Referred to CPT** **Result:** Maintain

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

71010 **Radiologic examination, chest; single view, frontal**

Global: XXX **Issue:** Chest X-Rays **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2016 Medicare Utilization:** 17,094,303

2007 Work RVU: 0.18 **2018 Work RVU:**
2007 NF PE RVU: 0.5 **2018 NF PE RVU:** 0.5
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

71015 **Radiologic examination, chest; stereo, frontal**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2016 Medicare Utilization:** 489

2007 Work RVU: 0.21 **2018 Work RVU:**

2007 NF PE RVU: 0.58 **2018 NF PE RVU:** 0.58

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

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

Result: Deleted from CPT

71020 **Radiologic examination, chest, 2 views, frontal and lateral;**

Global: XXX **Issue:** Chest X-Rays **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2016 Medicare Utilization:** 11,660,843

2007 Work RVU: 0.22 **2018 Work RVU:**

2007 NF PE RVU: 0.66 **2018 NF PE RVU:** 0.66

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

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

Result: Deleted from CPT

71021 **Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2016 Medicare Utilization:** 5,965

2007 Work RVU: 0.27 **2018 Work RVU:**

2007 NF PE RVU: 0.79 **2018 NF PE RVU:** 0.79

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

71022 **Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 13,770

2007 Work RVU: 0.31 **2018 Work RVU:**
2007 NF PE RVU: 0.84 **2018 NF PE RVU:** 0.84
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71023 **Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 3,371

2007 Work RVU: 0.38 **2018 Work RVU:**
2007 NF PE RVU: 1.06 **2018 NF PE RVU:** 1.06
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71030 **Radiologic examination, chest, complete, minimum of 4 views;**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 9,011

2007 Work RVU: 0.31 **2018 Work RVU:**
2007 NF PE RVU: 0.88 **2018 NF PE RVU:** 0.88
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71034 **Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 475

2007 Work RVU: 0.46 **2018 Work RVU:**
2007 NF PE RVU: 1.69 **2018 NF PE RVU:** 1.69
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71035 **Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2016 Medicare Utilization:** 84,969

2007 Work RVU: 0.18 **2018 Work RVU:**

2007 NF PE RVU: 0.62 **2018 NF PE RVU:** 0.62

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

Result: Deleted from CPT

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

71045 **Radiologic examination, chest; single view**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.18

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.18

Referred to CPT February 2016

Result: Decrease

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

71046 **Radiologic examination, chest; 2 views**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.22

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.22

Referred to CPT February 2016

Result: Decrease

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

71047 **Radiologic examination, chest; 3 views**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.27

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.27

Referred to CPT February 2016

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

71048 **Radiologic examination, chest; 4 or more views**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2016 Medicare Utilization:**

RUC Recommendation: 0.31

Referred to CPT February 2016

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

2007 Work RVU: **2018 Work RVU:** 0.31

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

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 **2016 Medicare Utilization:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011

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

2007 Work RVU: 0.00 **2018 Work RVU:**

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

Result: Deleted from CPT

71100 **Radiologic examination, ribs, unilateral; 2 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 30 **Specialty Developing Recommendation:** ACR

First Identified: April 2013 **2016 Medicare Utilization:** 211,733

RUC Recommendation: 0.22

Referred to CPT

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

2007 Work RVU: 0.22 **2018 Work RVU:** 0.22

2007 NF PE RVU: 0.63 **2018 NF PE RVU:** 0.63

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

71101 **Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 30 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2016 Medicare Utilization:** 291,323

2007 Work RVU: 0.27 **2018 Work RVU:** 0.27
2007 NF PE RVU: 0.75 **2018 NF PE RVU:** 0.75
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.27 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

71110 **Radiologic examination, ribs, bilateral; 3 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 30 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2016 Medicare Utilization:** 28,304

2007 Work RVU: 0.27 **2018 Work RVU:** 0.29
2007 NF PE RVU: 0.84 **2018 NF PE RVU:** 0.84
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.29 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

71111 **Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 30 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2016 Medicare Utilization:** 29,747

2007 Work RVU: 0.32 **2018 Work RVU:** 0.32
2007 NF PE RVU: 1 **2018 NF PE RVU:** 1
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.32 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71250 **Computed tomography, thorax; without contrast material** **Global:** XXX **Issue:** CT Chest **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2016 Medicare Utilization:** 1,986,434

2007 Work RVU: 1.16 **2018 Work RVU:** 1.16
2007 NF PE RVU: 6.24 **2018 NF PE RVU:** 6.24
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Increase

RUC Recommendation: 1.16
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71260 **Computed tomography, thorax; with contrast material(s)** **Global:** XXX **Issue:** CT Chest **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 1,741,090

2007 Work RVU: 1.24 **2018 Work RVU:** 1.24
2007 NF PE RVU: 7.5 **2018 NF PE RVU:** 7.5
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 1.38
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71270 **Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Chest **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 84,518

2007 Work RVU: 1.38 **2018 Work RVU:** 1.38
2007 NF PE RVU: 9.36 **2018 NF PE RVU:** 9.36
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 1.24
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 1,022,343

2007 Work RVU: 1.92 **2018 Work RVU:** 1.82
2007 NF PE RVU: 12.53 **2018 NF PE RVU:** 12.53
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.82

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

Result: Decrease

72020 **Radiologic examination, spine, single view, specify level**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR

First Identified: April 2016 **2016 Medicare Utilization:** 170,357

2007 Work RVU: 0.15 **2018 Work RVU:** 0.15
2007 NF PE RVU: 0.46 **2018 NF PE RVU:** 0.46
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.15

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

Result: Maintain

72040 **Radiologic examination, spine, cervical; 2 or 3 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR

First Identified: October 2010 **2016 Medicare Utilization:** 641,093

2007 Work RVU: 0.22 **2018 Work RVU:** 0.22
2007 NF PE RVU: 0.69 **2018 NF PE RVU:** 0.69
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.22

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72050 **Radiologic examination, spine, cervical; 4 or 5 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2016 Medicare Utilization:** 396,739

RUC Recommendation: 0.31 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.31 **2018 Work RVU:** 0.31
2007 NF PE RVU: 1 **2018 NF PE RVU:** 1
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA
Result: Maintain

72052 **Radiologic examination, spine, cervical; 6 or more views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2016 Medicare Utilization:** 94,997

RUC Recommendation: 0.35 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.36 **2018 Work RVU:** 0.36
2007 NF PE RVU: 1.27 **2018 NF PE RVU:** 1.27
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA
Result: Decrease

72070 **Radiologic examination, spine; thoracic, 2 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2013 **2016 Medicare Utilization:** 310,433

RUC Recommendation: 0.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.22 **2018 Work RVU:** 0.22
2007 NF PE RVU: 0.69 **2018 NF PE RVU:** 0.69
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72072 **Radiologic examination, spine; thoracic, 3 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2016 **2016 Medicare Utilization:** 201,123

2007 Work RVU: 0.22 **2018 Work RVU:** 0.22
2007 NF PE RVU: 0.78 **2018 NF PE RVU:** 0.78
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.22 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72074 **Radiologic examination, spine; thoracic, minimum of 4 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2016 **2016 Medicare Utilization:** 14,997

2007 Work RVU: 0.22 **2018 Work RVU:** 0.22
2007 NF PE RVU: 0.96 **2018 NF PE RVU:** 0.96
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.22 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72080 **Radiologic examination, spine; thoracolumbar junction, minimum of 2 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2016 **2016 Medicare Utilization:** 43,300

2007 Work RVU: 0.22 **2018 Work RVU:** 0.22
2007 NF PE RVU: 0.72 **2018 NF PE RVU:** 0.72
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.22 **Referred to CPT** **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:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2016 Medicare Utilization:** 1,902,811

2007 Work RVU: 0.22 **2018 Work RVU:** 0.22
2007 NF PE RVU: 0.75 **2018 NF PE RVU:** 0.75
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.22 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72110 **Radiologic examination, spine, lumbosacral; minimum of 4 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2009 **2016 Medicare Utilization:** 866,519

2007 Work RVU: 0.31 **2018 Work RVU:** 0.31
2007 NF PE RVU: 1.03 **2018 NF PE RVU:** 1.03
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.31 **Referred to CPT** 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:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2016 Medicare Utilization:** 97,516

2007 Work RVU: 0.36 **2018 Work RVU:** 0.32
2007 NF PE RVU: 1.36 **2018 NF PE RVU:** 1.36
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.31 **Referred to CPT** 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:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2016 Medicare Utilization:** 44,031

2007 Work RVU: 0.22 **2018 Work RVU:** 0.22
2007 NF PE RVU: 0.98 **2018 NF PE RVU:** 0.98
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 0.22 **Referred to CPT** October 2010
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 **2016 Medicare Utilization:** 1,113,566

2007 Work RVU: 1.16 **2018 Work RVU:** 1.07
2007 NF PE RVU: 6.24 **2018 NF PE RVU:** 6.24
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 1.16 **Referred to CPT**
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 **2016 Medicare Utilization:** 20,765

2007 Work RVU: 1.22 **2018 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2018 NF PE RVU:** 7.49
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Remove from Screen

RUC Recommendation: Remove from screen **Referred to CPT**
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 **2016 Medicare Utilization:** 2,510

2007 Work RVU: 1.27 **2018 Work RVU:** 1.27
2007 NF PE RVU: 9.3 **2018 NF PE RVU:** 9.3
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 159,746

2007 Work RVU: 1.16 **2018 Work RVU:** 1.00
2007 NF PE RVU: 6.24 **2018 NF PE RVU:** 6.24
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 1.16 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72129 **Computed tomography, thoracic spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2016 Medicare Utilization:** 18,899

2007 Work RVU: 1.22 **2018 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2018 NF PE RVU:** 7.49
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **Referred to CPT** **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 **2016 Medicare Utilization:** 1,507

2007 Work RVU: 1.27 **2018 Work RVU:** 1.27
2007 NF PE RVU: 9.29 **2018 NF PE RVU:** 9.29
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

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

72131 **Computed tomography, lumbar spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2016 Medicare Utilization:** 457,134

2007 Work RVU: 1.16 **2018 Work RVU:** 1.00
2007 NF PE RVU: 6.24 **2018 NF PE RVU:** 6.24
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Survey. 1.16 **Referred to CPT** **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 / CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2016 Medicare Utilization:** 58,930

2007 Work RVU: 1.22 **2018 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2018 NF PE RVU:** 7.49
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

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

72133 **Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2016 Medicare Utilization:** 5,013

2007 Work RVU: 1.27 **2018 Work RVU:** 1.27
2007 NF PE RVU: 9.34 **2018 NF PE RVU:** 9.34
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Survey **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

72141 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** September 2011 **2016 Medicare Utilization:** 572,819

2007 Work RVU: 1.60 **2018 Work RVU:** 1.48
2007 NF PE RVU: 11.76 **2018 NF PE RVU:** 11.76
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72142 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2016 Medicare Utilization:** 4,183

2007 Work RVU: 1.92 **2018 Work RVU:** 1.78
2007 NF PE RVU: 14.26 **2018 NF PE RVU:** 14.26
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

72146 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2016 Medicare Utilization:** 199,657

2007 Work RVU: 1.60 **2018 Work RVU:** 1.48
2007 NF PE RVU: 12.69 **2018 NF PE RVU:** 12.69
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

72147 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2016 Medicare Utilization:** 3,615

2007 Work RVU: 1.92 **2018 Work RVU:** 1.78
2007 NF PE RVU: 13.76 **2018 NF PE RVU:** 13.76
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72148 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** AAOS, AUR, ACR, NASS, ASNR **First Identified:** April 2011 **2016 Medicare Utilization:** 1,306,611

2007 Work RVU: 1.48 **2018 Work RVU:** 1.48
2007 NF PE RVU: 12.66 **2018 NF PE RVU:** 12.66
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 1.48 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

72149 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2016 Medicare Utilization:** 6,869

2007 Work RVU: 1.78 **2018 Work RVU:** 1.78
2007 NF PE RVU: 14.23 **2018 NF PE RVU:** 14.23
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 1.78 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

72156 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2016 Medicare Utilization:** 108,876

2007 Work RVU: 2.57 **2018 Work RVU:** 2.29
2007 NF PE RVU: 23.52 **2018 NF PE RVU:** 23.52
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Decrease

RUC Recommendation: 2.29 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72157 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: April 2013 **2016 Medicare Utilization:** 84,602

2007 Work RVU: 2.57 **2018 Work RVU:** 2.29

2007 NF PE RVU: 23.12 **2018 NF PE RVU:** 23.12

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 2.29

Referred to CPT

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

Result: Decrease

72158 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: April 2013 **2016 Medicare Utilization:** 257,089

2007 Work RVU: 2.36 **2018 Work RVU:** 2.29

2007 NF PE RVU: 23.45 **2018 NF PE RVU:** 23.45

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 2.29

Referred to CPT

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

Result: Decrease

72170 **Radiologic examination, pelvis; 1 or 2 views**

Global: XXX **Issue:** X-Ray Exam – Pelvis **Screen:** Low Value-High Volume / Codes Reported Together 75% or More-Part2 / CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010 **2016 Medicare Utilization:** 847,508

2007 Work RVU: 0.17 **2018 Work RVU:** 0.17

2007 NF PE RVU: 0.56 **2018 NF PE RVU:** 0.56

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Crosswalk. 0.17

Referred to CPT October 2014

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72190 **Radiologic examination, pelvis; complete, minimum of 3 views**

Global: XXX **Issue:** X-Ray Exam – Pelvis **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2017 **2016 Medicare Utilization:** 55,433

2007 Work RVU: 0.21 **2018 Work RVU:** 0.21
2007 NF PE RVU: 0.76 **2018 NF PE RVU:** 0.76
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Crosswalk

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

Result:

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 **2016 Medicare Utilization:** 2,437

2007 Work RVU: 1.81 **2018 Work RVU:** 1.81
2007 NF PE RVU: 12.15 **2018 NF PE RVU:** 12.15
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 1.81

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72192 **Computed tomography, pelvis; without contrast material**

Global: XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2016 Medicare Utilization:** 162,788

2007 Work RVU: 1.09 **2018 Work RVU:** 1.09
2007 NF PE RVU: 6.12 **2018 NF PE RVU:** 6.12
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 1.09

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72193 **Computed tomography, pelvis; with contrast material(s)** **Global:** XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2016 Medicare Utilization:** 34,002

2007 Work RVU: 1.16 **2018 Work RVU:** 1.16
2007 NF PE RVU: 7.2 **2018 NF PE RVU:** 7.2
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.16 **Referred to CPT** 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 - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2016 Medicare Utilization:** 5,870

2007 Work RVU: 1.22 **2018 Work RVU:** 1.22
2007 NF PE RVU: 9.06 **2018 NF PE RVU:** 9.06
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.22 **Referred to CPT** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72195 **Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)** **Global:** XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 76,786

2007 Work RVU: 1.46 **2018 Work RVU:** 1.46
2007 NF PE RVU: 12.19 **2018 NF PE RVU:** 12.19
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.46 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72196 **Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)** **Global:** XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 2,658

2007 Work RVU: 1.73 **2018 Work RVU:** 1.73
2007 NF PE RVU: 14.18 **2018 NF PE RVU:** 14.18
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 1.73 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

72197 **Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences** **Global:** XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 133,429

2007 Work RVU: 2.26 **2018 Work RVU:** 2.20
2007 NF PE RVU: 23.71 **2018 NF PE RVU:** 23.71
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Decrease

RUC Recommendation: 2.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

72200 **Radiologic examination, sacroiliac joints; less than 3 views** **Global:** XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2016 **2016 Medicare Utilization:** 16,046

2007 Work RVU: 0.17 **2018 Work RVU:** 0.17
2007 NF PE RVU: 0.58 **2018 NF PE RVU:** 0.58
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

72202 **Radiologic examination, sacroiliac joints; 3 or more views** **Global:** XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2016 **2016 Medicare Utilization:** 32,502

2007 Work RVU: 0.19 **2018 Work RVU:** 0.19
2007 NF PE RVU: 0.69 **2018 NF PE RVU:** 0.69
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Decrease

RUC Recommendation: 0.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72220 **Radiologic examination, sacrum and coccyx, minimum of 2 views**

Global: XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2016 **2016 Medicare Utilization:** 121,312

RUC Recommendation: 0.17

Referred to CPT

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

2007 Work RVU: 0.17 **2018 Work RVU:** 0.17

2007 NF PE RVU: 0.61 **2018 NF PE RVU:** 0.61

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

Result: Maintain

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 **2016 Medicare Utilization:** 1,164

RUC Recommendation: 0.91

Referred to CPT October 2013

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.91 **2018 Work RVU:** 0.91

2007 NF PE RVU: 4.37 **2018 NF PE RVU:** 4.37

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

Result: Maintain

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 **2016 Medicare Utilization:** 167

RUC Recommendation: 0.91

Referred to CPT October 2013

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.91 **2018 Work RVU:** 0.91

2007 NF PE RVU: 3.98 **2018 NF PE RVU:** 3.98

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72265 **Myelography, lumbosacral, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2012 **2016 Medicare Utilization:** 5,141

2007 Work RVU: 0.83 **2018 Work RVU:** 0.83
2007 NF PE RVU: 3.83 **2018 NF PE RVU:** 3.83
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.83

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72270 **Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2012 **2016 Medicare Utilization:** 1,096

2007 Work RVU: 1.33 **2018 Work RVU:** 1.33
2007 NF PE RVU: 5.81 **2018 NF PE RVU:** 5.81
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 1.33

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72275 **Epidurography, radiological supervision and interpretation**

Global: XXX **Issue:** Epidurography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS

First Identified: October 2009 **2016 Medicare Utilization:** 77,792

2007 Work RVU: 0.76 **2018 Work RVU:** 0.76
2007 NF PE RVU: 2.15 **2018 NF PE RVU:** 2.15
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.76, CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009 and Q&A - May 2010

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72291 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance**

Global: XXX **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:**

First Identified: October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

72292 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance**

Global: XXX **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:**

First Identified: October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

73000 **Radiologic examination; clavicle, complete**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017 **2016 Medicare Utilization:** 98,463

2007 Work RVU: 0.16 **2018 Work RVU:** 0.16
2007 NF PE RVU: 0.56 **2018 NF PE RVU:** 0.56
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

73010 **Radiologic examination; scapula, complete**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** October 2017 **2016 Medicare Utilization:** 53,333

2007 Work RVU: 0.17 **2018 Work RVU:** 0.17
2007 NF PE RVU: 0.58 **2018 NF PE RVU:** 0.58
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

73020 **Radiologic examination, shoulder; 1 view**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** October 2017 **2016 Medicare Utilization:** 137,717

2007 Work RVU: 0.15 **2018 Work RVU:** 0.15
2007 NF PE RVU: 0.5 **2018 NF PE RVU:** 0.5
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

73030 **Radiologic examination, shoulder; complete, minimum of 2 views**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** Low Value-High Volume / CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** October 2010 **2016 Medicare Utilization:** 2,573,713

2007 Work RVU: 0.18 **2018 Work RVU:** 0.18
2007 NF PE RVU: 0.61 **2018 NF PE RVU:** 0.61
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Survey. 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73050 **Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** January 2018 **2016 Medicare Utilization:** 10,333

2007 Work RVU: 0.20 **2018 Work RVU:** 0.20
2007 NF PE RVU: 0.73 **2018 NF PE RVU:** 0.73
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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 **2016 Medicare Utilization:** 354,133

2007 Work RVU: 0.17 **2018 Work RVU:** 0.16
2007 NF PE RVU: 0.61 **2018 NF PE RVU:** 0.61
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

73070 **Radiologic examination, elbow; 2 views**

Global: XXX **Issue:** X-Ray Elbow/Forearm **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 22 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** April 2016 **2016 Medicare Utilization:** 233,665

2007 Work RVU: 0.15 **2018 Work RVU:** 0.15
2007 NF PE RVU: 0.56 **2018 NF PE RVU:** 0.56
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73080 **Radiologic examination, elbow; complete, minimum of 3 views**

Global: XXX **Issue:** X-Ray Elbow/Forearm **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 22 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** October 2009 **2016 Medicare Utilization:** 375,554

2007 Work RVU: 0.17 **2018 Work RVU:** 0.17
2007 NF PE RVU: 0.66 **2018 NF PE RVU:** 0.66
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73090 **Radiologic examination; forearm, 2 views**

Global: XXX **Issue:** X-Ray Elbow/Forearm **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 22 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** April 2016 **2016 Medicare Utilization:** 237,419

2007 Work RVU: 0.16 **2018 Work RVU:** 0.16
2007 NF PE RVU: 0.56 **2018 NF PE RVU:** 0.56
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73100 **Radiologic examination, wrist; 2 views**

Global: XXX **Issue:** X-Ray Wrist **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 32 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 318,951

2007 Work RVU: 0.16 **2018 Work RVU:** 0.16
2007 NF PE RVU: 0.55 **2018 NF PE RVU:** 0.55
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73110 **Radiologic examination, wrist; complete, minimum of 3 views**

Global: XXX **Issue:** X-Ray Wrist **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 32 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2016 Medicare Utilization:** 1,016,513

RUC Recommendation: 0.17

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.17 **2018 Work RVU:** 0.17

2007 NF PE RVU: 0.63 **2018 NF PE RVU:** 0.63

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

Result: Maintain

73120 **Radiologic examination, hand; 2 views**

Global: XXX **Issue:** X-Ray of Hand/Fingers **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 33 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2016 Medicare Utilization:** 280,566

RUC Recommendation: 0.16

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.16 **2018 Work RVU:** 0.16

2007 NF PE RVU: 0.54 **2018 NF PE RVU:** 0.54

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

Result: Maintain

73130 **Radiologic examination, hand; minimum of 3 views**

Global: XXX **Issue:** X-Ray of Hand/Fingers **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 33 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2016 Medicare Utilization:** 1,148,099

RUC Recommendation: 0.17

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.17 **2018 Work RVU:** 0.17

2007 NF PE RVU: 0.6 **2018 NF PE RVU:** 0.6

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73140 **Radiologic examination, finger(s), minimum of 2 views** **Global:** XXX **Issue:** X-Ray of Hand/Fingers **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 33 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 370,822

2007 Work RVU: 0.13 **2018 Work RVU:** 0.13
2007 NF PE RVU: 0.51 **2018 NF PE RVU:** 0.51
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73200 **Computed tomography, upper extremity; without contrast material** **Global:** XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 23 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2016 Medicare Utilization:** 99,609

2007 Work RVU: 1.09 **2018 Work RVU:** 1.00
2007 NF PE RVU: 5.5 **2018 NF PE RVU:** 5.5
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.09

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73201 **Computed tomography, upper extremity; with contrast material(s)** **Global:** XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2016 Medicare Utilization:** 16,726

2007 Work RVU: 1.16 **2018 Work RVU:** 1.16
2007 NF PE RVU: 6.58 **2018 NF PE RVU:** 6.58
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA
Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73202 **Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2016 Medicare Utilization:** 2,052

2007 Work RVU: 1.22 **2018 Work RVU:** 1.22
2007 NF PE RVU: 8.38 **2018 NF PE RVU:** 8.38
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA
Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73206 **Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** May 2013 **2016 Medicare Utilization:** 4,492

2007 Work RVU: 1.81 **2018 Work RVU:** 1.81
2007 NF PE RVU: 11.22 **2018 NF PE RVU:** 11.22
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Survey with all CTA codes for October 2013.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

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 **2016 Medicare Utilization:** 32,808

2007 Work RVU: 1.35 **2018 Work RVU:** 1.35
2007 NF PE RVU: 12.24 **2018 NF PE RVU:** 12.24
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2011

Result: Maintain

73221 **Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)**

Global: XXX **Issue:** MRI **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2016 Medicare Utilization:** 447,661

2007 Work RVU: 1.35 **2018 Work RVU:** 1.35
2007 NF PE RVU: 11.98 **2018 NF PE RVU:** 11.98
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 1.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73500 **Radiologic examination, hip, unilateral; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2016 Medicare Utilization:**

2007 Work RVU: 0.17 **2018 Work RVU:**
2007 NF PE RVU: 0.52 **2018 NF PE RVU:** 0.52
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73501 **Radiologic examination, hip, unilateral, with pelvis when performed; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2016 Medicare Utilization:** 404,599

2007 Work RVU: **2018 Work RVU:** 0.18
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.17 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73502 **Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2016 Medicare Utilization:** 2,560,396

2007 Work RVU: **2018 Work RVU:** 0.22
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73503 **Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2016 Medicare Utilization:** 47,483

2007 Work RVU: **2018 Work RVU:** 0.27
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.27 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73510 **Radiologic examination, hip, unilateral; complete, minimum of 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.21 **2018 Work RVU:**
2007 NF PE RVU: 0.67 **2018 NF PE RVU:** 0.67
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73520 **Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2016 Medicare Utilization:**

2007 Work RVU: 0.26 **2018 Work RVU:**
2007 NF PE RVU: 0.76 **2018 NF PE RVU:** 0.76
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73521 **Radiologic examination, hips, bilateral, with pelvis when performed; 2 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2016 Medicare Utilization:** 196,923

2007 Work RVU: **2018 Work RVU:** 0.22
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73522 **Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2016 Medicare Utilization:** 159,493

2007 Work RVU: **2018 Work RVU:** 0.29
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.29 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73523 **Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2016 Medicare Utilization:** 80,656

2007 Work RVU: **2018 Work RVU:** 0.31
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.31 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73540 **Radiologic examination, pelvis and hips, infant or child, minimum of 2 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2016 Medicare Utilization:**

2007 Work RVU: 0.20 **2018 Work RVU:**
2007 NF PE RVU: 0.68 **2018 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73542 **Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation** **Global:** XXX **Issue:** Sacroiliac Joint Arthrography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS, ACR, AUR, ISIS, ASNR **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 0.59 **2018 Work RVU:**
2007 NF PE RVU: 1.98 **2018 NF PE RVU:** 1.98
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT

73550 **Radiologic examination, femur, 2 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2016 Medicare Utilization:**

2007 Work RVU: 0.17 **2018 Work RVU:**
2007 NF PE RVU: 0.61 **2018 NF PE RVU:** 0.61
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73551 **Radiologic examination, femur; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2014 **2016 Medicare Utilization:** 47,025

RUC Recommendation: 0.16

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 0.16

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

73552 **Radiologic examination, femur; minimum 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2014 **2016 Medicare Utilization:** 527,794

RUC Recommendation: 0.18

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 0.18

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

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 **2016 Medicare Utilization:** 1,962,259

RUC Recommendation: 0.16

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.17 **2018 Work RVU:** 0.16

2007 NF PE RVU: 0.58 **2018 NF PE RVU:** 0.58

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

Result: Decrease

73562 **Radiologic examination, knee; 3 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010 **2016 Medicare Utilization:** 2,333,838

RUC Recommendation: 0.18

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.18 **2018 Work RVU:** 0.18

2007 NF PE RVU: 0.65 **2018 NF PE RVU:** 0.65

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73564 **Radiologic examination, knee; complete, 4 or more views** **Global:** XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2016 Medicare Utilization:** 1,432,770

2007 Work RVU: 0.22 **2018 Work RVU:** 0.22
2007 NF PE RVU: 0.73 **2018 NF PE RVU:** 0.73
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.22

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73565 **Radiologic examination, knee; both knees, standing, anteroposterior** **Global:** XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2016 Medicare Utilization:** 282,853

2007 Work RVU: 0.17 **2018 Work RVU:** 0.16
2007 NF PE RVU: 0.57 **2018 NF PE RVU:** 0.57
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73580 **Radiologic examination, knee, arthrography, radiological supervision and interpretation** **Global:** XXX **Issue:** Contrast X-Ray of Knee Joint **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2008 **2016 Medicare Utilization:** 44,509

2007 Work RVU: 0.54 **2018 Work RVU:** 0.54
2007 NF PE RVU: 2.67 **2018 NF PE RVU:** 2.67
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: Review October 2020 via action plan. Show data for the total joint replacement codes in correlation with this service.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 503,510

2007 Work RVU: 0.17 **2018 Work RVU:** 0.16
2007 NF PE RVU: 0.57 **2018 NF PE RVU:** 0.57
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73600 **Radiologic examination, ankle; 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR, APMA **First Identified:** April 2013 **2016 Medicare Utilization:** 258,592

2007 Work RVU: 0.16 **2018 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2018 NF PE RVU:** 0.54
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:** 1,261,002

2007 Work RVU: 0.17 **2018 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2018 NF PE RVU:** 0.61
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73620 **Radiologic examination, foot; 2 views**

Global: XXX **Issue:** X-Ray Exam of Foot **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 27 **Specialty Developing Recommendation:** ACR, AAOS, APMA **First Identified:** October 2010 **2016 Medicare Utilization:** 682,244

2007 Work RVU: 0.16 **2018 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2018 NF PE RVU:** 0.54
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 2,643,290

2007 Work RVU: 0.17 **2018 Work RVU:** 0.17
2007 NF PE RVU: 0.6 **2018 NF PE RVU:** 0.6
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73650 **Radiologic examination; calcaneus, minimum of 2 views**

Global: XXX **Issue:** X-Ray Heel **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 23 **Specialty Developing Recommendation:** AAOS, ACR, APMA, AOFAS **First Identified:** April 2016 **2016 Medicare Utilization:** 98,835

2007 Work RVU: 0.16 **2018 Work RVU:** 0.16
2007 NF PE RVU: 0.53 **2018 NF PE RVU:** 0.53
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73660 **Radiologic examination; toe(s), minimum of 2 views**

Global: XXX **Issue:** X-Ray Toe **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 24 **Specialty Developing Recommendation:** AAOS, ACR, APMA, AOFAS **First Identified:** April 2016 **2016 Medicare Utilization:** 120,372

2007 Work RVU: 0.13 **2018 Work RVU:** 0.13
2007 NF PE RVU: 0.5 **2018 NF PE RVU:** 0.5
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 0.13

Referred to CPT
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?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2016 Medicare Utilization:** 262,311

2007 Work RVU: 1.09 **2018 Work RVU:** 1.00
2007 NF PE RVU: 5.5 **2018 NF PE RVU:** 5.5
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 1.09

Referred to CPT
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 / CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2016 Medicare Utilization:** 36,591

2007 Work RVU: 1.16 **2018 Work RVU:** 1.16
2007 NF PE RVU: 6.6 **2018 NF PE RVU:** 6.6
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Review action plan **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

73702 **Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2016 Medicare Utilization:** 4,871

2007 Work RVU: 1.22 **2018 Work RVU:** 1.22
2007 NF PE RVU: 8.4 **2018 NF PE RVU:** 8.4
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

73706 **Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing** **Global:** XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2016 Medicare Utilization:** 14,095

2007 Work RVU: 1.90 **2018 Work RVU:** 1.90
2007 NF PE RVU: 11.61 **2018 NF PE RVU:** 11.61
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Survey for October 2013. Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73718 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 131,806

2007 Work RVU: 1.35 **2018 Work RVU:** 1.35
2007 NF PE RVU: 12.14 **2018 NF PE RVU:** 12.14
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.35 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73719 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 1,668

2007 Work RVU: 1.62 **2018 Work RVU:** 1.62
2007 NF PE RVU: 14.12 **2018 NF PE RVU:** 14.12
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.62 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73720 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 57,017

2007 Work RVU: 2.15 **2018 Work RVU:** 2.15
2007 NF PE RVU: 23.7 **2018 NF PE RVU:** 23.7
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 2.15 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 656,372

RUC Recommendation: 1.35

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 1.35 **2018 Work RVU:** 1.35

2007 NF PE RVU: 12.05 **2018 NF PE RVU:** 12.05

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

Result: Maintain

74000 **Radiologic examination, abdomen; single anteroposterior view**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2016 Medicare Utilization:** 2,160,182

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.18 **2018 Work RVU:**

2007 NF PE RVU: 0.55 **2018 NF PE RVU:** 0.55

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

Result: Deleted from CPT

74010 **Radiologic examination, abdomen; anteroposterior and additional oblique and cone views**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2016 Medicare Utilization:** 34,747

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.23 **2018 Work RVU:**

2007 NF PE RVU: 0.68 **2018 NF PE RVU:** 0.68

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

74018 **Radiologic examination, abdomen; 1 view**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.18
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.18 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

74019 **Radiologic examination, abdomen; 2 views**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.23
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.23 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

74020 **Radiologic examination, abdomen; complete, including decubitus and/or erect views**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 583,131

2007 Work RVU: 0.27 **2018 Work RVU:**
2007 NF PE RVU: 0.72 **2018 NF PE RVU:** 0.72
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

74021 **Radiologic examination, abdomen; 3 or more views**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.27
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.27 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74022 **Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2016 Medicare Utilization:** 485,247

RUC Recommendation: 0.32

Referred to CPT February 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.32 **2018 Work RVU:** 0.32

2007 NF PE RVU: 0.85 **2018 NF PE RVU:** 0.85

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

Result: Maintain

74150 **Computed tomography, abdomen; without contrast material**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2016 Medicare Utilization:** 92,261

RUC Recommendation: Review PE. 0.35

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 1.19 **2018 Work RVU:** 1.19

2007 NF PE RVU: 5.97 **2018 NF PE RVU:** 5.97

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

Result: Maintain

74160 **Computed tomography, abdomen; with contrast material(s)**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / MPC List / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2016 Medicare Utilization:** 122,454

RUC Recommendation: 0.42

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 1.27 **2018 Work RVU:** 1.27

2007 NF PE RVU: 7.53 **2018 NF PE RVU:** 7.53

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

Result: Maintain

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 - Final Rule for 2012

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 34

Specialty Developing Recommendation: ACR

First Identified: February 2008

2016 Medicare Utilization: 105,531

RUC Recommendation: 1.40

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 1.40 **2018 Work RVU:** 1.40

2007 NF PE RVU: 9.6 **2018 NF PE RVU:** 9.6

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

Result: Maintain

74174 **Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography

Screen: Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013

Complete? Yes

Most Recent RUC Meeting: October 2013

Tab 12

Specialty Developing Recommendation: ACR, SIR

First Identified:

2016 Medicare Utilization: 203,964

RUC Recommendation: 2.20

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 2.20

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

74175 **Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography

Screen: CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013

Complete? Yes

Most Recent RUC Meeting: October 2013

Tab 12

Specialty Developing Recommendation: ACR, SIR

First Identified: October 2008

2016 Medicare Utilization: 44,326

RUC Recommendation: 1.82

Referred to CPT October 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 1.90 **2018 Work RVU:** 1.82

2007 NF PE RVU: 12.39 **2018 NF PE RVU:** 12.39

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

Result: Decrease

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:** October 2009 **2016 Medicare Utilization:** 2,283,743

2007 Work RVU: **2018 Work RVU:** 1.74
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.74 **Referred to CPT** 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:** October 2009 **2016 Medicare Utilization:** 2,881,274

2007 Work RVU: **2018 Work RVU:** 1.82
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.82 **Referred to CPT** 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:** October 2009 **2016 Medicare Utilization:** 543,683

2007 Work RVU: **2018 Work RVU:** 2.01
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.01 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74181 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)**

Global: XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 113,339

2007 Work RVU: 1.46 **2018 Work RVU:** 1.46
2007 NF PE RVU: 11.71 **2018 NF PE RVU:** 11.71
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.46 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

74182 **Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)**

Global: XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 4,944

2007 Work RVU: 1.73 **2018 Work RVU:** 1.73
2007 NF PE RVU: 14.63 **2018 NF PE RVU:** 14.63
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.73 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

74183 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences**

Global: XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 270,700

2007 Work RVU: 2.26 **2018 Work RVU:** 2.20
2007 NF PE RVU: 23.72 **2018 NF PE RVU:** 23.72
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 2.20 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

74210 **Radiologic examination; pharynx and/or cervical esophagus**

Global: XXX **Issue:** X-Ray Esophagus **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2016 **2016 Medicare Utilization:** 1,974

2007 Work RVU: 0.36 **2018 Work RVU:** 0.36
2007 NF PE RVU: 1.4 **2018 NF PE RVU:** 1.4
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74220 **Radiologic examination; esophagus**

Global: XXX **Issue:** X-Ray Esophagus **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 25 **Specialty Developing Recommendation:** ACR

First Identified: April 2016 **2016 Medicare Utilization:** 198,790

2007 Work RVU: 0.46 **2018 Work RVU:** 0.46
2007 NF PE RVU: 1.48 **2018 NF PE RVU:** 1.48
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.67

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74230 **Swallowing function, with cineradiography/videoradiography**

Global: XXX **Issue:** X-Ray Esophagus **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 25 **Specialty Developing Recommendation:** ACR

First Identified: April 2013 **2016 Medicare Utilization:** 363,527

2007 Work RVU: 0.53 **2018 Work RVU:** 0.53
2007 NF PE RVU: 1.57 **2018 NF PE RVU:** 1.57
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.53

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74240 **Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2016 Medicare Utilization:** 62,226

2007 Work RVU: 0.69 **2018 Work RVU:** 0.69
2007 NF PE RVU: 1.8 **2018 NF PE RVU:** 1.8
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

74241 **Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR

First Identified: January 2018 **2016 Medicare Utilization:** 27,555

2007 Work RVU: 0.69 **2018 Work RVU:** 0.69
2007 NF PE RVU: 1.89 **2018 NF PE RVU:** 1.89
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

74245 **Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR

First Identified: January 2018 **2016 Medicare Utilization:** 17,586

2007 Work RVU: 0.91 **2018 Work RVU:** 0.91
2007 NF PE RVU: 2.94 **2018 NF PE RVU:** 2.94
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

74246 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, without KUB**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2016 Medicare Utilization:** 41,867

2007 Work RVU: 0.69 **2018 Work RVU:** 0.69
2007 NF PE RVU: 2.06 **2018 NF PE RVU:** 2.06
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

74247 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR

First Identified: April 2011 **2016 Medicare Utilization:** 24,936

2007 Work RVU: 0.69 **2018 Work RVU:** 0.69
2007 NF PE RVU: 2.18 **2018 NF PE RVU:** 2.18
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT. 0.69

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74249 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR

First Identified: January 2018 **2016 Medicare Utilization:** 18,791

2007 Work RVU: 0.91 **2018 Work RVU:** 0.91
2007 NF PE RVU: 3.17 **2018 NF PE RVU:** 3.17
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

74250 **Radiologic examination, small intestine, includes multiple serial images;**

Global: XXX **Issue:** X-Ray Exam – Small Intestine/Colon **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2016 Medicare Utilization:** 55,323

2007 Work RVU: 0.47 **2018 Work RVU:** 0.47
2007 NF PE RVU: 1.68 **2018 NF PE RVU:** 1.68
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

74251 **Radiologic examination, small intestine, includes multiple serial images; via enteroclysis tube**

Global: XXX **Issue:** X-Ray Exam – Small Intestine/Colon **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** January 2018 **2016 Medicare Utilization:** 331

2007 Work RVU: 0.69 **2018 Work RVU:** 0.69
2007 NF PE RVU: 3.52 **2018 NF PE RVU:** 3.52
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT **Referred to CPT** May 2018 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

74260 **Duodenography, hypotonic**

Global: XXX **Issue:** X-Ray Exam – Small Intestine/Colon **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** January 2018 **2016 Medicare Utilization:** 40

2007 Work RVU: 0.50 **2018 Work RVU:** 0.50
2007 NF PE RVU: 3.21 **2018 NF PE RVU:** 3.21
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT **Referred to CPT** May 2018 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

74270 **Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB**

Global: XXX **Issue:** X-Ray Exam – Small Intestine/Colon **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2016 Medicare Utilization:** 37,259

2007 Work RVU: 0.69 **2018 Work RVU:** 0.69
2007 NF PE RVU: 2.29 **2018 NF PE RVU:** 2.29
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT **Referred to CPT** May 2018 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

74280 **Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon**

Global: XXX **Issue:** X-Ray Exam – Small Intestine/Colon **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2016 Medicare Utilization:** 13,910

2007 Work RVU: 0.99 **2018 Work RVU:** 0.99
2007 NF PE RVU: 3.07 **2018 NF PE RVU:** 3.07
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT. 0.99 **Referred to CPT** May 2018 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74305 **Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

74320 **Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.54 **2018 Work RVU:**
2007 NF PE RVU: 3 **2018 NF PE RVU:** 3
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

74327 **Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: 0.70 **2018 Work RVU:**
2007 NF PE RVU: 2.19 **2018 NF PE RVU:** 2.19
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

2016 Medicare Utilization: 10,120

2007 Work RVU: 0.49 **2018 Work RVU:** 0.49

2007 NF PE RVU: 2 **2018 NF PE RVU:** 2

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.49

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74420 **Urography, retrograde, with or without KUB**

Global: XXX **Issue:** X-Ray Urinary Tract **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 26 **Specialty Developing Recommendation:** ACR, AUA

First Identified: April 2016

2016 Medicare Utilization: 158,959

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.52

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74425 **Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation**

Global: XXX **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012

2016 Medicare Utilization: 4,816

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Survey October 2018

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

74475 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: XXX **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.54 **2018 Work RVU:**
2007 NF PE RVU: 3.69 **2018 NF PE RVU:** 3.69
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

74480 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: XXX **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.54 **2018 Work RVU:**
2007 NF PE RVU: 3.69 **2018 NF PE RVU:** 3.69
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

74485 **Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation**

Global: XXX **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: September 2017 **2016 Medicare Utilization:** 2,837

2007 Work RVU: 0.54 **2018 Work RVU:** 0.54
2007 NF PE RVU: 3.03 **2018 NF PE RVU:** 3.03
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.83

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

75574 **Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, ACC **First Identified:** May 2013 **2016 Medicare Utilization:** 51,314

2007 Work RVU: **2018 Work RVU:** 2.40
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Survey with all CTA codes for October 2013.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

75625 **Aortography, abdominal, by serialography, radiological supervision and interpretation**

Global: XXX **Issue:** Abdominal Aortography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACC, ACR, SCAI, SIR, SVS **First Identified:** October 2017 **2016 Medicare Utilization:** 99,225

2007 Work RVU: 1.14 **2018 Work RVU:** 1.14
2007 NF PE RVU: 10.55 **2018 NF PE RVU:** 10.55
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

75630 **Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation**

Global: XXX **Issue:** Abdominal Aortography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACC, ACR, SCAI, SIR, SVS **First Identified:** January 2018 **2016 Medicare Utilization:** 29,283

2007 Work RVU: 1.79 **2018 Work RVU:** 1.79
2007 NF PE RVU: 11.24 **2018 NF PE RVU:** 11.24
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

75635 **Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography of Abdominal Arteries **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 34 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2016 Medicare Utilization:** 99,705

2007 Work RVU: 2.40 **2018 Work RVU:** 2.40
2007 NF PE RVU: 15.56 **2018 NF PE RVU:** 15.56
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 2.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

75650 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS

First Identified: February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.49 **2018 Work RVU:**
2007 NF PE RVU: 10.66 **2018 NF PE RVU:** 10.66
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

75671 **Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS

First Identified: February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.66 **2018 Work RVU:**
2007 NF PE RVU: 11.08 **2018 NF PE RVU:** 11.08
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

75680 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.66 **2018 Work RVU:**
2007 NF PE RVU: 10.96 **2018 NF PE RVU:** 10.96
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75710 **Angiography, extremity, unilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2016 Medicare Utilization:** 147,827

2007 Work RVU: 1.14 **2018 Work RVU:** 1.75
2007 NF PE RVU: 10.72 **2018 NF PE RVU:** 10.72
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.75 and review utilization in October 2018 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

75716 **Angiography, extremity, bilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2016 Medicare Utilization:** 80,180

2007 Work RVU: 1.31 **2018 Work RVU:** 1.97
2007 NF PE RVU: 10.96 **2018 NF PE RVU:** 10.96
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.97 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75722 **Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.14 **2018 Work RVU:**
2007 NF PE RVU: 10.7 **2018 NF PE RVU:** 10.7
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2016 Medicare Utilization:**

2007 Work RVU: 1.49 **2018 Work RVU:**
2007 NF PE RVU: 11.15 **2018 NF PE RVU:** 11.15
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

75726 **Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** Angiography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, SCAI, SIR, SVS **First Identified:** October 2017 **2016 Medicare Utilization:** 43,835

2007 Work RVU: 1.14 **2018 Work RVU:** 1.14
2007 NF PE RVU: 10.61 **2018 NF PE RVU:** 10.61
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Survey **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:**

Status Report: CMS Requests and Relativity Assessment Issues

75774 **Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Angiography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, SCAI, SIR, SVS **First Identified:** October 2017 **2016 Medicare Utilization:** 71,596

2007 Work RVU: 0.36 **2018 Work RVU:** 0.36
2007 NF PE RVU: 10.15 **2018 NF PE RVU:** 10.15
2007 Fac PE RVU 10.15 **2018 Fac PE RVU:**10.15

RUC Recommendation: Survey **Referred to CPT** **Result:**
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 **2016 Medicare Utilization:**

2007 Work RVU: 1.84 **2018 Work RVU:**
2007 NF PE RVU: 2.2 **2018 NF PE RVU:** 2.2
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75791 **Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation**

Global: XXX **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** **2016 Medicare Utilization:** 15,462

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 365

2007 Work RVU: 1.44 **2018 Work RVU:** 1.44
2007 NF PE RVU: 10.54 **2018 NF PE RVU:** 10.54
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

75887 **Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2016 Medicare Utilization:** 538

2007 Work RVU: 1.44 **2018 Work RVU:** 1.44
2007 NF PE RVU: 10.6 **2018 NF PE RVU:** 10.6
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

75894 **Transcatheter therapy, embolization, any method, radiological supervision and interpretation**

Global: XXX **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 8,148

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Review utilization October 2018 **Referred to CPT** RAW will assess Oct 2018 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75896 **Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation**

Global: XXX **Issue:** Intracranial Endovascular Intervention **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 09 **Specialty Developing Recommendation:** AANS/CNS, ACR, ASNR, SCAI, SIR **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Code Deleted from CPT

Referred to CPT February 2014 February 2015 May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

75898 **Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis**

Global: XXX **Issue:** Intracranial Endovascular Intervention **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** AANS/CNS, ACR, ASNR, SCAI, SIR **First Identified:** February 2010 **2016 Medicare Utilization:** 10,665

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Review utilization data Oct 2018. Carrier Price.

Referred to CPT February 2014 February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

75945 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel**

Global: XXX **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75946 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75952 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation**

Global: XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2016 Medicare Utilization:** 16,758

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75953 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation**

Global: XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2016 Medicare Utilization:** 11,720

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75954 **Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation**

Global: XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2016 Medicare Utilization:** 685

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT **Referred to CPT** **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:** **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 4.24 **2018 Work RVU:**
2007 NF PE RVU: 9.99 **2018 NF PE RVU:** 9.99
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75962 **Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation**

Global: XXX **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2010 **2016 Medicare Utilization:** 50,062

2007 Work RVU: 0.54 **2018 Work RVU:**
2007 NF PE RVU: 12.8 **2018 NF PE RVU:** 12.8
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75964 **Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2016 Medicare Utilization:** 1,199

2007 Work RVU: 0.36 **2018 Work RVU:**
2007 NF PE RVU: 6.96 **2018 NF PE RVU:** 6.96
2007 Fac PE RVU 6.96 **2018 Fac PE RVU:**6.96

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75966 **Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation**

Global: XXX **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **2016 Medicare Utilization:** 2,035

2007 Work RVU: 1.31 **2018 Work RVU:**
2007 NF PE RVU: 13.18 **2018 NF PE RVU:** 13.18
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75968 **Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **2016 Medicare Utilization:** 215

2007 Work RVU: 0.36 **2018 Work RVU:**
2007 NF PE RVU: 6.99 **2018 NF PE RVU:** 6.99
2007 Fac PE RVU 6.99 **2018 Fac PE RVU:**6.99

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75978 **Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation**

Global: XXX **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2013 **2016 Medicare Utilization:** 279,813

2007 Work RVU: 0.54 **2018 Work RVU:**
2007 NF PE RVU: 12.72 **2018 NF PE RVU:** 12.72
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75980 **Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75982 **Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75984 **Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:** 17,988

2007 Work RVU: 0.72 **2018 Work RVU:** 0.72
2007 NF PE RVU: 2.18 **2018 NF PE RVU:** 2.18
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Review utilization data October 2018 **Referred to CPT** RAW will assess Oct 2018 **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 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** 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 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT **Referred to CPT** 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 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT **Referred to CPT** 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 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

76000 **Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time** **Global:** XXX **Issue:** Fluoroscopy **Screen:** Low Value-Billed in Multiple Units / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 27 **Specialty Developing Recommendation:** ACR, APMA **First Identified:** October 2010 **2016 Medicare Utilization:** 120,255

2007 Work RVU: 0.17 **2018 Work RVU:** 0.17
2007 NF PE RVU: 1.68 **2018 NF PE RVU:** 1.68
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.30 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

76001 **Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)** **Global:** XXX **Issue:** Fluoroscopy **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 27 **Specialty Developing Recommendation:** ACR **First Identified:** October 2016 **2016 Medicare Utilization:** 5,650

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76098 **Radiological examination, surgical specimen** **Global:** XXX **Issue:** X-Ray Exam Specimen **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2016 Medicare Utilization:** 58,705

2007 Work RVU: 0.16 **2018 Work RVU:** 0.16
2007 NF PE RVU: 0.43 **2018 NF PE RVU:** 0.43
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

76100 **Radiologic examination, single plane body section (eg, tomography), other than with urography** **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2016 Medicare Utilization:** 5,213

2007 Work RVU: 0.58 **2018 Work RVU:** 0.58
2007 NF PE RVU: 1.93 **2018 NF PE RVU:** 1.93
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

76101 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral** **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2016 Medicare Utilization:** 6

2007 Work RVU: 0.58 **2018 Work RVU:** 0.58
2007 NF PE RVU: 2.5 **2018 NF PE RVU:** 2.5
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:** 1,456

2007 Work RVU: 0.58 **2018 Work RVU:** 0.58
2007 NF PE RVU: 3.35 **2018 NF PE RVU:** 3.35
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76376 **3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation**

Global: XXX **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 204,530

2007 Work RVU: 0.20 **2018 Work RVU:** 0.20
2007 NF PE RVU: 2.95 **2018 NF PE RVU:** 2.95
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

76510 **Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2016 Medicare Utilization:** 14,849

2007 Work RVU: 1.55 **2018 Work RVU:** 0.70
2007 NF PE RVU: 2.73 **2018 NF PE RVU:** 2.73
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

76511 **Ophthalmic ultrasound, diagnostic; quantitative A-scan only**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2016 Medicare Utilization:** 4,672

2007 Work RVU: 0.94 **2018 Work RVU:** 0.64
2007 NF PE RVU: 2.17 **2018 NF PE RVU:** 2.17
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.64 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76512 **Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2016 Medicare Utilization:** 206,016

2007 Work RVU: 0.94 **2018 Work RVU:** 0.56
2007 NF PE RVU: 1.97 **2018 NF PE RVU:** 1.97
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2016 Medicare Utilization:** 26,169

2007 Work RVU: 0.66 **2018 Work RVU:** 0.66
2007 NF PE RVU: 1.75 **2018 NF PE RVU:** 1.75
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.66 and CPT Assistant article published

Referred to CPT May 2008
Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2013

Result: Maintain

76514 **Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)**

Global: XXX **Issue:** Echo Exam of Eye Thickness **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 12 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2017 **2016 Medicare Utilization:** 483,129

2007 Work RVU: 0.17 **2018 Work RVU:** 0.17
2007 NF PE RVU: 0.15 **2018 NF PE RVU:** 0.15
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76516 **Ophthalmic biometry by ultrasound echography, A-scan;**

Global: XXX **Issue:** Opthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** April 2016 **2016 Medicare Utilization:** 3,501

2007 Work RVU: 0.54 **2018 Work RVU:** 0.40
2007 NF PE RVU: 1.39 **2018 NF PE RVU:** 1.39
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

76519 **Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation**

Global: XXX **Issue:** Opthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** July 2015 **2016 Medicare Utilization:** 295,081

2007 Work RVU: 0.54 **2018 Work RVU:** 0.54
2007 NF PE RVU: 1.49 **2018 NF PE RVU:** 1.49
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.54

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76536 **Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation**

Global: XXX **Issue:** Soft Tissue Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** ACR, ASNR, TES, AACE **First Identified:** October 2008 **2016 Medicare Utilization:** 852,405

2007 Work RVU: 0.56 **2018 Work RVU:** 0.56
2007 NF PE RVU: 1.83 **2018 NF PE RVU:** 1.83
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76604 **Ultrasound, chest (includes mediastinum), real time with image documentation**

Global: XXX **Issue:** Ultrasound Exam - Chest **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2016 Medicare Utilization:** 84,758

2007 Work RVU: 0.55 **2018 Work RVU:** 0.55
2007 NF PE RVU: 1.54 **2018 NF PE RVU:** 1.54
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

76641 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete**

Global: XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2016 Medicare Utilization:** 523,228

2007 Work RVU: **2018 Work RVU:** 0.73
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.73

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

76642 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited**

Global: XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR

First Identified: January 2014 **2016 Medicare Utilization:** 728,881

2007 Work RVU: **2018 Work RVU:** 0.68

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.68

Referred to CPT October 2013

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.54 **2018 Work RVU:**

2007 NF PE RVU: 1.41 **2018 NF PE RVU:** 1.41

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2016 Medicare Utilization:** 994,284

2007 Work RVU: 0.81 **2018 Work RVU:** 0.81

2007 NF PE RVU: 2.39 **2018 NF PE RVU:** 2.39

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.81

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2016 Medicare Utilization:** 1,073,241

2007 Work RVU: 0.59 **2018 Work RVU:** 0.59

2007 NF PE RVU: 1.77 **2018 NF PE RVU:** 1.77

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.59

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

76706 **Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)**

Global: XXX **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** May 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.55
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.55 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2017

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 **2016 Medicare Utilization:** 1,294,498

2007 Work RVU: 0.74 **2018 Work RVU:** 0.74
2007 NF PE RVU: 2.36 **2018 NF PE RVU:** 2.36
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.74 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76775 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2016 Medicare Utilization:** 635,634

2007 Work RVU: 0.58 **2018 Work RVU:** 0.58
2007 NF PE RVU: 1.81 **2018 NF PE RVU:** 1.81
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.58 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:** 13,716

2007 Work RVU: 0.77 **2018 Work RVU:** 0.77
2007 NF PE RVU: 1.81 **2018 NF PE RVU:** 1.81
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76830 **Ultrasound, transvaginal**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2016 Medicare Utilization:** 466,829

2007 Work RVU: 0.69 **2018 Work RVU:** 0.69
2007 NF PE RVU: 1.97 **2018 NF PE RVU:** 1.97
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.69 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76856 **Ultrasound, pelvic (nonobstetric), real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2016 Medicare Utilization:** 489,014

2007 Work RVU: 0.69 **2018 Work RVU:** 0.69
2007 NF PE RVU: 1.99 **2018 NF PE RVU:** 1.99
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.69 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76857 **Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2016 Medicare Utilization:** 213,274

2007 Work RVU: 0.38 **2018 Work RVU:** 0.50
2007 NF PE RVU: 1.99 **2018 NF PE RVU:** 1.99
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

76870 **Ultrasound, scrotum and contents**

Global: XXX **Issue:** Ultrasound Exam - Scrotum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 28 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** April 2016 **2016 Medicare Utilization:** 136,713

2007 Work RVU: 0.64 **2018 Work RVU:** 0.64
2007 NF PE RVU: 1.97 **2018 NF PE RVU:** 1.97
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.64 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76872 **Ultrasound, transrectal;**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2016 Medicare Utilization:** 200,360

2007 Work RVU: 0.69 **2018 Work RVU:** 0.69
2007 NF PE RVU: 2.52 **2018 NF PE RVU:** 2.52
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.69 **Referred to CPT** **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 **2016 Medicare Utilization:**

2007 Work RVU: 0.59 **2018 Work RVU:**
2007 NF PE RVU: 1.97 **2018 NF PE RVU:** 1.97
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

76881 **Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation**

Global: XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing / New Technology/New Services **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 22 **Specialty Developing Recommendation:** AAOS, ACR, ACRh, APMA **First Identified:** April 2010 **2016 Medicare Utilization:** 211,923

2007 Work RVU: **2018 Work RVU:** 0.63
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Revised PE. RAW review in Oct 2019. **Referred to CPT** June 2017 **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Winter 2011; Apr 2016

Status Report: CMS Requests and Relativity Assessment Issues

76882 **Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft tissue structure[s], or soft tissue mass[es]), real-time with image documentation**

Global: XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing / New Technology/New Services **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 22 **Specialty Developing Recommendation:** AAOS, ACR, ACRh, APMA **First Identified:** April 2010 **2016 Medicare Utilization:** 239,576

2007 Work RVU: **2018 Work RVU:** 0.49
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Revised PE. RAW review in Oct 2019.

Referred to CPT June 2017
Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Summer and Winter 2011; Apr 2016

Result: Decrease

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 **2016 Medicare Utilization:** 2,296

2007 Work RVU: 0.67 **2018 Work RVU:** 0.00
2007 NF PE RVU: 1.85 **2018 NF PE RVU:** 1.85
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.67

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76932 **Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2016 Medicare Utilization:** 1,316

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.67

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2016 Medicare Utilization:** 1,017

2007 Work RVU: 1.99 **2018 Work RVU:** 1.99
2007 NF PE RVU: 6.67 **2018 NF PE RVU:** 6.67
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76937 **Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 09 **Specialty Developing Recommendation:**

First Identified: January 2018 **2016 Medicare Utilization:** 660,704

2007 Work RVU: 0.30 **2018 Work RVU:** 0.30
2007 NF PE RVU: 0.51 **2018 NF PE RVU:** 0.51
2007 Fac PE RVU 0.51 **2018 Fac PE RVU:**0.51

RUC Recommendation: Review in 2 years (Oct 2021)

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

76940 **Ultrasound guidance for, and monitoring of, parenchymal tissue ablation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** ACS, ACR, SIR

First Identified: July 2013 **2016 Medicare Utilization:** 1,373

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 2.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

76942 **Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation**

Global: XXX **Issue:** Ultrasound Guidance for Needle Placement **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3 **Complete?** Yes

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 **2016 Medicare Utilization:** 1,199,473

2007 Work RVU: 0.67 **2018 Work RVU:** 0.67
2007 NF PE RVU: 3.43 **2018 NF PE RVU:** 3.43
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Review utilization at the RAW. 0.67

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76948 **Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation**

Global: XXX **Issue:** Echo Guidance for Ova Aspiration **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 25 **Specialty Developing Recommendation:** ACOG

First Identified: July 2013 **2016 Medicare Utilization:** 10

2007 Work RVU: 0.38 **2018 Work RVU:** 0.67
2007 NF PE RVU: 1.34 **2018 NF PE RVU:** 1.34
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.58 **2018 Work RVU:**
2007 NF PE RVU: 1.43 **2018 NF PE RVU:** 1.43
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 5,911

2007 Work RVU: 1.34 **2018 Work RVU:** 1.34
2007 NF PE RVU: 4.8 **2018 NF PE RVU:** 4.8
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2016 Medicare Utilization:** 26,700

2007 Work RVU: 0.40 **2018 Work RVU:** 0.40
2007 NF PE RVU: 1.41 **2018 NF PE RVU:** 1.41
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

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:** PICC Line Procedures **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 09 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** January 2012 **2016 Medicare Utilization:** 430,157

2007 Work RVU: 0.38 **2018 Work RVU:** 0.38
2007 NF PE RVU: 1.73 **2018 NF PE RVU:** 1.73
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.38

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

77002 **Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2015 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 13 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** January 2012 **2016 Medicare Utilization:** 495,234

2007 Work RVU: 0.54 **2018 Work RVU:** 0.54
2007 NF PE RVU: 1.4 **2018 NF PE RVU:** 1.4
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.54 **Referred to CPT** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77003 **Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 13 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** October 2010 **2016 Medicare Utilization:** 244,152

2007 Work RVU: 0.60 **2018 Work RVU:** 0.60
2007 NF PE RVU: 1.28 **2018 NF PE RVU:** 1.28
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.60 **Referred to CPT** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77011 **Computed tomography guidance for stereotactic localization**

Global: XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 15 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** **2016 Medicare Utilization:** 5,110

2007 Work RVU: 1.21 **2018 Work RVU:** 1.21
2007 NF PE RVU: 11.38 **2018 NF PE RVU:** 11.38
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

Referred to CPT **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77012 **Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation**

Global: XXX **Issue:** CT Scan for Needle Biopsy **Screen:** CMS-Other - Utilization over 100,000 / Codes Reported Together 75%or More-Part4 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** April 2016 **2016 Medicare Utilization:** 204,058

2007 Work RVU: 1.16 **2018 Work RVU:** 1.16
2007 NF PE RVU: 7.02 **2018 NF PE RVU:** 7.02
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle. 1.50

Referred to CPT September 2018 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

77014 **Computed tomography guidance for placement of radiation therapy fields**

Global: XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ASTRO, ACR **First Identified:** October 2010 **2016 Medicare Utilization:** 1,701,952

2007 Work RVU: 0.85 **2018 Work RVU:** 0.85
2007 NF PE RVU: 3.53 **2018 NF PE RVU:** 3.53
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT. Maintain current value. Review after additional data available after coding changes effective (October 2021)

Referred to CPT September 2018 **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 **2016 Medicare Utilization:**

2007 Work RVU: 1.59 **2018 Work RVU:**

2007 NF PE RVU: 6.19 **2018 NF PE RVU:** 6.19

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT 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 **2016 Medicare Utilization:**

2007 Work RVU: 0.56 **2018 Work RVU:**

2007 NF PE RVU: 1.26 **2018 NF PE RVU:** 1.26

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77051 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: **2016 Medicare Utilization:** 1,010,440

2007 Work RVU: 0.06 **2018 Work RVU:**

2007 NF PE RVU: 0.38 **2018 NF PE RVU:** 0.38

2007 Fac PE RVU 0.38 **2018 Fac PE RVU:**0.38

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77052 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2016 Medicare Utilization:** 5,509,435

2007 Work RVU: 0.06 **2018 Work RVU:**
2007 NF PE RVU: 0.38 **2018 NF PE RVU:** 0.38
2007 Fac PE RVU 0.38 **2018 Fac PE RVU:**0.38

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

77055 **Mammography; unilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: January 2014 **2016 Medicare Utilization:** 19,922

2007 Work RVU: 0.70 **2018 Work RVU:**
2007 NF PE RVU: 1.34 **2018 NF PE RVU:** 1.34
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

77056 **Mammography; bilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: January 2014 **2016 Medicare Utilization:** 16,876

2007 Work RVU: 0.87 **2018 Work RVU:**
2007 NF PE RVU: 1.68 **2018 NF PE RVU:** 1.68
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

77057 **Screening mammography, bilateral (2-view study of each breast)** **Global:** XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2016 Medicare Utilization:** 93,838

2007 Work RVU: 0.70 **2018 Work RVU:**
2007 NF PE RVU: 1.43 **2018 NF PE RVU:** 1.43
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77058 **Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral** **Global:** XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 06 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 1,931

2007 Work RVU: 1.63 **2018 Work RVU:** 1.63
2007 NF PE RVU: 18.76 **2018 NF PE RVU:** 18.76
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Code Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77059 **Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral** **Global:** XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 06 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 74,004

2007 Work RVU: 1.63 **2018 Work RVU:** 1.63
2007 NF PE RVU: 23.46 **2018 NF PE RVU:** 23.46
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Code Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77065 **Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.81
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.81 **Referred to CPT** October 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

77066 **Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 1.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.00 **Referred to CPT** October 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

77067 **Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.76
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.76 **Referred to CPT** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77073 **Bone length studies (orthoroentgenogram, scanogram)**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2017 **2016 Medicare Utilization:** 47,840

2007 Work RVU: 0.27 **2018 Work RVU:** 0.27
2007 NF PE RVU: 0.81 **2018 NF PE RVU:** 0.81
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77074 **Radiologic examination, osseous survey; limited (eg, for metastases)** **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** January 2018 **2016 Medicare Utilization:** 7,443

2007 Work RVU: 0.45 **2018 Work RVU:** 0.45
2007 NF PE RVU: 1.2 **2018 NF PE RVU:** 1.2
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77075 **Radiologic examination, osseous survey; complete (axial and appendicular skeleton)** **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2017 **2016 Medicare Utilization:** 51,182

2007 Work RVU: 0.54 **2018 Work RVU:** 0.54
2007 NF PE RVU: 1.76 **2018 NF PE RVU:** 1.76
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77076 **Radiologic examination, osseous survey, infant** **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** January 2018 **2016 Medicare Utilization:** 45

2007 Work RVU: 0.70 **2018 Work RVU:** 0.70
2007 NF PE RVU: 1.2 **2018 NF PE RVU:** 1.2
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77077 **Joint survey, single view, 2 or more joints (specify)** **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2017 **2016 Medicare Utilization:** 35,845

2007 Work RVU: 0.31 **2018 Work RVU:** 0.31
2007 NF PE RVU: 1.07 **2018 NF PE RVU:** 1.07
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Survey **Referred to CPT** **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 **2016 Medicare Utilization:**

2007 Work RVU: 0.22 **2018 Work RVU:**
2007 NF PE RVU: 2.45 **2018 NF PE RVU:** 2.45
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** 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 - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2016 Medicare Utilization:** 2,272,201

2007 Work RVU: 0.20 **2018 Work RVU:** 0.20
2007 NF PE RVU: 2.59 **2018 NF PE RVU:** 2.59
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.20 **Referred to CPT** May 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77081 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: XXX **Issue:** Dual-energy X-Ray Absorptiometry (DXA) **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 32,545

2007 Work RVU: 0.22 **2018 Work RVU:** 0.22
2007 NF PE RVU: 0.8 **2018 NF PE RVU:** 0.8
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77082 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 0.17 **2018 Work RVU:**
2007 NF PE RVU: 0.71 **2018 NF PE RVU:** 0.71
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77083 **Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites**

Global: XXX **Issue:** Radiographic Absorptiometry **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACR, ACP **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 0.20 **2018 Work RVU:**
2007 NF PE RVU: 0.71 **2018 NF PE RVU:** 0.71
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77085 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** 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:** **2016 Medicare Utilization:** 111,598

2007 Work RVU: **2018 Work RVU:** 0.30
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.30 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77086 **Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)** **Global:** XXX **Issue:** Dual Energy X-Ray **Screen:** 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:** **2016 Medicare Utilization:** 2,558

2007 Work RVU: **2018 Work RVU:** 0.17
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.17 **Referred to CPT** May 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77261 **Therapeutic radiology treatment planning; simple** **Global:** XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 37 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2016 Medicare Utilization:** 8,998

2007 Work RVU: 1.39 **2018 Work RVU:** 1.30
2007 NF PE RVU: 0.51 **2018 NF PE RVU:** 0.51
2007 Fac PE RVU 0.51 **2018 Fac PE RVU:**0.51

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77262 **Therapeutic radiology treatment planning; intermediate** **Global:** XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 37 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2016 Medicare Utilization:** 3,833

2007 Work RVU: 2.11 **2018 Work RVU:** 2.00
2007 NF PE RVU: 0.74 **2018 NF PE RVU:** 0.74
2007 Fac PE RVU 0.74 **2018 Fac PE RVU:**0.74

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77263 **Therapeutic radiology treatment planning; complex**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 37 **Specialty Developing Recommendation:** ASTRO

First Identified: July 2015 **2016 Medicare Utilization:** 282,354

2007 Work RVU: 3.14 **2018 Work RVU:** 3.14
2007 NF PE RVU: 1.1 **2018 NF PE RVU:** 1.1
2007 Fac PE RVU 1.1 **2018 Fac PE RVU:**1.1

RUC Recommendation: 3.14

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

77280 **Therapeutic radiology simulation-aided field setting; simple**

Global: XXX **Issue:** Set Radiation Therapy Field **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: April 2011 **2016 Medicare Utilization:** 317,273

2007 Work RVU: 0.70 **2018 Work RVU:** 0.70
2007 NF PE RVU: 3.89 **2018 NF PE RVU:** 3.89
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.70

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2016 Medicare Utilization:** 3,602

2007 Work RVU: 1.05 **2018 Work RVU:** 1.05
2007 NF PE RVU: 6.45 **2018 NF PE RVU:** 6.45
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.05

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

77290 **Therapeutic radiology simulation-aided field setting; complex**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** MPC List / Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2016 Medicare Utilization:** 245,163

2007 Work RVU: 1.56 **2018 Work RVU:** 1.56
2007 NF PE RVU: 8.63 **2018 NF PE RVU:** 8.63
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 1.56 **Referred to CPT** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77293 **Respiratory motion management simulation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2016 Medicare Utilization:** 19,818

2007 Work RVU: **2018 Work RVU:** 2.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77295 **3-dimensional radiotherapy plan, including dose-volume histograms**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2011 **2016 Medicare Utilization:** 147,997

2007 Work RVU: 4.56 **2018 Work RVU:** 4.29
2007 NF PE RVU: 23.92 **2018 NF PE RVU:** 23.92
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 4.29 **Referred to CPT** October 2012, October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77300 **Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** MPC List / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2010 **2016 Medicare Utilization:** 1,235,675

2007 Work RVU: 0.62 **2018 Work RVU:** 0.62
2007 NF PE RVU: 1.45 **2018 NF PE RVU:** 1.45
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.62

Referred to CPT February 2014, October 2014

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77301 **Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications**

Global: XXX **Issue:** IMRT - PE Only **Screen:** CMS Fastest Growing / CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes1 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 28 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2008 **2016 Medicare Utilization:** 116,092

2007 Work RVU: 7.99 **2018 Work RVU:** 7.99
2007 NF PE RVU: 37.25 **2018 NF PE RVU:** 37.25
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. 7.99. CPT Assistant article published.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.70 **2018 Work RVU:**
2007 NF PE RVU: 1.79 **2018 NF PE RVU:** 1.79
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77306 **Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2010 **2016 Medicare Utilization:** 3,409

2007 Work RVU: **2018 Work RVU:** 1.40

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.40

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77307 **Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2010 **2016 Medicare Utilization:** 52,794

2007 Work RVU: **2018 Work RVU:** 2.90

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.90

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2016 Medicare Utilization:**

2007 Work RVU: 1.05 **2018 Work RVU:**

2007 NF PE RVU: 2.32 **2018 NF PE RVU:** 2.32

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 1.56 **2018 Work RVU:**
2007 NF PE RVU: 2.9 **2018 NF PE RVU:** 2.9
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77316 **Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2016 Medicare Utilization:** 4,294

2007 Work RVU: **2018 Work RVU:** 1.40
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77317 **Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2016 Medicare Utilization:** 3,756

2007 Work RVU: **2018 Work RVU:** 1.83
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.83 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77318 **Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 / RUC Request **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: October 2012 **2016 Medicare Utilization:** 6,690

2007 Work RVU: **2018 Work RVU:** 2.90

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.90

Referred to CPT February 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77326 **Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.93 **2018 Work RVU:**

2007 NF PE RVU: 2.75 **2018 NF PE RVU:** 2.75

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2016 Medicare Utilization:**

2007 Work RVU: 1.39 **2018 Work RVU:**

2007 NF PE RVU: 3.97 **2018 NF PE RVU:** 3.97

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

77328 **Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 2.09 **2018 Work RVU:**

2007 NF PE RVU: 5.54 **2018 NF PE RVU:** 5.54

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77332 **Treatment devices, design and construction; simple (simple block, simple bolus)**

Global: XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 40 **Specialty Developing Recommendation:** ASTRO

First Identified: April 2015 **2016 Medicare Utilization:** 79,014

2007 Work RVU: 0.54 **2018 Work RVU:** 0.45

2007 NF PE RVU: 1.53 **2018 NF PE RVU:** 1.53

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.54

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77333 **Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)**

Global: XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 40 **Specialty Developing Recommendation:** ASTRO

First Identified: April 2015 **2016 Medicare Utilization:** 12,085

2007 Work RVU: 0.84 **2018 Work RVU:** 0.75

2007 NF PE RVU: 1.75 **2018 NF PE RVU:** 1.75

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.84

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77334 **Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)**

Global: XXX **Issue:** **Screen:** MPC List / RUC request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2016 Medicare Utilization:** 872,477

2007 Work RVU: 1.24 **2018 Work RVU:** 1.15
2007 NF PE RVU: 3.43 **2018 NF PE RVU:** 3.43
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 1.24 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77336 **Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy**

Global: XXX **Issue:** Continuing Medical Physics Consultation-PE Only **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 31 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:** 424,084

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 2.52 **2018 NF PE RVU:** 2.52
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:** 136,487

2007 Work RVU: **2018 Work RVU:** 4.29
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 75

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 30.25 **2018 NF PE RVU:** 30.25
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT
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:** **2016 Medicare Utilization:** 946

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 22.93 **2018 NF PE RVU:** 22.93
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:** 22,244

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 42.87 **2018 NF PE RVU:** 42.87
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77385 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77386 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77387 **Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.58 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77402 **Radiation treatment delivery, >=1 MeV; simple**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 2.37 **2018 NF PE RVU:** 2.37
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: PE Only, revised introductory guidelines

Referred to CPT October 2013 and Feburary 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 2.27 **2018 NF PE RVU:** 2.27
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 2.38 **2018 NF PE RVU:** 2.38
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

77406 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 2.38 **2018 NF PE RVU:** 2.38
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77407 **Radiation treatment delivery, >=1 MeV; intermediate**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 2.93 **2018 NF PE RVU:** 2.93
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77408 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 2.87 **2018 NF PE RVU:** 2.87
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 3.02 **2018 NF PE RVU:** 3.02
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** 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 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 3.01 **2018 NF PE RVU:** 3.01
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77412 **Radiation treatment delivery, >=1 MeV; complex**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 3.46 **2018 NF PE RVU:** 3.46
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 3.46 **2018 NF PE RVU:** 3.46
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** 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 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 3.68 **2018 NF PE RVU:** 3.68
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77416 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 3.68 **2018 NF PE RVU:** 3.68
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 16.8 **2018 NF PE RVU:** 16.8
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009 and Q&A - Mar 2010

77421 **Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.39 **2018 Work RVU:**
2007 NF PE RVU: 3.11 **2018 NF PE RVU:** 3.11
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77422 **High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking**

Global: XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 4.58 **2018 NF PE RVU:** 4.58
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77423 **High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)**

Global: XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 3.84 **2018 NF PE RVU:** 3.84
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77427 **Radiation treatment management, 5 treatments**

Global: XXX **Issue:** Radiation Treatment Management **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2007 **2016 Medicare Utilization:** 1,085,351

2007 Work RVU: 3.70 **2018 Work RVU:** 3.37
2007 NF PE RVU: 1.15 **2018 NF PE RVU:** 1.15
2007 Fac PE RVU 1.15 **2018 Fac PE RVU:**1.15

RUC Recommendation: 3.45. Remove from high E/M screen. **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77435 **Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2016 Medicare Utilization:** 26,904

2007 Work RVU: 13.00 **2018 Work RVU:** 11.87
2007 NF PE RVU: 4.63 **2018 NF PE RVU:** 4.63
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77470 **Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)**

Global: XXX **Issue:** Special Radiation Treatment **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 41 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2016 Medicare Utilization:** 95,970

2007 Work RVU: 2.09 **2018 Work RVU:** 2.03
2007 NF PE RVU: 9.35 **2018 NF PE RVU:** 9.35
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 2.03 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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77523 **Proton treatment delivery; intermediate**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2016 Medicare Utilization:** 46,008

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from screen

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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 **2016 Medicare Utilization:** 4,912

2007 Work RVU: 1.56 **2018 Work RVU:** 1.31
2007 NF PE RVU: 5.09 **2018 NF PE RVU:** 5.09
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

77767 **Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO

First Identified: October 2014 **2016 Medicare Utilization:** 4,597

2007 Work RVU: **2018 Work RVU:** 1.05

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.05

Referred to CPT October 2014

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77768 **Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO

First Identified: October 2014 **2016 Medicare Utilization:** 7,634

2007 Work RVU: **2018 Work RVU:** 1.40

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.40

Referred to CPT October 2014

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77770 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO

First Identified: October 2014 **2016 Medicare Utilization:** 16,430

2007 Work RVU: **2018 Work RVU:** 1.95

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.95

Referred to CPT October 2014

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77771 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2016 Medicare Utilization:** 23,236

2007 Work RVU: **2018 Work RVU:** 3.80
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77772 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2016 Medicare Utilization:** 3,914

2007 Work RVU: **2018 Work RVU:** 5.40
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5.40 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77776 **Interstitial radiation source application; simple**

Global: 090 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: 4.67 **2018 Work RVU:**
2007 NF PE RVU: 4.23 **2018 NF PE RVU:** 4.23
2007 Fac PE RVU 4.23 **2018 Fac PE RVU:** 4.23

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77777 **Interstitial radiation source application; intermediate**

Global: 090 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: 7.49 **2018 Work RVU:**
2007 NF PE RVU: 6.92 **2018 NF PE RVU:** 6.92
2007 Fac PE RVU 6.92 **2018 Fac PE RVU:**6.92

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77778 **Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed**

Global: 000 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:** 4,857

2007 Work RVU: 11.23 **2018 Work RVU:** 8.78
2007 NF PE RVU: 9.38 **2018 NF PE RVU:** 9.38
2007 Fac PE RVU 9.38 **2018 Fac PE RVU:**9.38

RUC Recommendation: 8.78 **Referred to CPT** February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77781 **Deleted from CPT**

Global: XXX **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2008 **2016 Medicare Utilization:**

2007 Work RVU: 1.21 **2018 Work RVU:**
2007 NF PE RVU: 16.73 **2018 NF PE RVU:** 16.73
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 2.04 **2018 Work RVU:**
2007 NF PE RVU: 18.94 **2018 NF PE RVU:** 18.94
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77784 **Deleted from CPT**

Global: XXX **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 5.15 **2018 Work RVU:**
2007 NF PE RVU: 28.04 **2018 NF PE RVU:** 28.04
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77785 **Remote afterloading high dose rate radionuclide brachytherapy; 1 channel**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77786 **Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels** **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77787 **Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels** **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77790 **Supervision, handling, loading of radiation source** **Global:** XXX **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASTRO, SIR **First Identified:** October 2012 **2016 Medicare Utilization:** 314

2007 Work RVU: 1.05 **2018 Work RVU:** 0.00
2007 NF PE RVU: 1 **2018 NF PE RVU:** 1
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.00 **Referred to CPT** February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77X49

Global: **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 06 **Specialty Developing Recommendation:** ACR

First Identified: June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.45

Referred to CPT June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77X50

Global: **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 06 **Specialty Developing Recommendation:** ACR

First Identified: June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.60

Referred to CPT June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77X51

Global: **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 06 **Specialty Developing Recommendation:** ACR

First Identified: June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.10

Referred to CPT June 2017 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

77X52

Global: **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 06 **Specialty Developing Recommendation:** ACR

First Identified: June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.30

Referred to CPT June 2017 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78000 **Thyroid uptake; single determination**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.19 **2018 Work RVU:**
2007 NF PE RVU: 1.21 **2018 NF PE RVU:** 1.21
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78001 **Thyroid uptake; multiple determinations**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.26 **2018 Work RVU:**
2007 NF PE RVU: 1.59 **2018 NF PE RVU:** 1.59
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78003 **Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.33 **2018 Work RVU:**
2007 NF PE RVU: 1.26 **2018 NF PE RVU:** 1.26
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78006 **Thyroid imaging, with uptake; single determination**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.49 **2018 Work RVU:**
2007 NF PE RVU: 3.38 **2018 NF PE RVU:** 3.38
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.50 **2018 Work RVU:**
2007 NF PE RVU: 2.76 **2018 NF PE RVU:** 2.76
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78010 **Thyroid imaging; only**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.39 **2018 Work RVU:**
2007 NF PE RVU: 2.45 **2018 NF PE RVU:** 2.45
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78011 **Thyroid imaging; with vascular flow**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.45 **2018 Work RVU:**
2007 NF PE RVU: 2.99 **2018 NF PE RVU:** 2.99
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78012 **Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Medicare Utilization:** 3,115

2007 Work RVU: **2018 Work RVU:** 0.19
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.19 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78013 **Thyroid imaging (including vascular flow, when performed);**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Medicare Utilization:** 2,831

2007 Work RVU: **2018 Work RVU:** 0.37
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.37 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78014 **Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Medicare Utilization:** 26,136

2007 Work RVU: **2018 Work RVU:** 0.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.50 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78070 **Parathyroid planar imaging (including subtraction, when performed);**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2016 Medicare Utilization:** 14,684

2007 Work RVU: 0.82 **2018 Work RVU:** 0.80
2007 NF PE RVU: 4.21 **2018 NF PE RVU:** 4.21
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.80. Refer to CPT Assistant and review 2 years after article is published. **Referred to CPT** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

Status Report: CMS Requests and Relativity Assessment Issues

78071 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2016 Medicare Utilization:** 8,452

2007 Work RVU: **2018 Work RVU:** 1.20
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.20. Refer to CPT Assistant and review 2 years after article is published.

Referred to CPT **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

78072 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2016 Medicare Utilization:** 7,820

2007 Work RVU: **2018 Work RVU:** 1.60
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.60. Refer to CPT Assistant and review 2 years after article is published.

Referred to CPT **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

78223 **Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function**

Global: XXX **Issue:** Hepatobiliary Ductal System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 0.84 **2018 Work RVU:**
2007 NF PE RVU: 4.95 **2018 NF PE RVU:** 4.95
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2016 Medicare Utilization:** 58,144

2007 Work RVU: **2018 Work RVU:** 0.74
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.74 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78227 **Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2016 Medicare Utilization:** 86,580

2007 Work RVU: **2018 Work RVU:** 0.90
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78265 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit**

Global: XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2016 Medicare Utilization:** 2,089

2007 Work RVU: **2018 Work RVU:** 0.98
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2015

78266 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days**

Global: XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2016 Medicare Utilization:** 185

2007 Work RVU: **2018 Work RVU:** 1.08
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2015

Status Report: CMS Requests and Relativity Assessment Issues

78278 **Acute gastrointestinal blood loss imaging**

Global: XXX **Issue:** Acute GI Blood Loss Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 34 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** April 2011 **2016 Medicare Utilization:** 33,897

2007 Work RVU: 0.99 **2018 Work RVU:** 0.99
2007 NF PE RVU: 5.92 **2018 NF PE RVU:** 5.92
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.99 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

78300 **Bone and/or joint imaging; limited area**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2016 Medicare Utilization:** 10,838

2007 Work RVU: 0.62 **2018 Work RVU:** 0.62
2007 NF PE RVU: 3 **2018 NF PE RVU:** 3
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.62 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

78305 **Bone and/or joint imaging; multiple areas**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2016 Medicare Utilization:** 2,060

2007 Work RVU: 0.83 **2018 Work RVU:** 0.83
2007 NF PE RVU: 4.24 **2018 NF PE RVU:** 4.24
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.83 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

78306 **Bone and/or joint imaging; whole body**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2016 Medicare Utilization:** 287,564

2007 Work RVU: 0.86 **2018 Work RVU:** 0.86
2007 NF PE RVU: 4.84 **2018 NF PE RVU:** 4.84
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.86 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78451 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2016 Medicare Utilization:** 41,926

2007 Work RVU: **2018 Work RVU:** 1.38
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.40 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

78452 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2016 Medicare Utilization:** 1,978,737

2007 Work RVU: **2018 Work RVU:** 1.62
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78453 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2016 Medicare Utilization:** 1,723

2007 Work RVU: **2018 Work RVU:** 1.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78454 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2016 Medicare Utilization:** 11,491

2007 Work RVU: **2018 Work RVU:** 1.34
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.34 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78460 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.86 **2018 Work RVU:**
2007 NF PE RVU: 3.1 **2018 NF PE RVU:** 3.1
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78461 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 1.23 **2018 Work RVU:**
2007 NF PE RVU: 4.81 **2018 NF PE RVU:** 4.81
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78464 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 1.09 **2018 Work RVU:**
2007 NF PE RVU: 7.03 **2018 NF PE RVU:** 7.03
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78465 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 1.46 **2018 Work RVU:**
2007 NF PE RVU: 12.08 **2018 NF PE RVU:** 12.08
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78472 **Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing**

Global: XXX **Issue:** Cardiac Blood Pool Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 35 **Specialty Developing Recommendation:** ACC, ACR, SNM, ACNM **First Identified:** April 2011 **2016 Medicare Utilization:** 26,982

2007 Work RVU: 0.98 **2018 Work RVU:** 0.98
2007 NF PE RVU: 5.87 **2018 NF PE RVU:** 5.87
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.98 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78478 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.50 **2018 Work RVU:**
2007 NF PE RVU: 1.54 **2018 NF PE RVU:** 1.54
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78480 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.30 **2018 Work RVU:**
2007 NF PE RVU: 1.51 **2018 NF PE RVU:** 1.51
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78492 **Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** October 2016 **2016 Medicare Utilization:** 118,149

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Refer to CPT **Referred to CPT** February 2018 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

78579 **Pulmonary ventilation imaging (eg, aerosol or gas)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2016 Medicare Utilization:** 1,114

2007 Work RVU: **2018 Work RVU:** 0.49
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.49 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78580 **Pulmonary perfusion imaging (eg, particulate)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** SNM, ACR

First Identified: February 2010 **2016 Medicare Utilization:** 14,982

RUC Recommendation: 0.74

Referred to CPT October 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.74 **2018 Work RVU:** 0.74

2007 NF PE RVU: 3.97 **2018 NF PE RVU:** 3.97

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

Result: Maintain

78582 **Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM

First Identified: February 2010 **2016 Medicare Utilization:** 209,091

RUC Recommendation: 1.07

Referred to CPT October 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 1.07

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

78584 **Pulmonary perfusion imaging, particulate, with ventilation; single breath**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR

First Identified: February 2010 **2016 Medicare Utilization:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.99 **2018 Work RVU:**

2007 NF PE RVU: 3.34 **2018 NF PE RVU:** 3.34

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

Result: Deleted from CPT

78585 **Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR

First Identified: October 2009 **2016 Medicare Utilization:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 1.09 **2018 Work RVU:**

2007 NF PE RVU: 6.53 **2018 NF PE RVU:** 6.53

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

78586 **Pulmonary ventilation imaging, aerosol; single projection**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR

First Identified: February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.40 **2018 Work RVU:**
2007 NF PE RVU: 3.02 **2018 NF PE RVU:** 3.02
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.49 **2018 Work RVU:**
2007 NF PE RVU: 3.51 **2018 NF PE RVU:** 3.51
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2016 Medicare Utilization:**

2007 Work RVU: 1.09 **2018 Work RVU:**
2007 NF PE RVU: 4.7 **2018 NF PE RVU:** 4.7
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.40 **2018 Work RVU:**
2007 NF PE RVU: 3.21 **2018 NF PE RVU:** 3.21
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.49 **2018 Work RVU:**
2007 NF PE RVU: 3.84 **2018 NF PE RVU:** 3.84
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78594 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.53 **2018 Work RVU:**
2007 NF PE RVU: 5.12 **2018 NF PE RVU:** 5.12
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78596 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.27 **2018 Work RVU:**
2007 NF PE RVU: 7.7 **2018 NF PE RVU:** 7.7
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78597 **Quantitative differential pulmonary perfusion, including imaging when performed**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2016 Medicare Utilization:** 1,611

2007 Work RVU: **2018 Work RVU:** 0.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.75 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78598 **Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2016 Medicare Utilization:** 3,495

2007 Work RVU: **2018 Work RVU:** 0.85
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.85 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78803 **Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)**

Global: XXX **Issue:** RAW **Screen:** CPT 2013 Utilization Review **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** January 2016 **2016 Medicare Utilization:** 9,928

2007 Work RVU: 1.09 **2018 Work RVU:** 1.09
2007 NF PE RVU: 8.73 **2018 NF PE RVU:** 8.73
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT Assistant. **Referred to CPT** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

78815 **Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2010 **2016 Medicare Utilization:** 545,182

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Reaffirmed RUC recommendation **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

79101 **Radiopharmaceutical therapy, by intravenous administration** **Global:** XXX **Issue:** Radiopharmaceutical Therapy **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2016 Medicare Utilization:** 9,880

2007 Work RVU: 1.96 **2018 Work RVU:** 1.96
2007 NF PE RVU: 2.98 **2018 NF PE RVU:** 2.98
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Article published Feb 2012 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2012

85060 **Blood smear, peripheral, interpretation by physician with written report** **Global:** XXX **Issue:** Blood Smear Interpretation **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 30 **Specialty Developing Recommendation:** CAP **First Identified:** April 2016 **2016 Medicare Utilization:** 170,283

2007 Work RVU: 0.45 **2018 Work RVU:** 0.45
2007 NF PE RVU: 0.17 **2018 NF PE RVU:** 0.17
2007 Fac PE RVU 0.17 **2018 Fac PE RVU:**0.17

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

85097 **Bone marrow, smear interpretation** **Global:** XXX **Issue:** Bone Marrow Interpretation **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 31 **Specialty Developing Recommendation:** CAP **First Identified:** April 2016 **2016 Medicare Utilization:** 141,229

2007 Work RVU: 0.94 **2018 Work RVU:** 0.94
2007 NF PE RVU: 1.76 **2018 NF PE RVU:** 1.76
2007 Fac PE RVU 0.38 **2018 Fac PE RVU:**0.38

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

85390 **Fibrinolysins or coagulopathy screen, interpretation and report** **Global:** XXX **Issue:** Fibrinolysins Screen **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 26 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 34,175

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88104 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** October 2009 **2016 Medicare Utilization:** 84,316

2007 Work RVU: 0.56 **2018 Work RVU:** 0.56
2007 NF PE RVU: 0.93 **2018 NF PE RVU:** 0.93
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88106 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2016 Medicare Utilization:** 6,453

2007 Work RVU: 0.56 **2018 Work RVU:** 0.37
2007 NF PE RVU: 1.39 **2018 NF PE RVU:** 1.39
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88107 **Deleted from CPT**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.76 **2018 Work RVU:**
2007 NF PE RVU: 1.66 **2018 NF PE RVU:** 1.66
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

88108 **Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)**

Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** ACR, CAP

First Identified: February 2010 **2016 Medicare Utilization:** 270,518

2007 Work RVU: 0.56 **2018 Work RVU:** 0.44
2007 NF PE RVU: 1.27 **2018 NF PE RVU:** 1.27
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88112 **Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal**

Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** ACR, CAP

First Identified: September 2011 **2016 Medicare Utilization:** 953,256

2007 Work RVU: 1.18 **2018 Work RVU:** 0.56
2007 NF PE RVU: 1.85 **2018 NF PE RVU:** 1.85
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

88120 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: November 2012 **2016 Medicare Utilization:** 67,739

2007 Work RVU: **2018 Work RVU:** 1.20
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Utilization shift is appropriate.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: November 2012 **2016 Medicare Utilization:** 39,235

2007 Work RVU: **2018 Work RVU:** 1.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Utilization shift is appropriate.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88141 **Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:**

First Identified: October 2017 **2016 Medicare Utilization:** 74,117

2007 Work RVU: 0.42 **2018 Work RVU:** 0.42
2007 NF PE RVU: 0.21 **2018 NF PE RVU:** 0.21
2007 Fac PE RVU 0.21 **2018 Fac PE RVU:**0.21

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

88160 **Cytopathology, smears, any other source; screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:**

First Identified: April 2015 **2016 Medicare Utilization:** 8,946

2007 Work RVU: 0.50 **2018 Work RVU:** 0.50
2007 NF PE RVU: 0.85 **2018 NF PE RVU:** 0.85
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

88161 **Cytopathology, smears, any other source; preparation, screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:**

First Identified: April 2015 **2016 Medicare Utilization:** 5,095

2007 Work RVU: 0.50 **2018 Work RVU:** 0.50
2007 NF PE RVU: 0.99 **2018 NF PE RVU:** 0.99
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88162 **Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:**

First Identified: April 2015 **2016 Medicare Utilization:** 3,158

2007 Work RVU: 0.76 **2018 Work RVU:** 0.76
2007 NF PE RVU: 1.05 **2018 NF PE RVU:** 1.05
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88184 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker**

Global: XXX **Issue:** Flow Cytometry **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2016 Medicare Utilization:** 94,477

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 1.6 **2018 NF PE RVU:** 1.6
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: PE Only

RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88185 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)**

Global: ZZZ **Issue:** Flow Cytometry **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2016 Medicare Utilization:** 1,852,192

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0.85 **2018 NF PE RVU:** 0.85
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued.

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

88187 **Flow cytometry, interpretation; 2 to 8 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2016 Medicare Utilization:** 37,335

2007 Work RVU: 1.36 **2018 Work RVU:** 0.74
2007 NF PE RVU: 0.44 **2018 NF PE RVU:** 0.44
2007 Fac PE RVU 0.44 **2018 Fac PE RVU:**0.44

RUC Recommendation: 0.74

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88188 **Flow cytometry, interpretation; 9 to 15 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2016 Medicare Utilization:** 32,381

2007 Work RVU: 1.69 **2018 Work RVU:** 1.20
2007 NF PE RVU: 0.54 **2018 NF PE RVU:** 0.54
2007 Fac PE RVU 0.54 **2018 Fac PE RVU:**0.54

RUC Recommendation: 1.40

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88189 **Flow cytometry, interpretation; 16 or more markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP **First Identified:** July 2015 **2016 Medicare Utilization:** 199,913

2007 Work RVU: 2.23 **2018 Work RVU:** 1.70
2007 NF PE RVU: 0.68 **2018 NF PE RVU:** 0.68
2007 Fac PE RVU 0.68 **2018 Fac PE RVU:**0.68

RUC Recommendation: 1.70 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88300 **Level I - Surgical pathology, gross examination only**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-Billed in Multiple Units / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2016 Medicare Utilization:** 218,370

2007 Work RVU: 0.08 **2018 Work RVU:** 0.08
2007 NF PE RVU: 0.49 **2018 NF PE RVU:** 0.49
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.08 and new PE inputs **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88302 **Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2016 Medicare Utilization:** 86,782

2007 Work RVU: 0.13 **2018 Work RVU:** 0.13
2007 NF PE RVU: 1.1 **2018 NF PE RVU:** 1.1
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.13 and new PE inputs **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88304 **Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2016 Medicare Utilization:** 1,009,882

2007 Work RVU: 0.22 **2018 Work RVU:** 0.22
2007 NF PE RVU: 1.37 **2018 NF PE RVU:** 1.37
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.22 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88305 **Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2016 Medicare Utilization:** 16,908,469

2007 Work RVU: 0.75 **2018 Work RVU:** 0.75
2007 NF PE RVU: 1.97 **2018 NF PE RVU:** 1.97
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.75 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88307 **Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2016 Medicare Utilization:** 962,226

2007 Work RVU: 1.59 **2018 Work RVU:** 1.59
2007 NF PE RVU: 3.48 **2018 NF PE RVU:** 3.48
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.59 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88309 **Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection**

Global: XXX **Issue:** Pathology Services **Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2016 Medicare Utilization:** 153,296

2007 Work RVU: 2.80 **2018 Work RVU:** 2.80
2007 NF PE RVU: 4.86 **2018 NF PE RVU:** 4.86
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 2.80 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88312 **Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2016 Medicare Utilization:** 1,435,385

2007 Work RVU: 0.54 **2018 Work RVU:** 0.54
2007 NF PE RVU: 1.76 **2018 NF PE RVU:** 1.76
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.54 **Referred to CPT** 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 **2016 Medicare Utilization:** 1,413,939

2007 Work RVU: 0.24 **2018 Work RVU:** 0.24
2007 NF PE RVU: 1.42 **2018 NF PE RVU:** 1.42
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.24 **Referred to CPT** 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 **2016 Medicare Utilization:** 21,564

2007 Work RVU: 0.45 **2018 Work RVU:** 0.45
2007 NF PE RVU: 2.04 **2018 NF PE RVU:** 2.04
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.45 **Referred to CPT** 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:** **2016 Medicare Utilization:**

2007 Work RVU: 0.42 **2018 Work RVU:**
2007 NF PE RVU: 1.98 **2018 NF PE RVU:** 1.98
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88319 **Special stain including interpretation and report; Group III, for enzyme constituents**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** **2016 Medicare Utilization:** 15,714

2007 Work RVU: 0.53 **2018 Work RVU:** 0.53
2007 NF PE RVU: 3.36 **2018 NF PE RVU:** 3.36
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.53 **Referred to CPT** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88321 **Consultation and report on referred slides prepared elsewhere**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2016 Medicare Utilization:** 186,053

2007 Work RVU: 1.63 **2018 Work RVU:** 1.63
2007 NF PE RVU: 0.78 **2018 NF PE RVU:** 0.78
2007 Fac PE RVU 0.54 **2018 Fac PE RVU:**0.54

RUC Recommendation: 1.63 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88323 **Consultation and report on referred material requiring preparation of slides**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2016 Medicare Utilization:** 32,655

2007 Work RVU: 1.83 **2018 Work RVU:** 1.83
2007 NF PE RVU: 1.88 **2018 NF PE RVU:** 1.88
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.83 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88325 **Consultation, comprehensive, with review of records and specimens, with report on referred material**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 43 **Specialty Developing Recommendation:** CAP, ASC

First Identified: July 2015

2016 Medicare Utilization: 8,673

2007 Work RVU: 2.50 **2018 Work RVU:** 2.85

2007 NF PE RVU: 2.76 **2018 NF PE RVU:** 2.76

2007 Fac PE RVU 0.87 **2018 Fac PE RVU:**0.87

RUC Recommendation: 2.85

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

88329 **Pathology consultation during surgery;**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP

First Identified: February 2010

2016 Medicare Utilization: 31,363

2007 Work RVU: 0.67 **2018 Work RVU:** 0.67

2007 NF PE RVU: 0.66 **2018 NF PE RVU:** 0.66

2007 Fac PE RVU 0.27 **2018 Fac PE RVU:**0.27

RUC Recommendation: 0.67

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88331 **Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP

First Identified: October 2009

2016 Medicare Utilization: 511,015

2007 Work RVU: 1.19 **2018 Work RVU:** 1.19

2007 NF PE RVU: 1.14 **2018 NF PE RVU:** 1.14

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.19

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88332 **Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP

First Identified: October 2009

2016 Medicare Utilization: 173,388

2007 Work RVU: 0.59 **2018 Work RVU:** 0.59

2007 NF PE RVU: 0.46 **2018 NF PE RVU:** 0.46

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.59

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88333 **Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 39 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2016 Medicare Utilization:** 67,639

2007 Work RVU: 1.20 **2018 Work RVU:** 1.20
2007 NF PE RVU: 1.15 **2018 NF PE RVU:** 1.15
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88334 **Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 39 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2016 Medicare Utilization:** 33,134

2007 Work RVU: 0.73 **2018 Work RVU:** 0.73
2007 NF PE RVU: 0.65 **2018 NF PE RVU:** 0.65
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.73 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88341 **Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2016 Medicare Utilization:** 2,721,172

2007 Work RVU: **2018 Work RVU:** 0.56
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.65 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88342 **Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP

First Identified: April 2011 **2016 Medicare Utilization:** 1,793,334

2007 Work RVU: 0.85 **2018 Work RVU:** 0.70

2007 NF PE RVU: 1.6 **2018 NF PE RVU:** 1.6

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.70

Referred to CPT May 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

88344 **Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP

First Identified: November 2013 **2016 Medicare Utilization:** 87,264

2007 Work RVU: **2018 Work RVU:** 0.77

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.77

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

88346 **Immunofluorescence, per specimen; initial single antibody stain procedure** **Global:** XXX **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** April 2013 **2016 Medicare Utilization:** 62,086

2007 Work RVU: 0.86 **2018 Work RVU:** 0.74
2007 NF PE RVU: 1.67 **2018 NF PE RVU:** 1.67
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.74 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88347 **Immunofluorescent study, each antibody; indirect method** **Global:** XXX **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2013 **2016 Medicare Utilization:**

2007 Work RVU: 0.86 **2018 Work RVU:**
2007 NF PE RVU: 1.28 **2018 NF PE RVU:** 1.28
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88348 **Electron microscopy, diagnostic** **Global:** XXX **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2016 Medicare Utilization:** 16,200

2007 Work RVU: 1.51 **2018 Work RVU:** 1.51
2007 NF PE RVU: 11.48 **2018 NF PE RVU:** 11.48
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.76 **2018 Work RVU:**
2007 NF PE RVU: 4.88 **2018 NF PE RVU:** 4.88
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** Oct 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88350 **Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2014 **2016 Medicare Utilization:** 203,329

2007 Work RVU: **2018 Work RVU:** 0.59
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.70 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88356 **Morphometric analysis; nerve**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 37 **Specialty Developing Recommendation:** ASCP, CAP **First Identified:** April 2013 **2016 Medicare Utilization:** 15,507

2007 Work RVU: 3.02 **2018 Work RVU:** 2.80
2007 NF PE RVU: 4.79 **2018 NF PE RVU:** 4.79
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 2.80 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88360 **Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual**

Global: XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2016 Medicare Utilization:** 387,056

2007 Work RVU: 1.10 **2018 Work RVU:** 0.85
2007 NF PE RVU: 1.87 **2018 NF PE RVU:** 1.87
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88361 **Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology**

Global: XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2016 Medicare Utilization:** 164,140

2007 Work RVU: 1.18 **2018 Work RVU:** 0.95
2007 NF PE RVU: 2.94 **2018 NF PE RVU:** 2.94
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.95 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88364 **In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2016 Medicare Utilization:** 21,046

2007 Work RVU: **2018 Work RVU:** 0.70
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.88 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88365 **In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** September 2011 **2016 Medicare Utilization:** 39,280

2007 Work RVU: 1.20 **2018 Work RVU:** 0.88
2007 NF PE RVU: 2.32 **2018 NF PE RVU:** 2.32
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

88366 **In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2016 Medicare Utilization:** 1,313

2007 Work RVU: **2018 Work RVU:** 1.24
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.24 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88367 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2016 Medicare Utilization:** 9,243

2007 Work RVU: 1.30 **2018 Work RVU:** 0.73
2007 NF PE RVU: 4.31 **2018 NF PE RVU:** 4.31
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.86 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

Status Report: CMS Requests and Relativity Assessment Issues

88368 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2016 Medicare Utilization:** 27,379

2007 Work RVU: 1.40 **2018 Work RVU:** 0.88
2007 NF PE RVU: 2.96 **2018 NF PE RVU:** 2.96
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

88373 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2016 Medicare Utilization:** 8,323

2007 Work RVU: **2018 Work RVU:** 0.58
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.86 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88374 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** **2016 Medicare Utilization:** 97,801

2007 Work RVU: **2018 Work RVU:** 0.93
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.04 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88377 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2016 Medicare Utilization:** 143,816

2007 Work RVU: **2018 Work RVU:** 1.40
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.40 **Referred to CPT** 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 **2016 Medicare Utilization:**

2007 Work RVU: 0.17 **2018 Work RVU:**
2007 NF PE RVU: 0.35 **2018 NF PE RVU:** 0.35
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90467 **Deleted from CPT**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2016 Medicare Utilization:**

2007 Work RVU: 0.17 **2018 Work RVU:**
2007 NF PE RVU: 0.17 **2018 NF PE RVU:** 0.17
2007 Fac PE RVU 0.09 **2018 Fac PE RVU:**0.09

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 337,363

2007 Work RVU: 0.17 **2018 Work RVU:** 0.17
2007 NF PE RVU: 0.35 **2018 NF PE RVU:** 0.35
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **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 **2016 Medicare Utilization:** 28,460

2007 Work RVU: 0.15 **2018 Work RVU:** 0.15
2007 NF PE RVU: 0.13 **2018 NF PE RVU:** 0.13
2007 Fac PE RVU 0.11 **2018 Fac PE RVU:**0.11

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90473 **Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2016 Medicare Utilization:**

2007 Work RVU: 0.17 **2018 Work RVU:** 0.17
2007 NF PE RVU: 0.18 **2018 NF PE RVU:** 0.18
2007 Fac PE RVU 0.06 **2018 Fac PE RVU:**0.06

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.15 **2018 Work RVU:** 0.15
2007 NF PE RVU: 0.09 **2018 NF PE RVU:** 0.09
2007 Fac PE RVU 0.05 **2018 Fac PE RVU:** 0.05

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90785 **Interactive complexity (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 358,648

2007 Work RVU: **2018 Work RVU:** 0.33
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.33 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90791 **Psychiatric diagnostic evaluation**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 904,682

2007 Work RVU: **2018 Work RVU:** 3.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.00 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90792 **Psychiatric diagnostic evaluation with medical services**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: April 2013 **2016 Medicare Utilization:** 557,967

2007 Work RVU: **2018 Work RVU:** 3.25

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.25

Referred to CPT February 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

90801 **Psychiatric diagnostic interview examination**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 2.80 **2018 Work RVU:**

2007 NF PE RVU: 1.25 **2018 NF PE RVU:** 1.25

2007 Fac PE RVU 0.85 **2018 Fac PE RVU:**0.85

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

90805 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 1.37 **2018 Work RVU:**

2007 NF PE RVU: 0.53 **2018 NF PE RVU:** 0.53

2007 Fac PE RVU 0.38 **2018 Fac PE RVU:**0.38

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

90806 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 1.86 **2018 Work RVU:**

2007 NF PE RVU: 0.66 **2018 NF PE RVU:** 0.66

2007 Fac PE RVU 0.53 **2018 Fac PE RVU:**0.53

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90808 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 2.79 **2018 Work RVU:**

2007 NF PE RVU: 0.94 **2018 NF PE RVU:** 0.94

2007 Fac PE RVU 0.8 **2018 Fac PE RVU:**0.8

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90818 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 1.89 **2018 Work RVU:**

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 0.63 **2018 Fac PE RVU:**0.63

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90832 **Psychotherapy, 30 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 2,308,136

2007 Work RVU: **2018 Work RVU:** 1.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90833 **Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 1,319,919

2007 Work RVU: **2018 Work RVU:** 1.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90834 **Psychotherapy, 45 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 5,411,556

2007 Work RVU: **2018 Work RVU:** 2.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.00 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90836 **Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 570,679

2007 Work RVU: **2018 Work RVU:** 1.90
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.90 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90837 **Psychotherapy, 60 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 5,177,979

2007 Work RVU: **2018 Work RVU:** 3.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.00 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90838 **Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 103,891

2007 Work RVU: **2018 Work RVU:** 2.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90839 **Psychotherapy for crisis; first 60 minutes**

Global: XXX **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 18,560

2007 Work RVU: **2018 Work RVU:** 3.13
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.13 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90840 **Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 5,345

2007 Work RVU: **2018 Work RVU:** 1.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90845 **Psychoanalysis**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2011 **Tab** **Specialty Developing Recommendation:** **First Identified:** April 2013 **2016 Medicare Utilization:** 5,686

2007 Work RVU: 1.79 **2018 Work RVU:** 2.10
2007 NF PE RVU: 0.53 **2018 NF PE RVU:** 0.53
2007 Fac PE RVU 0.49 **2018 Fac PE RVU:** 0.49

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90846 **Family psychotherapy (without the patient present), 50 minutes**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 23,095

2007 Work RVU: 1.83 **2018 Work RVU:** 2.40
2007 NF PE RVU: 0.62 **2018 NF PE RVU:** 0.62
2007 Fac PE RVU 0.6 **2018 Fac PE RVU:** 0.6

RUC Recommendation: 2.40 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90847 **Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 188,656

2007 Work RVU: 2.21 **2018 Work RVU:** 2.50
2007 NF PE RVU: 0.8 **2018 NF PE RVU:** 0.8
2007 Fac PE RVU 0.69 **2018 Fac PE RVU:**0.69

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90853 **Group psychotherapy (other than of a multiple-family group)**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 1,025,308

2007 Work RVU: 0.59 **2018 Work RVU:** 0.59
2007 NF PE RVU: 0.26 **2018 NF PE RVU:** 0.26
2007 Fac PE RVU 0.22 **2018 Fac PE RVU:**0.22

RUC Recommendation: 0.59 **Referred to CPT** February 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

90862 **Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 0.95 **2018 Work RVU:**
2007 NF PE RVU: 0.46 **2018 NF PE RVU:** 0.46
2007 Fac PE RVU 0.31 **2018 Fac PE RVU:**0.31

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90863 **Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)**

Global: XXX **Issue:** Pharmacologic Management with Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 40 **Specialty Developing Recommendation:** APA (HCPAC) **First Identified:** April 2013 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.48
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.48 **Referred to CPT** 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 **2016 Medicare Utilization:** 141,204

2007 Work RVU: 1.88 **2018 Work RVU:** 2.50
2007 NF PE RVU: 1.93 **2018 NF PE RVU:** 1.93
2007 Fac PE RVU 0.54 **2018 Fac PE RVU:** 0.54

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90911 **Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry**

Global: 000 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 23,710

2007 Work RVU: 0.89 **2018 Work RVU:** 0.89
2007 NF PE RVU: 1.51 **2018 NF PE RVU:** 1.51
2007 Fac PE RVU 0.31 **2018 Fac PE RVU:** 0.31

RUC Recommendation: Survey for April 2018 **Referred to CPT** **Result:**
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

2016 Medicare Utilization: 1,144,959

2007 Work RVU: 1.22 **2018 Work RVU:** 1.48

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 0.64 **2018 Fac PE RVU:**0.64

RUC Recommendation: 1.48

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

90937 **Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2016 Medicare Utilization: 59,458

2007 Work RVU: 2.11 **2018 Work RVU:** 2.11

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 0.93 **2018 Fac PE RVU:**0.93

RUC Recommendation: 2.11

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

90945 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2016 Medicare Utilization: 149,718

2007 Work RVU: 1.28 **2018 Work RVU:** 1.56

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 0.66 **2018 Fac PE RVU:**0.66

RUC Recommendation: 1.56

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

90947 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 13,900

2007 Work RVU: 2.16 **2018 Work RVU:** 2.52
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0.94 **2018 Fac PE RVU:** 0.94

RUC Recommendation: 2.52 **Referred to CPT** **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 **2016 Medicare Utilization:** 44

2007 Work RVU: **2018 Work RVU:** 18.46
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **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 **2016 Medicare Utilization:** 4

2007 Work RVU: **2018 Work RVU:** 0.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 4

2007 Work RVU: **2018 Work RVU:** 0.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90954 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 612

2007 Work RVU: **2018 Work RVU:** 15.98
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90955 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 117

2007 Work RVU: **2018 Work RVU:** 8.79
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90956 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 105

2007 Work RVU: **2018 Work RVU:** 5.95
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90957 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 2,277

2007 Work RVU: **2018 Work RVU:** 12.52
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90958 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 526

2007 Work RVU: **2018 Work RVU:** 8.34
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90959 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009 **2016 Medicare Utilization:** 451

2007 Work RVU: **2018 Work RVU:** 5.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT

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 **2016 Medicare Utilization:** 2,253,250

2007 Work RVU: **2018 Work RVU:** 5.18
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RUC Recommended revised physician and clinical staff time

Referred to CPT

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 **2016 Medicare Utilization:** 722,746

2007 Work RVU: **2018 Work RVU:** 4.26
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RUC Recommended revised physician and clinical staff time

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

2016 Medicare Utilization: 210,608

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2018 Work RVU: 3.15
2018 NF PE RVU:
2018 Fac PE RVU:

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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

2016 Medicare Utilization: 292

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2018 Work RVU: 10.56
2018 NF PE RVU:
2018 Fac PE RVU:

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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

2016 Medicare Utilization: 852

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2018 Work RVU: 9.14
2018 NF PE RVU:
2018 Fac PE RVU:

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 1,404

2007 Work RVU: **2018 Work RVU:** 8.69
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90966 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 337,860

2007 Work RVU: **2018 Work RVU:** 4.26
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

91038 **Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)**

Global: 000 **Issue:** Gastroenterological Tests **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 23 **Specialty Developing Recommendation:** AGA, ASGE **First Identified:** February 2010 **2016 Medicare Utilization:** 4,192

2007 Work RVU: 1.10 **2018 Work RVU:** 1.10
2007 NF PE RVU: 2.36 **2018 NF PE RVU:** 2.36
2007 Fac PE RVU 2.36 **2018 Fac PE RVU:** 2.36

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

91110 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2016 Medicare Utilization:** 53,086

2007 Work RVU: 3.64 **2018 Work RVU:** 2.49
2007 NF PE RVU: 21.77 **2018 NF PE RVU:** 21.77
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 2.49 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

91111 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2016 Medicare Utilization:** 125

2007 Work RVU: 1.00 **2018 Work RVU:** 1.00
2007 NF PE RVU: 18.65 **2018 NF PE RVU:** 18.65
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

91132 **Electrogastrography, diagnostic, transcutaneous;**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2016 Medicare Utilization:** 209

2007 Work RVU: 0.00 **2018 Work RVU:** 0.52
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

91133 **Electrogastrography, diagnostic, transcutaneous; with provocative testing**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2016 Medicare Utilization:** 76

2007 Work RVU: 0.00 **2018 Work RVU:** 0.66
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92081 **Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2016 Medicare Utilization:** 96,980

2007 Work RVU: 0.36 **2018 Work RVU:** 0.30
2007 NF PE RVU: 0.95 **2018 NF PE RVU:** 0.95
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92082 **Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2016 Medicare Utilization:** 139,356

2007 Work RVU: 0.44 **2018 Work RVU:** 0.40
2007 NF PE RVU: 1.26 **2018 NF PE RVU:** 1.26
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92083 **Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)**

Global: XXX **Issue:** Visual Field Examination **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 46 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2010 **2016 Medicare Utilization:** 2,903,438

2007 Work RVU: 0.50 **2018 Work RVU:** 0.50
2007 NF PE RVU: 1.46 **2018 NF PE RVU:** 1.46
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92100 **Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)**

Global: XXX **Issue:** Serial Tonometry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 36 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: April 2011 **2016 Medicare Utilization:** 34,178

2007 Work RVU: 0.92 **2018 Work RVU:** 0.61
2007 NF PE RVU: 1.33 **2018 NF PE RVU:** 1.33
2007 Fac PE RVU 0.35 **2018 Fac PE RVU:** 0.35

RUC Recommendation: 0.61

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92133 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (eye)

First Identified: October 2009 **2016 Medicare Utilization:** 2,551,716

2007 Work RVU: **2018 Work RVU:** 0.40
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.50

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2016 Medicare Utilization:** 6,360,431

2007 Work RVU: **2018 Work RVU:** 0.45
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.50

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.35 **2018 Work RVU:**
2007 NF PE RVU: 0.79 **2018 NF PE RVU:** 0.79
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

92136 **Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation**

Global: XXX **Issue:** Ophthalmic Biometry **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 36 **Specialty Developing Recommendation:** AAO

First Identified: October 2008 **2016 Medicare Utilization:** 1,592,226

2007 Work RVU: 0.54 **2018 Work RVU:** 0.54
2007 NF PE RVU: 1.6 **2018 NF PE RVU:** 1.6
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.54

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92140 **Provocative tests for glaucoma, with interpretation and report, without tonography**

Global: XXX **Issue:** Glaucoma Provacative Tests **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 41 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: October 2015 **2016 Medicare Utilization:** 47,504

2007 Work RVU: 0.50 **2018 Work RVU:**
2007 NF PE RVU: 0.97 **2018 NF PE RVU:** 0.97
2007 Fac PE RVU 0.2 **2018 Fac PE RVU:**0.2

RUC Recommendation: Deleted from CPT

Referred to CPT May 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

92225 **Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial**

Global: XXX **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAO

First Identified: April 2017 **2016 Medicare Utilization:** 1,027,893

2007 Work RVU: 0.38 **2018 Work RVU:** 0.38
2007 NF PE RVU: 0.23 **2018 NF PE RVU:** 0.23
2007 Fac PE RVU 0.15 **2018 Fac PE RVU:**0.15

RUC Recommendation: Refer to CPT

Referred to CPT February 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

92235 **Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 21 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: April 2011 **2016 Medicare Utilization:** 1,198,539

2007 Work RVU: 0.81 **2018 Work RVU:** 0.75
2007 NF PE RVU: 2.54 **2018 NF PE RVU:** 2.54
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.75

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92240 **Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 21 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: January 2015 **2016 Medicare Utilization:** 94,904

2007 Work RVU: 1.10 **2018 Work RVU:** 0.80
2007 NF PE RVU: 5.7 **2018 NF PE RVU:** 5.7
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.80

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92242 **Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 21 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.95
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.95

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92250 **Fundus photography with interpretation and report**

Global: XXX **Issue:** Fundus Photography **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 45 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry)

First Identified: October 2010 **2016 Medicare Utilization:** 3,077,500

2007 Work RVU: 0.44 **2018 Work RVU:** 0.40
2007 NF PE RVU: 1.48 **2018 NF PE RVU:** 1.48
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92270 **Electro-oculography with interpretation and report**

Global: XXX **Issue:** Electro-oculography **Screen:** High Volume Growth1 / High Volume Growth 3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: February 2008 **2016 Medicare Utilization:** 2,570

2007 Work RVU: 0.81 **2018 Work RVU:** 0.81
2007 NF PE RVU: 1.5 **2018 NF PE RVU:** 1.5
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: CPT Assistant article published.

Referred to CPT February 2014
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2008 and Q&A Jun 2009

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

92275 **Electroretinography with interpretation and report**

Global: XXX **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 17 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2016 Medicare Utilization:** 123,792

2007 Work RVU: 1.01 **2018 Work RVU:** 1.01
2007 NF PE RVU: 2.08 **2018 NF PE RVU:** 2.08
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2016 Medicare Utilization:** 367,339

2007 Work RVU: 0.20 **2018 Work RVU:** 0.05
2007 NF PE RVU: 0.95 **2018 NF PE RVU:** 0.95
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.05 and new PE inputs

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2016 Medicare Utilization:** 119,875

2007 Work RVU: 0.66 **2018 Work RVU:** 0.40
2007 NF PE RVU: 2.83 **2018 NF PE RVU:** 2.83
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.40

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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: **2016 Medicare Utilization:** 4,117

2007 Work RVU: 0.81 **2018 Work RVU:** 0.81
2007 NF PE RVU: 2.28 **2018 NF PE RVU:** 2.28
2007 Fac PE RVU 0.31 **2018 Fac PE RVU:**0.31

RUC Recommendation: CPT Assistant article published

Referred to CPT 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 **2016 Medicare Utilization:** 223,225

2007 Work RVU: 0.18 **2018 Work RVU:** 0.18
2007 NF PE RVU: 0.51 **2018 NF PE RVU:** 0.51
2007 Fac PE RVU 0.08 **2018 Fac PE RVU:**0.08

RUC Recommendation: 0.18

Referred to CPT **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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: **2016 Medicare Utilization:**

2007 Work RVU: 0.86 **2018 Work RVU:**
2007 NF PE RVU: 2.76 **2018 NF PE RVU:** 2.76
2007 Fac PE RVU 0.36 **2018 Fac PE RVU:**0.36

RUC Recommendation: Deleted from CPT.

Referred to CPT October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92507 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth 3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ASHA

First Identified: October 2015 **2016 Medicare Utilization:** 211,920

2007 Work RVU: 0.52 **2018 Work RVU:** 1.30
2007 NF PE RVU: 1.13 **2018 NF PE RVU:** 1.13
2007 Fac PE RVU 0.21 **2018 Fac PE RVU:**0.21

RUC Recommendation: 1.30 work RVU and clinical staff time removed. Remove from High Volume screen.

Referred to CPT

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: **2016 Medicare Utilization:** 3,041

2007 Work RVU: 0.26 **2018 Work RVU:** 0.33
2007 NF PE RVU: 0.51 **2018 NF PE RVU:** 0.51
2007 Fac PE RVU 0.11 **2018 Fac PE RVU:**0.11

RUC Recommendation: 0.43 work RVU and clinical staff time removed

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92521 **Evaluation of speech fluency (eg, stuttering, cluttering)**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA

First Identified: **2016 Medicare Utilization:** 161

2007 Work RVU: **2018 Work RVU:** 1.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.75

Referred to CPT October 2012

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92522 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA

First Identified: **2016 Medicare Utilization:** 2,635

RUC Recommendation: 1.50

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 1.50

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Increase

92523 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA

First Identified: **2016 Medicare Utilization:** 10,119

RUC Recommendation: 3.36

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 3.00

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Increase

92524 **Behavioral and qualitative analysis of voice and resonance**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA

First Identified: **2016 Medicare Utilization:** 12,778

RUC Recommendation: 1.75

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 1.50

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 2017 **Tab** 19 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2016 Medicare Utilization:** 72,997

2007 Work RVU: 0.55 **2018 Work RVU:** 1.34
2007 NF PE RVU: 1.65 **2018 NF PE RVU:** 1.65
2007 Fac PE RVU 0.19 **2018 Fac PE RVU:** 0.19

RUC Recommendation: Review utilization **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92537 **Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)** **Global:** XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** October 2014 **2016 Medicare Utilization:** 76,390

2007 Work RVU: **2018 Work RVU:** 0.60
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.80 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92538 **Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)** **Global:** XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** October 2014 **2016 Medicare Utilization:** 6,486

2007 Work RVU: **2018 Work RVU:** 0.30
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.55 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2016 Medicare Utilization:** 93,192

2007 Work RVU: **2018 Work RVU:** 1.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

RUC Recommendation: 1.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

92541 **Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2016 Medicare Utilization:** 13,394

2007 Work RVU: 0.40 **2018 Work RVU:** 0.40
2007 NF PE RVU: 1.05 **2018 NF PE RVU:** 1.05
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 0.40 **Referred to CPT** February 2009 **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 **2016 Medicare Utilization:** 23,738

2007 Work RVU: 0.33 **2018 Work RVU:** 0.48
2007 NF PE RVU: 1.16 **2018 NF PE RVU:** 1.16
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Increase

RUC Recommendation: 0.48 **Referred to CPT** February 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92543 **Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording**

Global: XXX **Issue:** Vestibular Caloric Irrigation **Screen:** Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.10 **2018 Work RVU:**
2007 NF PE RVU: 0.59 **2018 NF PE RVU:** 0.59
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92544 **Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2016 Medicare Utilization:** 3,262

2007 Work RVU: 0.26 **2018 Work RVU:** 0.27
2007 NF PE RVU: 0.93 **2018 NF PE RVU:** 0.93
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.27 **Referred to CPT** February 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92545 **Oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2016 Medicare Utilization:** 4,704

2007 Work RVU: 0.23 **2018 Work RVU:** 0.25
2007 NF PE RVU: 0.85 **2018 NF PE RVU:** 0.85
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.25 **Referred to CPT** February 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 45,757

2007 Work RVU: 0.29 **2018 Work RVU:** 0.29

2007 NF PE RVU: 1.94 **2018 NF PE RVU:** 1.94

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Editorial change only

Referred to CPT February 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2016 Medicare Utilization:** 32,851

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00

2007 NF PE RVU: 0.09 **2018 NF PE RVU:** 0.09

2007 Fac PE RVU 0.09 **2018 Fac PE RVU:** 0.09

RUC Recommendation: Editorial change only

Referred to CPT February 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92548 **Computerized dynamic posturography**

Global: XXX **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAA, AAN, ASHA

First Identified: February 2014 **2016 Medicare Utilization:** 43,297

2007 Work RVU: 0.50 **2018 Work RVU:** 0.50

2007 NF PE RVU: 2.1 **2018 NF PE RVU:** 2.1

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

Referred to CPT September 2018 / February 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

92550 **Tympanometry and reflex threshold measurements** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2016 Medicare Utilization:** 259,635

2007 Work RVU: **2018 Work RVU:** 0.35
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.35 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92557 **Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2016 Medicare Utilization:** 1,180,488

2007 Work RVU: 0.00 **2018 Work RVU:** 0.60
2007 NF PE RVU: 1.21 **2018 NF PE RVU:** 1.21
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.60 work RVU and clinical staff time removed **Referred to CPT** 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:** February 2011 **2016 Medicare Utilization:** 1

2007 Work RVU: **2018 Work RVU:** 0.17
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.17 **Referred to CPT** February 2011 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 799,634

2007 Work RVU: 0.00 **2018 Work RVU:** 0.20
2007 NF PE RVU: 0.51 **2018 NF PE RVU:** 0.51
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.20 work RVU and clinical staff time removed **Referred to CPT** February 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92568 **Acoustic reflex testing, threshold** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2016 Medicare Utilization:** 7,873

2007 Work RVU: 0.00 **2018 Work RVU:** 0.29
2007 NF PE RVU: 0.32 **2018 NF PE RVU:** 0.32
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.29 work RVU and clinical staff time removed **Referred to CPT** 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 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0.35 **2018 NF PE RVU:** 0.35
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92570 **Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2016 Medicare Utilization:** 46,178

2007 Work RVU: **2018 Work RVU:** 0.55
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

RUC Recommendation: 0.55 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

92585 **Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AAA, AANEM, ACNS, ASHA **First Identified:** October 2017 **2016 Medicare Utilization:** 40,754

2007 Work RVU: 0.50 **2018 Work RVU:** 0.50
2007 NF PE RVU: 2.02 **2018 NF PE RVU:** 2.02
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** February 2019 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

92587 **Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** October 2008 **2016 Medicare Utilization:** 71,831

2007 Work RVU: 0.13 **2018 Work RVU:** 0.35
2007 NF PE RVU: 1.19 **2018 NF PE RVU:** 1.19
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Increase

RUC Recommendation: 0.45 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2016 Medicare Utilization:** 90,769

2007 Work RVU: 0.36 **2018 Work RVU:** 0.55
2007 NF PE RVU: 1.48 **2018 NF PE RVU:** 1.48
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.60 **Referred to CPT** February 2011 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92597 **Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 30 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2016 Medicare Utilization:** 2,766

2007 Work RVU: 0.86 **2018 Work RVU:** 1.26
2007 NF PE RVU: 1.69 **2018 NF PE RVU:** 1.69
2007 Fac PE RVU 0.4 **2018 Fac PE RVU:**0.4

RUC Recommendation: 1.48 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92605 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:** 1.75
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: 1.75 **Referred to CPT** February 2011 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92606 **Therapeutic service(s) for the use of non-speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:** 1.40
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: 1.40 work RVU and clinical staff time removed **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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92607 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Medicare Utilization:** 411

2007 Work RVU: 0.00 **2018 Work RVU:** 1.85
2007 NF PE RVU: 3.38 **2018 NF PE RVU:** 3.38
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.85 work RVU and clinical staff time removed **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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92608 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Medicare Utilization:** 151

2007 Work RVU: 0.00 **2018 Work RVU:** 0.70
2007 NF PE RVU: 0.63 **2018 NF PE RVU:** 0.63
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.70 work RVU and clinical staff time removed **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

92609 **Therapeutic services for the use of speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Medicare Utilization:** 11,997

2007 Work RVU: 0.00 **2018 Work RVU:** 1.50
2007 NF PE RVU: 1.77 **2018 NF PE RVU:** 1.77
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 1.50 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 2017 **Tab** 19 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2016 Medicare Utilization:** 14,191

2007 Work RVU: 0.00 **2018 Work RVU:** 1.30
2007 NF PE RVU: 2.98 **2018 NF PE RVU:** 2.98
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Review utilization

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92611 **Motion fluoroscopic evaluation of swallowing function by cine or video recording**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 39 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2016 Medicare Utilization:** 8,346

2007 Work RVU: 0.00 **2018 Work RVU:** 1.34
2007 NF PE RVU: 3.04 **2018 NF PE RVU:** 3.04
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 1.34 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92618 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.65
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.65 **Referred to CPT** February 2011 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92620 **Evaluation of central auditory function, with report; initial 60 minutes**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2016 Medicare Utilization:** 3,523

2007 Work RVU: 0.00 **2018 Work RVU:** 1.50
2007 NF PE RVU: 1.32 **2018 NF PE RVU:** 1.32
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92621 **Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2016 Medicare Utilization:** 82

2007 Work RVU: 0.00 **2018 Work RVU:** 0.35
2007 NF PE RVU: 0.29 **2018 NF PE RVU:** 0.29
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.35 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92625 **Assessment of tinnitus (includes pitch, loudness matching, and masking)** **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2016 Medicare Utilization:** 6,828

2007 Work RVU: 0.00 **2018 Work RVU:** 1.15
2007 NF PE RVU: 1.3 **2018 NF PE RVU:** 1.3
2007 Fac PE RVU 1.3 **2018 Fac PE RVU:**1.3

RUC Recommendation: 1.15 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92626 **Evaluation of auditory rehabilitation status; first hour** **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAA, ASHA **First Identified:** NA **2016 Medicare Utilization:** 25,605

2007 Work RVU: 0.00 **2018 Work RVU:** 1.40
2007 NF PE RVU: 2.11 **2018 NF PE RVU:** 2.11
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT **Referred to CPT** May 2018 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

92627 **Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2016 Medicare Utilization:** 9,944

2007 Work RVU: 0.00 **2018 Work RVU:** 0.33
2007 NF PE RVU: 0.52 **2018 NF PE RVU:** 0.52
2007 Fac PE RVU 0.52 **2018 Fac PE RVU:**0.52

RUC Recommendation: 0.33 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92640 **Diagnostic analysis with programming of auditory brainstem implant, per hour** **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2016 Medicare Utilization:** 13

2007 Work RVU: 0.00 **2018 Work RVU:** 1.76
2007 NF PE RVU: 1.4 **2018 NF PE RVU:** 1.4
2007 Fac PE RVU 1.4 **2018 Fac PE RVU:**1.4

RUC Recommendation: 1.76 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92920 **Percutaneous transluminal coronary angioplasty; single major coronary artery or branch** **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:** 25,396

2007 Work RVU: **2018 Work RVU:** 9.85
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 9.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92921 **Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92924 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch** **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:** 1,841

2007 Work RVU: **2018 Work RVU:** 11.74
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 11.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92925 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5.00

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92928 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2016 Medicare Utilization:** 251,150

2007 Work RVU: **2018 Work RVU:** 10.96
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 10.49

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92929 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2016 Medicare Utilization:** 3

2007 Work RVU: **2018 Work RVU:** 0.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.44

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92933 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2016 Medicare Utilization:** 13,671

RUC Recommendation: 12.32

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 12.29

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

92934 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2016 Medicare Utilization:**

RUC Recommendation: 5.50

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 0.00

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

92937 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2016 Medicare Utilization:** 20,993

RUC Recommendation: 10.49

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 10.95

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92938 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.00 **Referred to CPT** 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 **2016 Medicare Utilization:** 46,855

2007 Work RVU: **2018 Work RVU:** 12.31
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 12.32 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92943 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:** 8,521

2007 Work RVU: **2018 Work RVU:** 12.31
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 12.32 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92944 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2016 Medicare Utilization:** 1

RUC Recommendation: 6.00

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 0.00

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

92960 **Cardioversion, elective, electrical conversion of arrhythmia; external**

Global: 000 **Issue:** Cardioversion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 19 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2016 Medicare Utilization:** 177,265

RUC Recommendation: 2.25

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 2.25 **2018 Work RVU:** 2.00

2007 NF PE RVU: 5.83 **2018 NF PE RVU:** 5.83

2007 Fac PE RVU 1.25 **2018 Fac PE RVU:**1.25

Result: Maintain

92973 **Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: April 2013 **2016 Medicare Utilization:** 2,421

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 3.28 **2018 Work RVU:** 3.28

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 1.42 **2018 Fac PE RVU:**1.42

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

92980 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: 14.82 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.65 **2018 Fac PE RVU:**6.65

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92981 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: 4.16 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.8 **2018 Fac PE RVU:**1.8

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92982 **Percutaneous transluminal coronary balloon angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: 10.96 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 4.97 **2018 Fac PE RVU:**4.97

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92984 **Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: 2.97 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.28 **2018 Fac PE RVU:**1.28

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92986 **Percutaneous balloon valvuloplasty; aortic valve**

Global: 090 **Issue:** Valvuloplasty **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2016 Medicare Utilization:** 3,669

2007 Work RVU: 22.70 **2018 Work RVU:** 22.60
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 12.84 **2018 Fac PE RVU:**12.84

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

92995 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: 12.07 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 5.45 **2018 Fac PE RVU:**5.45

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92996 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: 3.26 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 1.41 **2018 Fac PE RVU:**1.41

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92X71

Global: **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

RUC Recommendation: 0.80 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

92X73

Global: **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

RUC Recommendation: 0.72 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

93000 **Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report**

Global: XXX **Issue:** Electrocardiogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2011 **2016 Medicare Utilization:** 11,752,315

2007 Work RVU: 0.17 **2018 Work RVU:** 0.17
2007 NF PE RVU: 0.47 **2018 NF PE RVU:** 0.47
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.17 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93005 **Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report**

Global: XXX **Issue:** Electrocardiogram **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** February 2008 **2016 Medicare Utilization:** 436,351

RUC Recommendation: 0.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0.41 **2018 NF PE RVU:** 0.41
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: PE Only

93010 **Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only**

Global: XXX **Issue:** Electrocardiogram **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** October 2010 **2016 Medicare Utilization:** 19,346,066

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.17 **2018 Work RVU:** 0.17
2007 NF PE RVU: 0.06 **2018 NF PE RVU:** 0.06
2007 Fac PE RVU 0.06 **2018 Fac PE RVU:**0.06
Result: Maintain

93012 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2016 Medicare Utilization:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 5.55 **2018 NF PE RVU:** 5.55
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Deleted from CPT

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: October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 0.52 **2018 Work RVU:**
2007 NF PE RVU: 0.2 **2018 NF PE RVU:** 0.2
2007 Fac PE RVU 0.2 **2018 Fac PE RVU:**0.2

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93015 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2016 Medicare Utilization:** 1,079,181

2007 Work RVU: 0.75 **2018 Work RVU:** 0.75
2007 NF PE RVU: 1.95 **2018 NF PE RVU:** 1.95
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.75. CPT Assistant published.

Referred to CPT October 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Result: Maintain

93016 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2016 Medicare Utilization:** 1,142,920

2007 Work RVU: 0.45 **2018 Work RVU:** 0.45
2007 NF PE RVU: 0.19 **2018 NF PE RVU:** 0.19
2007 Fac PE RVU 0.19 **2018 Fac PE RVU:**0.19

RUC Recommendation: 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

93017 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** High Volume Growth1 / CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:** 88,448

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 1.64 **2018 NF PE RVU:** 1.64
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

93018 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only**

Global: XXX **Issue:** Cardiovascular Stress Tests and Echocardiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 1,325,541

2007 Work RVU: 0.30 **2018 Work RVU:** 0.30
2007 NF PE RVU: 0.12 **2018 NF PE RVU:** 0.12
2007 Fac PE RVU 0.12 **2018 Fac PE RVU:**0.12

RUC Recommendation: 0.30 **Referred to CPT** 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 **2016 Medicare Utilization:** 405

2007 Work RVU: 0.75 **2018 Work RVU:** 0.75
2007 NF PE RVU: 6.67 **2018 NF PE RVU:** 6.67
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 121,420

2007 Work RVU: 0.16 **2018 Work RVU:** 0.15

2007 NF PE RVU: 0.2 **2018 NF PE RVU:** 0.2

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.15

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93041 **Rhythm ECG, 1-3 leads; tracing only without interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2016 Medicare Utilization:** 13,172

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00

2007 NF PE RVU: 0.15 **2018 NF PE RVU:** 0.15

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.00 (PE only)

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93042 **Rhythm ECG, 1-3 leads; interpretation and report only**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC, ACEP

First Identified: October 2008 **2016 Medicare Utilization:** 443,031

2007 Work RVU: 0.16 **2018 Work RVU:** 0.15

2007 NF PE RVU: 0.05 **2018 NF PE RVU:** 0.05

2007 Fac PE RVU 0.05 **2018 Fac PE RVU:**0.05

RUC Recommendation: 0.15

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93224 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2016 Medicare Utilization:** 367,012

2007 Work RVU: 0.52 **2018 Work RVU:** 0.52
2007 NF PE RVU: 3.29 **2018 NF PE RVU:** 3.29
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.52

Referred to CPT 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: October 2009 **2016 Medicare Utilization:** 127,000

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 1.2 **2018 NF PE RVU:** 1.2
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: N/A no physician work

Referred to CPT 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: October 2009 **2016 Medicare Utilization:** 172,301

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 1.88 **2018 NF PE RVU:** 1.88
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: N/A no physician work

Referred to CPT 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 **2016 Medicare Utilization:** 396,177

2007 Work RVU: 0.52 **2018 Work RVU:** 0.52
2007 NF PE RVU: 0.21 **2018 NF PE RVU:** 0.21
2007 Fac PE RVU 0.21 **2018 Fac PE RVU:** 0.21

RUC Recommendation: 0.52

Referred to CPT Feburary 2010

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93228 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2016 Medicare Utilization:** 113,464

2007 Work RVU: **2018 Work RVU:** 0.52
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.52

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93229 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2016 Medicare Utilization:** 195,647

2007 Work RVU: **2018 Work RVU:** 0.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Contractor Priced

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93230 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: NA **2016 Medicare Utilization:**

2007 Work RVU: 0.52 **2018 Work RVU:**
2007 NF PE RVU: 3.49 **2018 NF PE RVU:** 3.49
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93231 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 1.37 **2018 NF PE RVU:** 1.37
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93232 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 1.92 **2018 NF PE RVU:** 1.92
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93233 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2016 Medicare Utilization:**

2007 Work RVU: 0.52 **2018 Work RVU:**
2007 NF PE RVU: 0.2 **2018 NF PE RVU:** 0.2
2007 Fac PE RVU 0.2 **2018 Fac PE RVU:**0.2

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93235 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93236 **Deleted from CPT**

Global: XXX **Issue:** Cardiovascular Stress Test **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 38 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93237 **Deleted from CPT**

Global: XXX **Issue:** Wearable Cardiac Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 0.45 **2018 Work RVU:**
2007 NF PE RVU: 0.18 **2018 NF PE RVU:** 0.18
2007 Fac PE RVU 0.18 **2018 Fac PE RVU:**0.18

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93268 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2016 Medicare Utilization:** 15,911

2007 Work RVU: 0.52 **2018 Work RVU:** 0.52
2007 NF PE RVU: 7.02 **2018 NF PE RVU:** 7.02
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.52

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93270 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2016 Medicare Utilization:** 56,983

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 1 **2018 NF PE RVU:** 1
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: New PE inputs

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

93271 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2016 Medicare Utilization:** 79,379

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 5.82 **2018 NF PE RVU:** 5.82
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

Referred to CPT February 2010

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93272 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2016 Medicare Utilization:** 117,093

2007 Work RVU: 0.52 **2018 Work RVU:** 0.52
2007 NF PE RVU: 0.2 **2018 NF PE RVU:** 0.2
2007 Fac PE RVU 0.2 **2018 Fac PE RVU:** 0.2

RUC Recommendation: 0.52

Referred to CPT February 2010

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93279 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2016 Medicare Utilization:** 186,260

2007 Work RVU: **2018 Work RVU:** 0.65
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.65

Referred to CPT February 2017

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93280 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2016 Medicare Utilization:** 1,051,446

2007 Work RVU: **2018 Work RVU:** 0.77
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.77

Referred to CPT February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93281 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2016 Medicare Utilization:** 59,709

2007 Work RVU: **2018 Work RVU:** 0.85
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.85

Referred to CPT February 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93282 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2016 Medicare Utilization:** 140,123

2007 Work RVU: **2018 Work RVU:** 0.85
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.85

Referred to CPT February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93283 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2016 Medicare Utilization:** 265,808

2007 Work RVU: **2018 Work RVU:** 1.15

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.15 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93284 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2016 Medicare Utilization:** 281,179

2007 Work RVU: **2018 Work RVU:** 1.25

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.25 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93285 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2016 Medicare Utilization:** 27,587

2007 Work RVU: **2018 Work RVU:** 0.52

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.52 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93286 **Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2016 Medicare Utilization:** 13,407

2007 Work RVU: **2018 Work RVU:** 0.30
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.30 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93287 **Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2016 Medicare Utilization:** 11,066

2007 Work RVU: **2018 Work RVU:** 0.45
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.45 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93288 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2016 Medicare Utilization:** 315,982

2007 Work RVU: **2018 Work RVU:** 0.43
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93289 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2016 Medicare Utilization:** 132,637

2007 Work RVU: **2018 Work RVU:** 0.75

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.75

Referred to CPT February 2017

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93290 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2016 Medicare Utilization:** 128,050

2007 Work RVU: **2018 Work RVU:** 0.43

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.43

Referred to CPT February 2017

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93291 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2016 Medicare Utilization:** 51,020

2007 Work RVU: **2018 Work RVU:** 0.37

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.37

Referred to CPT February 2017

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93292 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2016 Medicare Utilization:** 1,350

2007 Work RVU: **2018 Work RVU:** 0.43
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.43

Referred to CPT February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93293 **Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2016 Medicare Utilization:** 176,490

2007 Work RVU: **2018 Work RVU:** 0.31
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.31

Referred to CPT February 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93294 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2016 Medicare Utilization:** 763,653

2007 Work RVU: **2018 Work RVU:** 0.60
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.60

Referred to CPT **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93295 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2016 Medicare Utilization: 490,285

2007 Work RVU: **2018 Work RVU:** 0.74

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.74

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93296 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2016 Medicare Utilization: 933,765

2007 Work RVU: **2018 Work RVU:** 0.00

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: New PE inputs and Refer to CPT

Referred to CPT February 2017

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93297 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2016 Medicare Utilization: 289,510

2007 Work RVU: **2018 Work RVU:** 0.52

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.52

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93298 **Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2016 Medicare Utilization:** 304,400

2007 Work RVU: **2018 Work RVU:** 0.52
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.52

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93299 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2016 Medicare Utilization:** 342,862

2007 Work RVU: **2018 Work RVU:** 0.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: New PE inputs and Refer to CPT

Referred to CPT February 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

93306 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 42 **Specialty Developing Recommendation:** ACC

First Identified: July 2015 **2016 Medicare Utilization:** 7,210,026

2007 Work RVU: **2018 Work RVU:** 1.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

93307 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 42 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2016 Medicare Utilization:** 35,806

2007 Work RVU: 0.92 **2018 Work RVU:** 0.92
2007 NF PE RVU: 4.1 **2018 NF PE RVU:** 4.1
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.92 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93308 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 42 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2016 Medicare Utilization:** 301,480

2007 Work RVU: 0.53 **2018 Work RVU:** 0.53
2007 NF PE RVU: 2.26 **2018 NF PE RVU:** 2.26
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.53 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93320 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2016 Medicare Utilization:** 343,143

2007 Work RVU: 0.38 **2018 Work RVU:** 0.38
2007 NF PE RVU: 1.82 **2018 NF PE RVU:** 1.82
2007 Fac PE RVU 1.82 **2018 Fac PE RVU:**1.82

RUC Recommendation: 0.38 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93321 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC

First Identified: October 2013

2016 Medicare Utilization: 172,102

2007 Work RVU: 0.15 **2018 Work RVU:** 0.15
2007 NF PE RVU: 1.04 **2018 NF PE RVU:** 1.04
2007 Fac PE RVU 1.04 **2018 Fac PE RVU:**1.04

RUC Recommendation: 0.15

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93325 **Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC

First Identified: February 2009

2016 Medicare Utilization: 515,683

2007 Work RVU: 0.07 **2018 Work RVU:** 0.07
2007 NF PE RVU: 2.36 **2018 NF PE RVU:** 2.36
2007 Fac PE RVU 2.36 **2018 Fac PE RVU:**2.36

RUC Recommendation: 0.07

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93350 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;**

Global: XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** Other - Identified by RUC / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 26 **Specialty Developing Recommendation:** ACC, ASE

First Identified: April 2008

2016 Medicare Utilization: 109,618

2007 Work RVU: 1.48 **2018 Work RVU:** 1.46
2007 NF PE RVU: 3.03 **2018 NF PE RVU:** 3.03
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.46; CPT Assistant article published

Referred to CPT October 2010

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Status Report: CMS Requests and Relativity Assessment Issues

93351 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional**

Global: XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 26 **Specialty Developing Recommendation:** ACC, ASE **First Identified:** July 2015 **2016 Medicare Utilization:** 255,715

2007 Work RVU: **2018 Work RVU:** 1.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Maintain

RUC Recommendation: 1.75
Referred to CPT
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:** **2016 Medicare Utilization:** 40,268

2007 Work RVU: **2018 Work RVU:** 2.47
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

RUC Recommendation: 3.02
Referred to CPT October 2009
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:** **2016 Medicare Utilization:** 5,152

2007 Work RVU: **2018 Work RVU:** 4.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

RUC Recommendation: 4.32
Referred to CPT October 2009
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:** **2016 Medicare Utilization:** 3,335

2007 Work RVU: **2018 Work RVU:** 5.99
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 5.98 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93454 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 109,847

2007 Work RVU: **2018 Work RVU:** 4.54
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.95 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93455 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 27,904

2007 Work RVU: **2018 Work RVU:** 5.29
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.15 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93456 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC

First Identified: **2016 Medicare Utilization:** 16,294

2007 Work RVU: **2018 Work RVU:** 5.90

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.00

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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: **2016 Medicare Utilization:** 3,211

2007 Work RVU: **2018 Work RVU:** 6.64

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 7.66

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93458 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC

First Identified: **2016 Medicare Utilization:** 522,072

2007 Work RVU: **2018 Work RVU:** 5.60

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 6.51

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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:** **2016 Medicare Utilization:** 106,369

2007 Work RVU: **2018 Work RVU:** 6.35
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 7.34 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93460 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 90,253

2007 Work RVU: **2018 Work RVU:** 7.10
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 7.88 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93461 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 16,089

2007 Work RVU: **2018 Work RVU:** 7.85
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 9.00 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93462 **Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 4,904

2007 Work RVU: **2018 Work RVU:** 3.73
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.73 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93463 **Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 6,874

2007 Work RVU: **2018 Work RVU:** 2.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.00 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93464 **Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 711

2007 Work RVU: **2018 Work RVU:** 1.80
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.80 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93501 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93503 **Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2016 Medicare Utilization:** 89,175

2007 Work RVU: 0.00 **2018 Work RVU:** 2.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93508 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93510 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More/ CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**

2007 NF PE RVU: 0 **2018 NF PE RVU:** 0

2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93511 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93514 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**

2007 NF PE RVU: 0 **2018 NF PE RVU:** 0

2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93524 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93526 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93527 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93528 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93542 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93543 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93544 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93545 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93555 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93556 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93561 **Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)**

Global: 000 **Issue:** Cardiac Output Measurement **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 58

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93562 **Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output**

Global: 000 **Issue:** Cardiac Output Measurement **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 48

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.95 **Referred to CPT** **Result:** Increase
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:** **2016 Medicare Utilization:** 217

2007 Work RVU: **2018 Work RVU:** 1.11
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.00 **Referred to CPT** 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:** **2016 Medicare Utilization:** 7

2007 Work RVU: **2018 Work RVU:** 1.13
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.10 **Referred to CPT** 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:** **2016 Medicare Utilization:** 124

2007 Work RVU: **2018 Work RVU:** 0.86
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.90 **Referred to CPT** 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:** **2016 Medicare Utilization:** 527

2007 Work RVU: **2018 Work RVU:** 0.86
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.96 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93567 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 37,925

2007 Work RVU: **2018 Work RVU:** 0.97
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.97 **Referred to CPT** 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:** **2016 Medicare Utilization:** 1,938

2007 Work RVU: **2018 Work RVU:** 0.88
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.98 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93571 **Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 13 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2016 **2016 Medicare Utilization:** 59,205

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93572 **Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 13 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2017 **2016 Medicare Utilization:** 9,497

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93613 **Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intracardiac 3D Mapping add-on **Screen:** CMS Fastest Growing / High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 24 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2016 Medicare Utilization:** 58,410

2007 Work RVU: 6.99 **2018 Work RVU:** 5.23
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2018 Fac PE RVU:**3.03

RUC Recommendation: 5.23 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93620 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording**

Global: 000 **Issue:** Intracardiac Catheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2016 Medicare Utilization:** 11,378

RUC Recommendation: 11.57

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0
Result: Maintain

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 **2016 Medicare Utilization:** 28,694

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 2B.

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Maintain

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 **2016 Medicare Utilization:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 16.23 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 6.96 **2018 Fac PE RVU:**6.96
Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93652 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** CMS Fastest Growing/Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2016 Medicare Utilization:**

2007 Work RVU: 17.65 **2018 Work RVU:**
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 7.58 **2018 Fac PE RVU:** 7.58

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93653 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2016 Medicare Utilization:** 30,971

2007 Work RVU: **2018 Work RVU:** 14.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 15.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93654 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2016 Medicare Utilization:** 6,483

2007 Work RVU: **2018 Work RVU:** 19.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 20.00 **Referred to CPT** 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 **2016 Medicare Utilization:** 18,816

2007 Work RVU: **2018 Work RVU:** 7.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 9.00 **Referred to CPT** 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 **2016 Medicare Utilization:** 35,005

2007 Work RVU: **2018 Work RVU:** 19.77
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 20.02 **Referred to CPT** 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 **2016 Medicare Utilization:** 14,551

RUC Recommendation: 10.00

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 7.50

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

93662 **Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Electrocardiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2016 Medicare Utilization:** 40,069

RUC Recommendation: Maintain

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00

2007 NF PE RVU: 0 **2018 NF PE RVU:** 0

2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

Result: Maintain

93668 **Peripheral arterial disease (PAD) rehabilitation, per session**

Global: XXX **Issue:** Peripheral Artery Disease (PAD) Rehabilitation (PE Only) **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 28 **Specialty Developing Recommendation:**

First Identified: July 2017 **2016 Medicare Utilization:**

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00

2007 NF PE RVU: 0.4 **2018 NF PE RVU:** 0.4

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 39,276

2007 Work RVU: 0.17 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0.91 **2018 NF PE RVU:** 0.91
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Remove from screen **Referred to CPT** **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 **2016 Medicare Utilization:**

2007 Work RVU: 0.45 **2018 Work RVU:**
2007 NF PE RVU: 0.7 **2018 NF PE RVU:** 0.7
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.92 **2018 Work RVU:**
2007 NF PE RVU: 0.94 **2018 NF PE RVU:** 0.94
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93733 **Deleted from CPT** **Global:** XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.17 **2018 Work RVU:**
2007 NF PE RVU: 0.83 **2018 NF PE RVU:** 0.83
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 1.03 **2018 Work RVU:**

2007 NF PE RVU: 1.15 **2018 NF PE RVU:** 1.15

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93744 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2016 Medicare Utilization:**

2007 Work RVU: 1.18 **2018 Work RVU:**

2007 NF PE RVU: 1.19 **2018 NF PE RVU:** 1.19

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93792 **Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: September 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.00

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.00 PE Only

Referred to CPT September 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

93793 **Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: September 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.18
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.18

Referred to CPT September 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.22 **2018 Work RVU:**
2007 NF PE RVU: 2.38 **2018 NF PE RVU:** 2.38
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** SS in process of developing draft of CPT Asst article (Aug 2011). Code was deleted

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93880 **Duplex scan of extracranial arteries; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, ACC, SVS

First Identified: February 2010 **2016 Medicare Utilization:** 2,410,603

2007 Work RVU: 0.60 **2018 Work RVU:** 0.80
2007 NF PE RVU: 5.67 **2018 NF PE RVU:** 5.67
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.80

Referred to CPT October 2010 **Result:** Increase
Referred to CPT Asst ☑ **Published in CPT Asst:** Addressed in CPT Coding Changes

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Status Report: CMS Requests and Relativity Assessment Issues

93882 **Duplex scan of extracranial arteries; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** January 2012 **2016 Medicare Utilization:** 39,558

2007 Work RVU: 0.40 **2018 Work RVU:** 0.50
2007 NF PE RVU: 3.63 **2018 NF PE RVU:** 3.63
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA
Result: Increase

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93886 **Transcranial Doppler study of the intracranial arteries; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 94,609

2007 Work RVU: 0.94 **2018 Work RVU:** 0.91
2007 NF PE RVU: 6.77 **2018 NF PE RVU:** 6.77
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA
Result: Increase

RUC Recommendation: 1.00

Referred to CPT October 2010
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 **2016 Medicare Utilization:** 12,506

2007 Work RVU: 0.62 **2018 Work RVU:** 0.50
2007 NF PE RVU: 4.36 **2018 NF PE RVU:** 4.36
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA
Result: Increase

RUC Recommendation: 0.70

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93895 **Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral**

Global: XXX **Issue:** Carotid Intima-Media Thickness Ultrasound **Screen:** New Code in CPT 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 37 **Specialty Developing Recommendation:** No Interest

First Identified: April 2014 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Rescind April 2014 recommendation, contractor price.

Referred to CPT

Result: Not Part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

93922 **Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC

First Identified: October 2008 **2016 Medicare Utilization:** 664,275

2007 Work RVU: 0.25 **2018 Work RVU:** 0.25
2007 NF PE RVU: 2.78 **2018 NF PE RVU:** 2.78
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.25

Referred to CPT February 2010

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 471,748

2007 Work RVU: 0.45 **2018 Work RVU:** 0.45
2007 NF PE RVU: 4.18 **2018 NF PE RVU:** 4.18
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.45 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93924 **Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2016 Medicare Utilization:** 79,203

2007 Work RVU: 0.50 **2018 Work RVU:** 0.50
2007 NF PE RVU: 5.05 **2018 NF PE RVU:** 5.05
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.50 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93925 **Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2016 Medicare Utilization:** 593,926

2007 Work RVU: 0.58 **2018 Work RVU:** 0.80
2007 NF PE RVU: 7.05 **2018 NF PE RVU:** 7.05
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93926 **Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2016 Medicare Utilization:** 241,730

2007 Work RVU: 0.39 **2018 Work RVU:** 0.50
2007 NF PE RVU: 4.31 **2018 NF PE RVU:** 4.31
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93930 **Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** November 2013 **2016 Medicare Utilization:** 23,785

2007 Work RVU: 0.46 **2018 Work RVU:** 0.80
2007 NF PE RVU: 5.54 **2018 NF PE RVU:** 5.54
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93931 **Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 44,960

2007 Work RVU: 0.31 **2018 Work RVU:** 0.50
2007 NF PE RVU: 3.64 **2018 NF PE RVU:** 3.64
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.50 **Referred to CPT** October 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93965 **Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)**

Global: XXX **Issue:** Non-invasive Physiologic Studies of Extremity Veins **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 47 **Specialty Developing Recommendation:** ACC, ACR, SCAI, SVS **First Identified:** July 2015 **2016 Medicare Utilization:** 91,000

2007 Work RVU: 0.35 **2018 Work RVU:**
2007 NF PE RVU: 2.83 **2018 NF PE RVU:** 2.83
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:** 1,642,665

2007 Work RVU: 0.68 **2018 Work RVU:** 0.70
2007 NF PE RVU: 5.44 **2018 NF PE RVU:** 5.44
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.70 **Referred to CPT** **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 **2016 Medicare Utilization:** 1,734,259

2007 Work RVU: 0.45 **2018 Work RVU:** 0.45
2007 NF PE RVU: 3.67 **2018 NF PE RVU:** 3.67
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93975 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** November 2013 **2016 Medicare Utilization:** 201,458

2007 Work RVU: 1.80 **2018 Work RVU:** 1.16
2007 NF PE RVU: 7.78 **2018 NF PE RVU:** 7.78
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Decrease

RUC Recommendation: 1.30

Referred to CPT
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 **2016 Medicare Utilization:** 147,831

2007 Work RVU: 1.21 **2018 Work RVU:** 0.80
2007 NF PE RVU: 4.33 **2018 NF PE RVU:** 4.33
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Decrease

RUC Recommendation: 1.00

Referred to CPT
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 **2016 Medicare Utilization:** 293,877

2007 Work RVU: 0.65 **2018 Work RVU:** 0.80

2007 NF PE RVU: 4.85 **2018 NF PE RVU:** 4.85

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.97

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2016 Medicare Utilization:** 65,740

2007 Work RVU: 0.44 **2018 Work RVU:** 0.50

2007 NF PE RVU: 3.46 **2018 NF PE RVU:** 3.46

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.70

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

93982 **Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report**

Global: XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS

First Identified: January 2017 **2016 Medicare Utilization:** 51

2007 Work RVU: **2018 Work RVU:**

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 112,405

2007 Work RVU: 0.25 **2018 Work RVU:** 0.50
2007 NF PE RVU: 4.28 **2018 NF PE RVU:** 4.28
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

94010 **Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2016 Medicare Utilization:** 1,265,061

2007 Work RVU: 0.17 **2018 Work RVU:** 0.17
2007 NF PE RVU: 0.69 **2018 NF PE RVU:** 0.69
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Maintain **Referred to CPT** **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 **2016 Medicare Utilization:** 276

2007 Work RVU: 0.52 **2018 Work RVU:** 0.52
2007 NF PE RVU: 0.77 **2018 NF PE RVU:** 0.77
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 158

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0.61 **2018 NF PE RVU:** 0.61
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94016 **Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** April 2008 **2016 Medicare Utilization:** 7,740

2007 Work RVU: 0.52 **2018 Work RVU:** 0.52
2007 NF PE RVU: 0.16 **2018 NF PE RVU:** 0.16
2007 Fac PE RVU 0.16 **2018 Fac PE RVU:**0.16

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94060 **Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 30 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** October 2010 **2016 Medicare Utilization:** 1,204,768

2007 Work RVU: 0.31 **2018 Work RVU:** 0.27
2007 NF PE RVU: 1.13 **2018 NF PE RVU:** 1.13
2007 Fac PE RVU 1.13 **2018 Fac PE RVU:**1.13

RUC Recommendation: 0.31 and CPT Assistant article published

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Status Report: CMS Requests and Relativity Assessment Issues

94200 **Maximum breathing capacity, maximal voluntary ventilation**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2017 **2016 Medicare Utilization:** 86,347

2007 Work RVU: 0.11 **2018 Work RVU:** 0.11
2007 NF PE RVU: 0.45 **2018 NF PE RVU:** 0.45
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.26 **2018 Work RVU:**
2007 NF PE RVU: 0.7 **2018 NF PE RVU:** 0.7
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

94260 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 / **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.13 **2018 Work RVU:**
2007 NF PE RVU: 0.63 **2018 NF PE RVU:** 0.63
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.26 **2018 Work RVU:**
2007 NF PE RVU: 0.73 **2018 NF PE RVU:** 0.73
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94360 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.26 **2018 Work RVU:**
2007 NF PE RVU: 0.77 **2018 NF PE RVU:** 0.77
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94370 **Determination of airway closing volume, single breath tests**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.26 **2018 Work RVU:**
2007 NF PE RVU: 0.69 **2018 NF PE RVU:** 0.69
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94400 **Breathing response to CO2 (CO2 response curve)**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA

First Identified: **2016 Medicare Utilization:** 1,428

2007 Work RVU: 0.40 **2018 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2018 NF PE RVU:** 0.89
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published

Referred to CPT **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94450 **Breathing response to hypoxia (hypoxia response curve)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008 **2016 Medicare Utilization:** 125

2007 Work RVU: 0.40 **2018 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2018 NF PE RVU:** 0.89
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

94617 **Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry**

Global: XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST

First Identified: February 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.70
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.70

Referred to CPT February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94618 **Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed**

Global: XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** February 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.48
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.48 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

94620 **Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)**

Global: XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** July 2015 **2016 Medicare Utilization:** 263,010

2007 Work RVU: 0.64 **2018 Work RVU:**
2007 NF PE RVU: 2.06 **2018 NF PE RVU:** 2.06
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94621 **Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings**

Global: XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** January 2016 **2016 Medicare Utilization:** 18,624

2007 Work RVU: 1.42 **2018 Work RVU:** 1.42
2007 NF PE RVU: 2.45 **2018 NF PE RVU:** 2.45
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.42 **Referred to CPT** February 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94640 **Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2016 Medicare Utilization:** 638,283

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0.32 **2018 NF PE RVU:** 0.32
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94668 **Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2016 Medicare Utilization:** 18,819

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0.46 **2018 NF PE RVU:** 0.46
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

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 **2016 Medicare Utilization:** 11,559

2007 Work RVU: 0.20 **2018 Work RVU:** 0.20
2007 NF PE RVU: 2.16 **2018 NF PE RVU:** 2.16
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.26 **2018 Work RVU:**
2007 NF PE RVU: 1.04 **2018 NF PE RVU:** 1.04
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94725 **Membrane diffusion capacity** **Global:** XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.26 **2018 Work RVU:**
2007 NF PE RVU: 2.43 **2018 NF PE RVU:** 2.43
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94726 **Plethysmography for determination of lung volumes and, when performed, airway resistance** **Global:** XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Medicare Utilization:** 635,633

2007 Work RVU: **2018 Work RVU:** 0.26
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94727 **Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2016 Medicare Utilization:** 365,511

RUC Recommendation: 0.31

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 0.26

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

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 **2016 Medicare Utilization:** 9,367

RUC Recommendation: 0.31

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 0.26

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

94729 **Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2016 Medicare Utilization:** 1,065,325

RUC Recommendation: 0.19

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2018 Work RVU:** 0.19

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

94760 **Noninvasive ear or pulse oximetry for oxygen saturation; single determination**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** NA **2016 Medicare Utilization:** 58,900

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0.05 **2018 NF PE RVU:** 0.05
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT**

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

94761 **Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** NA **2016 Medicare Utilization:** 12,383

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0.08 **2018 NF PE RVU:** 0.08
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT**

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

94762 **Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Fastest Growing, CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** October 2008 **2016 Medicare Utilization:** 276,102

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0.56 **2018 NF PE RVU:** 0.56
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT**

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94770 **Carbon dioxide, expired gas determination by infrared analyzer**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 57 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008 **2016 Medicare Utilization:** 4,789

2007 Work RVU: 0.15 **2018 Work RVU:** 0.15
2007 NF PE RVU: 0.76 **2018 NF PE RVU:** 0.76
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT Assistant. Remove office-based PE inputs

Referred to CPT

Result: PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

95004 **Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 27 **Specialty Developing Recommendation:** AAAAI, AAOA, ACAAI

First Identified: October 2010 **2016 Medicare Utilization:** 10,656,517

2007 Work RVU: 0.00 **2018 Work RVU:** 0.01
2007 NF PE RVU: 0.12 **2018 NF PE RVU:** 0.12
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.01

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95010 **Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI

First Identified: October 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.15 **2018 Work RVU:**
2007 NF PE RVU: 0.31 **2018 NF PE RVU:** 0.31
2007 Fac PE RVU 0.06 **2018 Fac PE RVU:** 0.06

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95015 **Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.15 **2018 Work RVU:**
2007 NF PE RVU: 0.16 **2018 NF PE RVU:** 0.16
2007 Fac PE RVU 0.06 **2018 Fac PE RVU:**0.06

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95017 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2016 Medicare Utilization:** 28,058

2007 Work RVU: **2018 Work RVU:** 0.07
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.07 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95018 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2016 Medicare Utilization:** 93,254

2007 Work RVU: **2018 Work RVU:** 0.14
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.14 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95024 **Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI, AAOA **First Identified:** October 2010 **2016 Medicare Utilization:** 1,762,448

2007 Work RVU: 0.00 **2018 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2018 NF PE RVU:** 0.17
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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 **2016 Medicare Utilization:** 293,609

2007 Work RVU: 0.00 **2018 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2018 NF PE RVU:** 0.17
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.01

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

95115 **Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** January 2012 **2016 Medicare Utilization:** 1,126,249

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0.35 **2018 NF PE RVU:** 0.35
2007 Fac PE RVU 0.29 **2018 Fac PE RVU:**0.29

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

95117 **Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** September 2011 **2016 Medicare Utilization:** 2,620,383

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0.44 **2018 NF PE RVU:** 0.44
2007 Fac PE RVU 0.38 **2018 Fac PE RVU:**0.38

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95144 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2016 Medicare Utilization:** 173,369

2007 Work RVU: 0.06 **2018 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2018 NF PE RVU:** 0.21
2007 Fac PE RVU 0.02 **2018 Fac PE RVU:**0.02

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95148 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms**

Global: XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 73 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2016 Medicare Utilization:** 17,405

2007 Work RVU: 0.06 **2018 Work RVU:** 0.06
2007 NF PE RVU: 0.67 **2018 NF PE RVU:** 0.67
2007 Fac PE RVU 0.03 **2018 Fac PE RVU:**0.03

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95165 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2016 Medicare Utilization:** 7,182,623

2007 Work RVU: 0.06 **2018 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2018 NF PE RVU:** 0.21
2007 Fac PE RVU 0.02 **2018 Fac PE RVU:**0.02

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95249 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: April 2017 **Tab** 08 **Specialty Developing Recommendation:** AACE, ES, ACP **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: PE Only. Referral to CPT Assistant **Referred to CPT** June 2017 **Result:** PE Only

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; physician or other qualified health care professional (office) provided equipment, 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?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 08 **Specialty Developing Recommendation:** AACE, ES **First Identified:** October 2013 **2016 Medicare Utilization:** 38,062

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 3.95 **2018 NF PE RVU:** 3.95
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** October 2015 & February 2017 **Result:** PE Only

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; analysis, interpretation and report**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 08 **Specialty Developing Recommendation:** AACE, ES

First Identified: April 2013 **2016 Medicare Utilization:** 47,515

2007 Work RVU: 0.85 **2018 Work RVU:** 0.70

2007 NF PE RVU: 0.21 **2018 NF PE RVU:** 0.21

2007 Fac PE RVU 0.21 **2018 Fac PE RVU:**0.21

RUC Recommendation: 0.70

Referred to CPT February 2017

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

95800 **Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM

First Identified: October 2009 **2016 Medicare Utilization:** 15,785

2007 Work RVU: **2018 Work RVU:** 1.05

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.05

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

95801 **Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM

First Identified: October 2009 **2016 Medicare Utilization:** 817

2007 Work RVU: **2018 Work RVU:** 1.00

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.00

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 467

2007 Work RVU: **2018 Work RVU:** 0.90
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**
Result: Decrease

RUC Recommendation: 0.90 and New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95805 **Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2016 Medicare Utilization:** 3,786

2007 Work RVU: 1.88 **2018 Work RVU:** 1.20
2007 NF PE RVU: 14.7 **2018 NF PE RVU:** 14.7
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Decrease

RUC Recommendation: 1.20

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

95806 **Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2016 Medicare Utilization:** 49,852

2007 Work RVU: 1.66 **2018 Work RVU:** 1.25
2007 NF PE RVU: 3.46 **2018 NF PE RVU:** 3.46
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Decrease

RUC Recommendation: 1.28

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95807 **Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2016 Medicare Utilization:** 4,684

RUC Recommendation: 1.25 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.66 **2018 Work RVU:** 1.28
2007 NF PE RVU: 11.82 **2018 NF PE RVU:** 11.82
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Decrease

95808 **Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2016 Medicare Utilization:** 501

RUC Recommendation: 1.74 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.65 **2018 Work RVU:** 1.74
2007 NF PE RVU: 13.79 **2018 NF PE RVU:** 13.79
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Decrease

95810 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** February 2010 **2016 Medicare Utilization:** 303,950

RUC Recommendation: 2.50 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.52 **2018 Work RVU:** 2.50
2007 NF PE RVU: 17.54 **2018 NF PE RVU:** 17.54
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Decrease

95811 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2016 Medicare Utilization:** 371,465

RUC Recommendation: 2.60 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.79 **2018 Work RVU:** 2.60
2007 NF PE RVU: 19.32 **2018 NF PE RVU:** 19.32
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

95812 **Electroencephalogram (EEG) extended monitoring; 41-60 minutes** **Global:** XXX **Issue:** Electroencephalogram (EEG) Exended Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 50 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2016 Medicare Utilization:** 26,904

2007 Work RVU: 1.08 **2018 Work RVU:** 1.08
2007 NF PE RVU: 4.49 **2018 NF PE RVU:** 4.49
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.08 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95813 **Electroencephalogram (EEG) extended monitoring; greater than 1 hour** **Global:** XXX **Issue:** Electroencephalogram (EEG) Exended Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 50 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2016 Medicare Utilization:** 27,467

2007 Work RVU: 1.73 **2018 Work RVU:** 1.63
2007 NF PE RVU: 5.4 **2018 NF PE RVU:** 5.4
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.63 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95816 **Electroencephalogram (EEG); including recording awake and drowsy** **Global:** XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2016 Medicare Utilization:** 288,236

2007 Work RVU: 1.08 **2018 Work RVU:** 1.08
2007 NF PE RVU: 4.1 **2018 NF PE RVU:** 4.1
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.08 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95819 **Electroencephalogram (EEG); including recording awake and asleep** **Global:** XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** September 2011 **2016 Medicare Utilization:** 236,046

2007 Work RVU: 1.08 **2018 Work RVU:** 1.08
2007 NF PE RVU: 3.76 **2018 NF PE RVU:** 3.76
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.08 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95822 **Electroencephalogram (EEG); recording in coma or sleep only**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** January 2012 **2016 Medicare Utilization:** 28,502

2007 Work RVU: 1.08 **2018 Work RVU:** 1.08
2007 NF PE RVU: 4.82 **2018 NF PE RVU:** 4.82
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.08 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95831 **Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2016 Medicare Utilization:** 85,028

2007 Work RVU: 0.28 **2018 Work RVU:** 0.28
2007 NF PE RVU: 0.44 **2018 NF PE RVU:** 0.44
2007 Fac PE RVU 0.12 **2018 Fac PE RVU:**0.12

RUC Recommendation: Review action plan April 2018. Review utilization October 2018 **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

95832 **Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2016 Medicare Utilization:** 6,789

2007 Work RVU: 0.29 **2018 Work RVU:** 0.29
2007 NF PE RVU: 0.34 **2018 NF PE RVU:** 0.34
2007 Fac PE RVU 0.12 **2018 Fac PE RVU:**0.12

RUC Recommendation: Review action plan. **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95833 **Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:**

First Identified: January 2018 **2016 Medicare Utilization:** 1,143

2007 Work RVU: 0.47 **2018 Work RVU:** 0.47
2007 NF PE RVU: 0.55 **2018 NF PE RVU:** 0.55
2007 Fac PE RVU 0.21 **2018 Fac PE RVU:**0.21

RUC Recommendation: Review action plan.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

95834 **Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:**

First Identified: January 2018 **2016 Medicare Utilization:** 484

2007 Work RVU: 0.60 **2018 Work RVU:** 0.60
2007 NF PE RVU: 0.61 **2018 NF PE RVU:** 0.61
2007 Fac PE RVU 0.26 **2018 Fac PE RVU:**0.26

RUC Recommendation: Review action plan.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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 **2016 Medicare Utilization:** 3,608

2007 Work RVU: 0.96 **2018 Work RVU:** 0.96
2007 NF PE RVU: 1.36 **2018 NF PE RVU:** 1.36
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.96

Referred to CPT February 2011 & October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

95861 **Needle electromyography; 2 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2016 Medicare Utilization:** 42,231

2007 Work RVU: 1.54 **2018 Work RVU:** 1.54
2007 NF PE RVU: 1.48 **2018 NF PE RVU:** 1.48
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.54 **Referred to CPT** February 2011 & October 2011 & February 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:** 284

2007 Work RVU: 1.87 **2018 Work RVU:** 1.87
2007 NF PE RVU: 1.79 **2018 NF PE RVU:** 1.79
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.87 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95864 **Needle electromyography; 4 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2016 Medicare Utilization:** 3,626

2007 Work RVU: 1.99 **2018 Work RVU:** 1.99
2007 NF PE RVU: 2.53 **2018 NF PE RVU:** 2.53
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.99 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2016 Medicare Utilization:** 1,263

2007 Work RVU: 0.79 **2018 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2018 NF PE RVU:** 0.98
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.79 **Referred to CPT** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2016 Medicare Utilization:** 2,445

2007 Work RVU: 1.18 **2018 Work RVU:** 1.18
2007 NF PE RVU: 1.26 **2018 NF PE RVU:** 1.26
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.18 **Referred to CPT** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95869 **Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2011 **2016 Medicare Utilization:** 567

2007 Work RVU: 0.37 **2018 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2018 NF PE RVU:** 0.53
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2011 **2016 Medicare Utilization:** 43,765

2007 Work RVU: 0.37 **2018 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2018 NF PE RVU:** 0.53
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:** 139,208

2007 Work RVU: **2018 Work RVU:** 0.35
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.35 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95886 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2016 Medicare Utilization:** 938,383

2007 Work RVU: **2018 Work RVU:** 0.86
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.92 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 13,475

2007 Work RVU: **2018 Work RVU:** 0.71
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.73 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

958X3

Global: **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.95 and Refer to CPT Assistant **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:**

958X4

Global: **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.19 and Refer to CPT Assistant **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

958X5

Global: **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.25 and Refer to CPT Assistant **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:**

958X6

Global: **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.00 and Refer to CPT Assistant **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:**

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 **2016 Medicare Utilization:**

2007 Work RVU: 0.42 **2018 Work RVU:**
2007 NF PE RVU: 1.18 **2018 NF PE RVU:** 1.18
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011& February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95903 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 0.60 **2018 Work RVU:**
2007 NF PE RVU: 1.15 **2018 NF PE RVU:** 1.15
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 and February 2012 & February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95904 **Nerve conduction, amplitude and latency/velocity study, each nerve; sensory**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.34 **2018 Work RVU:**
2007 NF PE RVU: 1.03 **2018 NF PE RVU:** 1.03
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 & October 2011 & February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2016 Medicare Utilization:** 9,800

2007 Work RVU: **2018 Work RVU:** 1.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.00 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2016 Medicare Utilization:** 68,909

2007 Work RVU: **2018 Work RVU:** 1.25
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.37 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95909 **Nerve conduction studies; 5-6 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2016 Medicare Utilization:** 141,222

2007 Work RVU: **2018 Work RVU:** 1.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.77 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2016 Medicare Utilization:** 164,284

2007 Work RVU: **2018 Work RVU:** 2.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.80 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2016 Medicare Utilization:** 171,442

2007 Work RVU: **2018 Work RVU:** 2.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 3.34 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95912 **Nerve conduction studies; 11-12 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2016 Medicare Utilization:** 80,779

2007 Work RVU: **2018 Work RVU:** 3.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.00 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2016 Medicare Utilization:** 88,797

2007 Work RVU: **2018 Work RVU:** 3.56
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.20 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 42,771

2007 Work RVU: 0.90 **2018 Work RVU:** 0.90
2007 NF PE RVU: 0.82 **2018 NF PE RVU:** 0.82
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.90 **Referred to CPT** February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95922 **Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** February 2008 **2016 Medicare Utilization:** 3,812

2007 Work RVU: 0.96 **2018 Work RVU:** 0.96
2007 NF PE RVU: 1 **2018 NF PE RVU:** 1
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.96 **Referred to CPT** February 2012 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2008

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:** **2016 Medicare Utilization:** 119,045

2007 Work RVU: 0.90 **2018 Work RVU:** 0.90
2007 NF PE RVU: 1.99 **2018 NF PE RVU:** 1.99
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2016 Medicare Utilization:** 19,765

2007 Work RVU: **2018 Work RVU:** 1.73
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.73 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95925 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2016 Medicare Utilization:** 10,005

2007 Work RVU: 0.54 **2018 Work RVU:** 0.54
2007 NF PE RVU: 1.63 **2018 NF PE RVU:** 1.63
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.54 and New PE Inputs **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:** 10,414

2007 Work RVU: 0.54 **2018 Work RVU:** 0.54
2007 NF PE RVU: 1.59 **2018 NF PE RVU:** 1.59
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.54 and New PE Inputs **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 331

2007 Work RVU: 1.50 **2018 Work RVU:** 1.50
2007 NF PE RVU: 3.25 **2018 NF PE RVU:** 3.25
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:** 1,517

2007 Work RVU: 1.50 **2018 Work RVU:** 1.50
2007 NF PE RVU: 3.48 **2018 NF PE RVU:** 3.48
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95930 **Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report**

Global: XXX **Issue:** Visual Evoked Potential Testing **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 11 **Specialty Developing Recommendation:** AAO, AOA (optometry), ACNS **First Identified:** October 2015 **2016 Medicare Utilization:** 86,626

2007 Work RVU: 0.35 **2018 Work RVU:** 0.35
2007 NF PE RVU: 2.34 **2018 NF PE RVU:** 2.34
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.35 **Referred to CPT** May 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95934 **H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.51 **2018 Work RVU:**
2007 NF PE RVU: 0.55 **2018 NF PE RVU:** 0.55
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95936 **H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.55 **2018 Work RVU:**
2007 NF PE RVU: 0.49 **2018 NF PE RVU:** 0.49
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95938 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs** **Global:** XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** **2016 Medicare Utilization:** 77,239

2007 Work RVU: **2018 Work RVU:** 0.86
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.86 and new PE inputs **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2016 Medicare Utilization:** 32,113

2007 Work RVU: **2018 Work RVU:** 2.25
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.25 and new PE inputs **Referred to CPT** 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:** January 2012 **2016 Medicare Utilization:** 15,946

2007 Work RVU: **2018 Work RVU:** 0.60
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.60 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95941 **Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.00 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2016 Medicare Utilization:** 31,940

2007 Work RVU: **2018 Work RVU:** 0.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Carrier Price **Referred to CPT** 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 **2016 Medicare Utilization:** 827

2007 Work RVU: 1.51 **2018 Work RVU:** 1.51
2007 NF PE RVU: 4.18 **2018 NF PE RVU:** 4.18
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 1.51 and new PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95951 **Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours**

Global: XXX **Issue:** Long Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2016 Medicare Utilization:** 145,783

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:** 0

RUC Recommendation: Refer to CPT **Referred to CPT** February 2018 **Result:**
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 **2016 Medicare Utilization:** 23,068

2007 Work RVU: 3.30 **2018 Work RVU:** 3.08
2007 NF PE RVU: 7.52 **2018 NF PE RVU:** 7.52
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 3.08 **Referred to CPT** **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 **2016 Medicare Utilization:** 1,230

2007 Work RVU: 2.45 **2018 Work RVU:** 2.45
2007 NF PE RVU: 4.38 **2018 NF PE RVU:** 4.38
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **Referred to CPT** **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 **2016 Medicare Utilization:** 4,781

2007 Work RVU: 3.08 **2018 Work RVU:** 3.61
2007 NF PE RVU: 15.47 **2018 NF PE RVU:** 15.47
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 3.61. CPT Assistant article published **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

Status Report: CMS Requests and Relativity Assessment Issues

95957 **Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)** **Global:** XXX **Issue:** Electroencephalogram (EEG) Exended Monitoring **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 50 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2016 Medicare Utilization:** 61,975

2007 Work RVU: 1.98 **2018 Work RVU:** 1.98
2007 NF PE RVU: 3.37 **2018 NF PE RVU:** 3.37
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 1.98 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95970 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming** **Global:** XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** February 2010 **2016 Medicare Utilization:** 34,796

2007 Work RVU: 0.45 **2018 Work RVU:** 0.45
2007 NF PE RVU: 0.86 **2018 NF PE RVU:** 0.86
2007 Fac PE RVU 0.14 **2018 Fac PE RVU:**0.14

RUC Recommendation: 0.45 **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95971 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming** **Global:** XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AUA, ACOG, AAPM, SIS, ACNS **First Identified:** October 2009 **2016 Medicare Utilization:** 19,079

2007 Work RVU: 0.78 **2018 Work RVU:** 0.78
2007 NF PE RVU: 0.66 **2018 NF PE RVU:** 0.66
2007 Fac PE RVU 0.22 **2018 Fac PE RVU:**0.22

RUC Recommendation: 0.78 **Referred to CPT** February 2015, June 2017 **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**

Global: XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AUA, ACOG, AAPM, SIS, ACNS **First Identified:** February 2010 **2016 Medicare Utilization:** 54,327

2007 Work RVU: 1.50 **2018 Work RVU:** 0.80
2007 NF PE RVU: 1.21 **2018 NF PE RVU:** 1.21
2007 Fac PE RVU 0.48 **2018 Fac PE RVU:**0.48

RUC Recommendation: 0.80 **Referred to CPT** May 2014 February , June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95973 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 21 **Specialty Developing Recommendation:** AANS/CNS, ACOG, ASA, AUA, ISIS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.92 **2018 Work RVU:**
2007 NF PE RVU: 0.61 **2018 NF PE RVU:** 0.61
2007 Fac PE RVU 0.32 **2018 Fac PE RVU:**0.32

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95974 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2016 Medicare Utilization:** 13,063

2007 Work RVU: 3.00 **2018 Work RVU:** 3.00
2007 NF PE RVU: 1.65 **2018 NF PE RVU:** 1.65
2007 Fac PE RVU 1.19 **2018 Fac PE RVU:**1.19

RUC Recommendation: Code Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95975 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2016 Medicare Utilization:** 214

2007 Work RVU: 1.70 **2018 Work RVU:** 1.70
2007 NF PE RVU: 0.86 **2018 NF PE RVU:** 0.86
2007 Fac PE RVU 0.67 **2018 Fac PE RVU:**0.67

RUC Recommendation: Code Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95978 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2016 Medicare Utilization:** 34,822

2007 Work RVU: 3.50 **2018 Work RVU:** 3.50
2007 NF PE RVU: 1.91 **2018 NF PE RVU:** 1.91
2007 Fac PE RVU 1.24 **2018 Fac PE RVU:**1.24

RUC Recommendation: Code Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

Status Report: CMS Requests and Relativity Assessment Issues

95979 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2016 Medicare Utilization:** 5,651

2007 Work RVU: 1.64 **2018 Work RVU:** 1.64
2007 NF PE RVU: 0.84 **2018 NF PE RVU:** 0.84
2007 Fac PE RVU 0.64 **2018 Fac PE RVU:** 0.64

RUC Recommendation: Code Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95980 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2016 Medicare Utilization:** 461

2007 Work RVU: **2018 Work RVU:** 0.80
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95981 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2016 Medicare Utilization:** 689

2007 Work RVU: **2018 Work RVU:** 0.30
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95982 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** No Interest

First Identified: July 2015 **2016 Medicare Utilization:** 1,188

2007 Work RVU: **2018 Work RVU:** 0.65

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Not part of family

Referred to CPT June 2017

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2016 Medicare Utilization:** 3,173

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00

2007 NF PE RVU: 1.53 **2018 NF PE RVU:** 1.53

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.00

Referred to CPT October 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2016 Medicare Utilization:** 12,646

2007 Work RVU: 0.77 **2018 Work RVU:** 0.77

2007 NF PE RVU: 1.53 **2018 NF PE RVU:** 1.53

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.77

Referred to CPT October 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

96101 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2016 Medicare Utilization:** 213,472

2007 Work RVU: 1.86 **2018 Work RVU:** 1.86
2007 NF PE RVU: 0.58 **2018 NF PE RVU:** 0.58
2007 Fac PE RVU 0.56 **2018 Fac PE RVU:**0.56

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96102 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2016 Medicare Utilization:** 44,976

2007 Work RVU: 0.50 **2018 Work RVU:** 0.50
2007 NF PE RVU: 0.8 **2018 NF PE RVU:** 0.8
2007 Fac PE RVU 0.15 **2018 Fac PE RVU:**0.15

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96103 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** April 2013 **2016 Medicare Utilization:** 168,038

2007 Work RVU: 0.51 **2018 Work RVU:** 0.51
2007 NF PE RVU: 0.49 **2018 NF PE RVU:** 0.49
2007 Fac PE RVU 0.15 **2018 Fac PE RVU:**0.15

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96105 **Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS Request/Speech Language Pathology Request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2016 Medicare Utilization:** 521

2007 Work RVU: 0.00 **2018 Work RVU:** 1.75
2007 NF PE RVU: 1.83 **2018 NF PE RVU:** 1.83
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 1.75 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

96110 **Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0.18 **2018 NF PE RVU:** 0.18
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96111 **Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2017 **2016 Medicare Utilization:** 892

2007 Work RVU: 2.60 **2018 Work RVU:** 2.60
2007 NF PE RVU: 0.96 **2018 NF PE RVU:** 0.96
2007 Fac PE RVU 0.92 **2018 Fac PE RVU:** 0.92

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96116 **Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2016 Medicare Utilization:** 153,102

2007 Work RVU: 1.86 **2018 Work RVU:** 1.86
2007 NF PE RVU: 0.76 **2018 NF PE RVU:** 0.76
2007 Fac PE RVU 0.59 **2018 Fac PE RVU:**0.59

RUC Recommendation: 1.86 **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96118 **Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2016 Medicare Utilization:** 673,962

2007 Work RVU: 1.86 **2018 Work RVU:** 1.86
2007 NF PE RVU: 1.25 **2018 NF PE RVU:** 1.25
2007 Fac PE RVU 0.56 **2018 Fac PE RVU:**0.56

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96119 **Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2016 Medicare Utilization:** 180,512

2007 Work RVU: 0.55 **2018 Work RVU:** 0.55
2007 NF PE RVU: 1.15 **2018 NF PE RVU:** 1.15
2007 Fac PE RVU 0.17 **2018 Fac PE RVU:**0.17

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96120 **Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** April 2013 **2016 Medicare Utilization:** 28,306

2007 Work RVU: 0.51 **2018 Work RVU:** 0.51
2007 NF PE RVU: 1.04 **2018 NF PE RVU:** 1.04
2007 Fac PE RVU 0.15 **2018 Fac PE RVU:** 0.15

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96125 **Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2016 Medicare Utilization:** 2,427

2007 Work RVU: **2018 Work RVU:** 1.70
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.70 **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96127 **Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2016 Medicare Utilization:** 20,323

2007 Work RVU: **2018 Work RVU:** 0.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96154 **Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)**

Global: XXX **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 17,723

2007 Work RVU: 0.45 **2018 Work RVU:** 0.45
2007 NF PE RVU: 0.15 **2018 NF PE RVU:** 0.15
2007 Fac PE RVU 0.14 **2018 Fac PE RVU:** 0.14

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

96360 **Intravenous infusion, hydration; initial, 31 minutes to 1 hour**

Global: XXX **Issue:** IV Hydration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 25 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** July 2015 **2016 Medicare Utilization:** 238,600

2007 Work RVU: **2018 Work RVU:** 0.17
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.17 **Referred to CPT** N/A **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96361 **Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** IV Hydration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 25 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** July 2015 **2016 Medicare Utilization:** 531,295

2007 Work RVU: **2018 Work RVU:** 0.09
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.09 **Referred to CPT** N/A **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96365 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour**

Global: XXX **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2016 Medicare Utilization:** 1,274,496

2007 Work RVU: **2018 Work RVU:** 0.21
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.21 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96366 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2016 Medicare Utilization:** 630,338

2007 Work RVU: **2018 Work RVU:** 0.18
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96367 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2016 Medicare Utilization:** 1,664,293

2007 Work RVU: **2018 Work RVU:** 0.19
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.19 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96368 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2016 Medicare Utilization:** 143,373

2007 Work RVU: **2018 Work RVU:** 0.17
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96372 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 26 **Specialty Developing Recommendation:** ASCO, ASH, AAFP, ACRh **First Identified:** April 2013 **2016 Medicare Utilization:** 9,439,124

2007 Work RVU: **2018 Work RVU:** 0.17
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.17 **Referred to CPT** N/A **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96374 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 26 **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2016 Medicare Utilization:** 275,891

2007 Work RVU: **2018 Work RVU:** 0.18
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.18 **Referred to CPT** N/A **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96375 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 26 **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2016 Medicare Utilization:** 1,437,982

2007 Work RVU: **2018 Work RVU:** 0.10
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.10 **Referred to CPT** N/A **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96377 **Application of on-body injector (includes cannula insertion) for timed subcutaneous injection**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** should be on N/R LOI just added to track **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 26 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** January 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.17
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.17 **Referred to CPT** N/A **Result:** Not Part of RAW
Referred to CPT Asst ☐ **Published in CPT Asst:**

963X0

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

963X1

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.10 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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963X2

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.71 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

963X3

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

963X4

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.90 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

963X5

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

963X6

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.90 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

963X7

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.55 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

963X8 **Global:** **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.46 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

963X9 **Global:** **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96401 **Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic** **Global:** XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH, ACRh **First Identified:** July 2015 **2016 Medicare Utilization:** 784,849

2007 Work RVU: 0.21 **2018 Work RVU:** 0.21
2007 NF PE RVU: 1.34 **2018 NF PE RVU:** 1.34
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.21 **Referred to CPT** N/A **Result:** Maintain
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: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH, AUA **First Identified:** July 2015 **2016 Medicare Utilization:** 392,612

2007 Work RVU: 0.19 **2018 Work RVU:** 0.19
2007 NF PE RVU: 0.94 **2018 NF PE RVU:** 0.94
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 0.19 **Referred to CPT** N/A
Referred to CPT Asst ☐ **Published in CPT Asst:**

96405 **Chemotherapy administration; intralesional, up to and including 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2016 Medicare Utilization:** 4,166

2007 Work RVU: 0.52 **2018 Work RVU:** 0.52
2007 NF PE RVU: 2.71 **2018 NF PE RVU:** 2.71
2007 Fac PE RVU 0.24 **2018 Fac PE RVU:**0.24
Result: PE Only

RUC Recommendation: New PE inputs **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

96406 **Chemotherapy administration; intralesional, more than 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2016 Medicare Utilization:** 406

2007 Work RVU: 0.80 **2018 Work RVU:** 0.80
2007 NF PE RVU: 3.08 **2018 NF PE RVU:** 3.08
2007 Fac PE RVU 0.29 **2018 Fac PE RVU:**0.29
Result: PE Only

RUC Recommendation: New PE inputs **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

96409 **Chemotherapy administration; intravenous, push technique, single or initial substance/drug**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2016 Medicare Utilization:** 129,929

2007 Work RVU: 0.24 **2018 Work RVU:** 0.24
2007 NF PE RVU: 2.88 **2018 NF PE RVU:** 2.88
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 0.24 **Referred to CPT** N/A
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96411 **Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2016 Medicare Utilization:** 194,845

2007 Work RVU: 0.20 **2018 Work RVU:** 0.20
2007 NF PE RVU: 1.58 **2018 NF PE RVU:** 1.58
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.20 **Referred to CPT** N/A
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

96413 **Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** February 2010 **2016 Medicare Utilization:** 1,861,128

2007 Work RVU: 0.28 **2018 Work RVU:** 0.28
2007 NF PE RVU: 4.05 **2018 NF PE RVU:** 4.05
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.28 and new PE inputs **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

96415 **Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2016 Medicare Utilization:** 963,982

2007 Work RVU: 0.19 **2018 Work RVU:** 0.19
2007 NF PE RVU: 0.74 **2018 NF PE RVU:** 0.74
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.19 and new PE inputs **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 105,039

2007 Work RVU: 0.21 **2018 Work RVU:** 0.21
2007 NF PE RVU: 4.47 **2018 NF PE RVU:** 4.47
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96417 **Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2016 Medicare Utilization:** 433,793

2007 Work RVU: 0.21 **2018 Work RVU:** 0.21
2007 NF PE RVU: 1.89 **2018 NF PE RVU:** 1.89
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 0.21 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96440 **Chemotherapy administration into pleural cavity, requiring and including thoracentesis**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** **First Identified:** NA **2016 Medicare Utilization:** 51

2007 Work RVU: 2.37 **2018 Work RVU:** 2.12
2007 NF PE RVU: 7.48 **2018 NF PE RVU:** 7.48
2007 Fac PE RVU 1.17 **2018 Fac PE RVU:**1.17
Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96567 **Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day**

Global: XXX **Issue:** Photodynamic Therapy **Screen:** High Volume Growth1 / CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 16 **Specialty Developing Recommendation:** AAD

First Identified: February 2008 **2016 Medicare Utilization:** 142,954

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00

2007 NF PE RVU: 2.4 **2018 NF PE RVU:** 2.4

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.00 PE Only

Referred to CPT September 2016

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96573 **Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day**

Global: 000 **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 16 **Specialty Developing Recommendation:** AAD

First Identified: January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.48

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.48

Referred to CPT September 2016

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

96574 **Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day**

Global: 000 **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 16 **Specialty Developing Recommendation:** AAD

First Identified: January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 1.01

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.01

Referred to CPT September 2016

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96910 **Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B**

Global: XXX **Issue:** Photo-chemotherapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 44 **Specialty Developing Recommendation:** AAD

First Identified: July 2015

2016 Medicare Utilization: 400,126

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00

2007 NF PE RVU: 1.24 **2018 NF PE RVU:** 1.24

2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: PE Only

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

96920 **Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAD

First Identified: October 2008

2016 Medicare Utilization: 117,356

2007 Work RVU: 1.15 **2018 Work RVU:** 1.15

2007 NF PE RVU: 2.8 **2018 NF PE RVU:** 2.8

2007 Fac PE RVU 0.57 **2018 Fac PE RVU:**0.57

RUC Recommendation: 1.15

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Result: Maintain

96921 **Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAD

First Identified: February 2008

2016 Medicare Utilization: 31,259

2007 Work RVU: 1.17 **2018 Work RVU:** 1.30

2007 NF PE RVU: 2.82 **2018 NF PE RVU:** 2.82

2007 Fac PE RVU 0.57 **2018 Fac PE RVU:**0.57

RUC Recommendation: 1.30

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

96922 **Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2016 Medicare Utilization:** 17,628

2007 Work RVU: 2.10 **2018 Work RVU:** 2.10
2007 NF PE RVU: 3.77 **2018 NF PE RVU:** 3.77
2007 Fac PE RVU 0.73 **2018 Fac PE RVU:** 0.73

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

96X10

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96X11 **Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed**

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 19 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Rescind and refer to CPT **Referred to CPT** September 2018 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96X12

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

97001 **Physical therapy evaluation**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2016 Medicare Utilization:** 2,694,206

2007 Work RVU: 1.20 **2018 Work RVU:**
2007 NF PE RVU: 0.73 **2018 NF PE RVU:** 0.73
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97002 **Physical therapy re-evaluation**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** February 2015 **2016 Medicare Utilization:** 558,500

2007 Work RVU: 0.60 **2018 Work RVU:**
2007 NF PE RVU: 0.43 **2018 NF PE RVU:** 0.43
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97003 **Occupational therapy evaluation**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2016 Medicare Utilization:** 203,147

2007 Work RVU: 1.20 **2018 Work RVU:**
2007 NF PE RVU: 0.86 **2018 NF PE RVU:** 0.86
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

97004 **Occupational therapy re-evaluation**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2016 Medicare Utilization:** 31,168

2007 Work RVU: 0.60 **2018 Work RVU:**
2007 NF PE RVU: 0.64 **2018 NF PE RVU:** 0.64
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

97010 **Application of a modality to 1 or more areas; hot or cold packs**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 41 **Specialty Developing Recommendation:** No Interest

First Identified: **2016 Medicare Utilization:**

2007 Work RVU: 0.06 **2018 Work RVU:** 0.06
2007 NF PE RVU: 0.06 **2018 NF PE RVU:** 0.06
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: No specialty society interest

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

97012 **Application of a modality to 1 or more areas; traction, mechanical**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA

First Identified:

2016 Medicare Utilization: 581,250

2007 Work RVU: 0.25 **2018 Work RVU:** 0.25

2007 NF PE RVU: 0.13 **2018 NF PE RVU:** 0.13

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.25

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

97014 **Application of a modality to 1 or more areas; electrical stimulation (unattended)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA

First Identified:

2016 Medicare Utilization:

2007 Work RVU: 0.18 **2018 Work RVU:** 0.18

2007 NF PE RVU: 0.19 **2018 NF PE RVU:** 0.19

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.18

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

97016 **Application of a modality to 1 or more areas; vasopneumatic devices**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA

First Identified: February 2010

2016 Medicare Utilization: 577,008

2007 Work RVU: 0.18 **2018 Work RVU:** 0.18

2007 NF PE RVU: 0.2 **2018 NF PE RVU:** 0.2

2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.18

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

97018 **Application of a modality to 1 or more areas; paraffin bath**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2010 **2016 Medicare Utilization:** 142,906

2007 Work RVU: 0.06 **2018 Work RVU:** 0.06
2007 NF PE RVU: 0.12 **2018 NF PE RVU:** 0.12
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97022 **Application of a modality to 1 or more areas; whirlpool**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** **2016 Medicare Utilization:** 180,462

2007 Work RVU: 0.17 **2018 Work RVU:** 0.17
2007 NF PE RVU: 0.24 **2018 NF PE RVU:** 0.24
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97032 **Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** July 2015 **2016 Medicare Utilization:** 1,066,415

2007 Work RVU: 0.25 **2018 Work RVU:** 0.25
2007 NF PE RVU: 0.17 **2018 NF PE RVU:** 0.17
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97033 **Application of a modality to 1 or more areas; iontophoresis, each 15 minutes** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** **2016 Medicare Utilization:** 79,128

2007 Work RVU: 0.26 **2018 Work RVU:** 0.26
2007 NF PE RVU: 0.31 **2018 NF PE RVU:** 0.31
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.26 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97034 **Application of a modality to 1 or more areas; contrast baths, each 15 minutes** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** **2016 Medicare Utilization:** 7,839

2007 Work RVU: 0.21 **2018 Work RVU:** 0.21
2007 NF PE RVU: 0.16 **2018 NF PE RVU:** 0.16
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.21 **Referred to CPT** **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:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** October 2010 **2016 Medicare Utilization:** 2,652,050

2007 Work RVU: 0.21 **2018 Work RVU:** 0.21
2007 NF PE RVU: 0.1 **2018 NF PE RVU:** 0.1
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.21 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97110 **Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2010 **2016 Medicare Utilization:** 53,076,701

2007 Work RVU: 0.45 **2018 Work RVU:** 0.45
2007 NF PE RVU: 0.28 **2018 NF PE RVU:** 0.28
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97112 **Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2016 Medicare Utilization:** 11,287,530

2007 Work RVU: 0.45 **2018 Work RVU:** 0.50
2007 NF PE RVU: 0.32 **2018 NF PE RVU:** 0.32
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA
Result: Increase

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97113 **Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** July 2015 **2016 Medicare Utilization:** 1,745,754

2007 Work RVU: 0.44 **2018 Work RVU:** 0.48
2007 NF PE RVU: 0.43 **2018 NF PE RVU:** 0.43
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA
Result: Increase

RUC Recommendation: 0.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97116 **Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** February 2010 **2016 Medicare Utilization:** 2,010,663

2007 Work RVU: 0.40 **2018 Work RVU:** 0.45
2007 NF PE RVU: 0.25 **2018 NF PE RVU:** 0.25
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97127 **Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact**

Global: XXX **Issue:** Cognitive Function Intervention **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.50 **Referred to CPT** September 2016 **Result:** Decrease
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:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** September 2011 **2016 Medicare Utilization:** 25,203,043

2007 Work RVU: 0.43 **2018 Work RVU:** 0.43
2007 NF PE RVU: 0.26 **2018 NF PE RVU:** 0.26
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.43 **Referred to CPT** **Result:** Maintain
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:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** **Specialty Developing Recommendation:** APTA **First Identified:** April 2011 **2016 Medicare Utilization:** 1,051,451

2007 Work RVU: 0.27 **2018 Work RVU:** 0.29
2007 NF PE RVU: 0.19 **2018 NF PE RVU:** 0.19
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.29 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97161 **Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 1.20
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.75 **Referred to CPT** February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97162 **Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 1.20
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.18 **Referred to CPT** February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

97163 **Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 1.20
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.50 **Referred to CPT** February 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97164 **Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.75 **Referred to CPT** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97165 **Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 1.20
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.88 **Referred to CPT** February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97166 **Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 1.20
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.20 **Referred to CPT** February 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97167 **Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 1.20
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.70 **Referred to CPT** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97168 **Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.75
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.80 **Referred to CPT** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97530 **Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2016 Medicare Utilization:** 10,862,897

2007 Work RVU: 0.44 **2018 Work RVU:** 0.44
2007 NF PE RVU: 0.34 **2018 NF PE RVU:** 0.34
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.44 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97532 **Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes**

Global: XXX **Issue:** Cognitive Function Intervention **Screen:** High Volume Growth2 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA, ASHA, APA (psychology) **First Identified:** April 2013 **2016 Medicare Utilization:** 272,531

2007 Work RVU: 0.44 **2018 Work RVU:**
2007 NF PE RVU: 0.21 **2018 NF PE RVU:** 0.21
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97533 **Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** **2016 Medicare Utilization:** 11,050

2007 Work RVU: 0.44 **2018 Work RVU:** 0.48
2007 NF PE RVU: 0.25 **2018 NF PE RVU:** 0.25
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97535 **Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** October 2012 **2016 Medicare Utilization:** 1,247,582

2007 Work RVU: 0.45 **2018 Work RVU:** 0.45
2007 NF PE RVU: 0.34 **2018 NF PE RVU:** 0.34
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Article no longer necessary

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97537 **Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** **2016 Medicare Utilization:** 6,425

2007 Work RVU: 0.45 **2018 Work RVU:** 0.48
2007 NF PE RVU: 0.27 **2018 NF PE RVU:** 0.27
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97542 **Wheelchair management (eg, assessment, fitting, training), each 15 minutes** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2013 **2016 Medicare Utilization:** 37,141

2007 Work RVU: 0.45 **2018 Work RVU:** 0.48
2007 NF PE RVU: 0.28 **2018 NF PE RVU:** 0.28
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97597 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less** **Global:** 000 **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** APTA, APMA **First Identified:** September 2007 **2016 Medicare Utilization:** 1,015,635

2007 Work RVU: 0.58 **2018 Work RVU:** 0.51
2007 NF PE RVU: 0.77 **2018 NF PE RVU:** 0.77
2007 Fac PE RVU 0.53 **2018 Fac PE RVU:** 0.53

RUC Recommendation: Survey. 0.54 **Referred to CPT** May 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

97598 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 / Different Performing Specialty from Survey **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** APTA, APMA **First Identified:** September 2007 **2016 Medicare Utilization:** 150,032

2007 Work RVU: 0.80 **2018 Work RVU:** 0.24
2007 NF PE RVU: 0.91 **2018 NF PE RVU:** 0.91
2007 Fac PE RVU 0.64 **2018 Fac PE RVU:** 0.64

RUC Recommendation: Survey. 0.40 **Referred to CPT** May 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97602 **Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97605 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2013 **2016 Medicare Utilization:** 47,223

2007 Work RVU: 0.55 **2018 Work RVU:** 0.55
2007 NF PE RVU: 0.36 **2018 NF PE RVU:** 0.36
2007 Fac PE RVU 0.2 **2018 Fac PE RVU:**0.2

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97606 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** April 2013 **2016 Medicare Utilization:** 14,173

2007 Work RVU: 0.60 **2018 Work RVU:** 0.60
2007 NF PE RVU: 0.37 **2018 NF PE RVU:** 0.37
2007 Fac PE RVU 0.21 **2018 Fac PE RVU:**0.21

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97607 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2016 Medicare Utilization:** 2,485

2007 Work RVU: **2018 Work RVU:** 0.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.11 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

97608 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2016 Medicare Utilization:** 693

2007 Work RVU: **2018 Work RVU:** 0.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.46 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

97610 **Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** **First Identified:** **2016 Medicare Utilization:** 3,082

2007 Work RVU: **2018 Work RVU:** 0.35
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97755 **Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Tests and Measures **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** February 2008 **2016 Medicare Utilization:** 3,528

2007 Work RVU: 0.62 **2018 Work RVU:** 0.62
2007 NF PE RVU: 0.28 **2018 NF PE RVU:** 0.28
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

97760 **Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2016 Medicare Utilization:** 65,452

2007 Work RVU: 0.45 **2018 Work RVU:** 0.50
2007 NF PE RVU: 0.36 **2018 NF PE RVU:** 0.36
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** September 2016 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97761 **Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2016 Medicare Utilization:** 7,319

2007 Work RVU: 0.45 **2018 Work RVU:** 0.50
2007 NF PE RVU: 0.29 **2018 NF PE RVU:** 0.29
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** September 2016 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97762 **Checkout for orthotic/prosthetic use, established patient, each 15 minutes** **Global:** XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2016 Medicare Utilization:** 15,768

2007 Work RVU: 0.25 **2018 Work RVU:**
2007 NF PE RVU: 0.5 **2018 NF PE RVU:** 0.5
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97763 **Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes** **Global:** XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.48
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase
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 **2016 Medicare Utilization:** 218,791

2007 Work RVU: 0.45 **2018 Work RVU:** 0.53
2007 NF PE RVU: 0.39 **2018 NF PE RVU:** 0.39
2007 Fac PE RVU 0.38 **2018 Fac PE RVU:**0.38

RUC Recommendation: 0.53 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97803 **Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2016 Medicare Utilization:** 195,041

2007 Work RVU: 0.37 **2018 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2018 NF PE RVU:** 0.38
2007 Fac PE RVU 0.38 **2018 Fac PE RVU:**0.38

RUC Recommendation: 0.45 **Referred to CPT** **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 **2016 Medicare Utilization:** 73,243

2007 Work RVU: 0.45 **2018 Work RVU:** 0.46
2007 NF PE RVU: 0.31 **2018 NF PE RVU:** 0.31
2007 Fac PE RVU 0.14 **2018 Fac PE RVU:**0.14

RUC Recommendation: 0.50 **Referred to CPT** **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 **2016 Medicare Utilization:** 116,138

2007 Work RVU: 0.65 **2018 Work RVU:** 0.71
2007 NF PE RVU: 0.4 **2018 NF PE RVU:** 0.4
2007 Fac PE RVU 0.23 **2018 Fac PE RVU:**0.23

RUC Recommendation: 0.75 **Referred to CPT** **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 **2016 Medicare Utilization:** 99,731

2007 Work RVU: 0.87 **2018 Work RVU:** 0.96
2007 NF PE RVU: 0.49 **2018 NF PE RVU:** 0.49
2007 Fac PE RVU 0.28 **2018 Fac PE RVU:**0.28

RUC Recommendation: 1.00 **Referred to CPT** **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 **2016 Medicare Utilization:** 98,820

2007 Work RVU: 1.03 **2018 Work RVU:** 1.21
2007 NF PE RVU: 0.57 **2018 NF PE RVU:** 0.57
2007 Fac PE RVU 0.32 **2018 Fac PE RVU:**0.32

RUC Recommendation: 1.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98929 **Osteopathic manipulative treatment (OMT); 9-10 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010 **2016 Medicare Utilization:** 63,895

2007 Work RVU: 1.19 **2018 Work RVU:** 1.46
2007 NF PE RVU: 0.65 **2018 NF PE RVU:** 0.65
2007 Fac PE RVU 0.35 **2018 Fac PE RVU:**0.35

RUC Recommendation: 1.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98940 **Chiropractic manipulative treatment (CMT); spinal, 1-2 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2016 Medicare Utilization:** 6,361,508

2007 Work RVU: 0.45 **2018 Work RVU:** 0.46
2007 NF PE RVU: 0.23 **2018 NF PE RVU:** 0.23
2007 Fac PE RVU 0.12 **2018 Fac PE RVU:**0.12

RUC Recommendation: 0.46

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98941 **Chiropractic manipulative treatment (CMT); spinal, 3-4 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2016 Medicare Utilization:** 13,261,720

2007 Work RVU: 0.65 **2018 Work RVU:** 0.71
2007 NF PE RVU: 0.29 **2018 NF PE RVU:** 0.29
2007 Fac PE RVU 0.17 **2018 Fac PE RVU:**0.17

RUC Recommendation: 0.71

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

98942 **Chiropractic manipulative treatment (CMT); spinal, 5 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2016 Medicare Utilization:** 1,001,657

2007 Work RVU: 0.87 **2018 Work RVU:** 0.96
2007 NF PE RVU: 0.36 **2018 NF PE RVU:** 0.36
2007 Fac PE RVU 0.23 **2018 Fac PE RVU:**0.23

RUC Recommendation: 0.96

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98943 **Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions**

Global: XXX **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 0.40 **2018 Work RVU:** 0.46
2007 NF PE RVU: 0.22 **2018 NF PE RVU:** 0.22
2007 Fac PE RVU 0.14 **2018 Fac PE RVU:**0.14

RUC Recommendation: 0.46

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

99143 **Deleted from CPT**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI

First Identified: January 2014 **2016 Medicare Utilization:** 19

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

99144 **Deleted from CPT**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI

First Identified: January 2014 **2016 Medicare Utilization:** 502,561

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

99148 **Deleted from CPT**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI

First Identified: January 2014 **2016 Medicare Utilization:** 4

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

99149 **Deleted from CPT**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI

First Identified: January 2014 **2016 Medicare Utilization:** 5,140

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

99150 **Deleted from CPT**

Global: ZZZ **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI

First Identified: January 2014 **2016 Medicare Utilization:** 617

2007 Work RVU: 0.00 **2018 Work RVU:**
2007 NF PE RVU: 0 **2018 NF PE RVU:** 0
2007 Fac PE RVU 0 **2018 Fac PE RVU:**0

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

99151 **Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

99152 **Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.25
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99155 **Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 1.90
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.90 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

99156 **Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 1.65
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.84 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99174 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report**

Global: XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 09 **Specialty Developing Recommendation:** AAP, AAO **First Identified:** NA **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: PE Only **Referred to CPT** May 2014 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

99177 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis**

Global: XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** May 2014 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:** 0.00
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: PE Only **Referred to CPT** May 2014 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2016 Medicare Utilization:** 486,073

2007 Work RVU: 2.34 **2018 Work RVU:** 2.11
2007 NF PE RVU: 3.08 **2018 NF PE RVU:** 3.08
2007 Fac PE RVU 0.69 **2018 Fac PE RVU:** 0.69

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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.**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: June 2017

2016 Medicare Utilization: 78,494

2007 Work RVU: 0.45 **2018 Work RVU:** 0.45

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 0.09 **2018 Fac PE RVU:**0.09

RUC Recommendation: Survey

Referred to CPT

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

99282 **Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: June 2017

2016 Medicare Utilization: 391,098

2007 Work RVU: 0.88 **2018 Work RVU:** 0.88

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 0.15 **2018 Fac PE RVU:**0.15

RUC Recommendation: Survey

Referred to CPT

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99283 **Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation:

First Identified: June 2017

2016 Medicare Utilization: 3,398,908

2007 Work RVU: 1.34 **2018 Work RVU:** 1.34

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 0.3 **2018 Fac PE RVU:**0.3

RUC Recommendation: Survey

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

99284 **Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation:

First Identified: June 2017

2016 Medicare Utilization: 5,894,881

2007 Work RVU: 2.56 **2018 Work RVU:** 2.56

2007 NF PE RVU: NA **2018 NF PE RVU:** NA

2007 Fac PE RVU 0.47 **2018 Fac PE RVU:**0.47

RUC Recommendation: Survey

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

99285 **Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: June 2017 **2016 Medicare Utilization:** 11,658,872

2007 Work RVU: 3.80 **2018 Work RVU:** 3.80
2007 NF PE RVU: NA **2018 NF PE RVU:** NA
2007 Fac PE RVU 0.71 **2018 Fac PE RVU:**0.71

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

99363 **Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: September 2016 **2016 Medicare Utilization:**

2007 Work RVU: 1.65 **2018 Work RVU:**
2007 NF PE RVU: 1.29 **2018 NF PE RVU:** 1.29
2007 Fac PE RVU 0.38 **2018 Fac PE RVU:**0.38

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

99364 **Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: September 2016 **2016 Medicare Utilization:**

2007 Work RVU: 0.63 **2018 Work RVU:**
2007 NF PE RVU: 0.38 **2018 NF PE RVU:** 0.38
2007 Fac PE RVU 0.15 **2018 Fac PE RVU:**0.15

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

99375 **Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2016 Medicare Utilization:**

2007 Work RVU: 1.73 **2018 Work RVU:** 1.73
2007 NF PE RVU: 1.35 **2018 NF PE RVU:** 1.35
2007 Fac PE RVU 1.26 **2018 Fac PE RVU:**1.26

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

99378 **Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2016 Medicare Utilization:**

2007 Work RVU: 1.73 **2018 Work RVU:** 1.73
2007 NF PE RVU: 1.64 **2018 NF PE RVU:** 1.64
2007 Fac PE RVU 1.56 **2018 Fac PE RVU:**1.56

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99497 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate**

Global: XXX **Issue:** Advance Care Planning **Screen:** RUC Referral to CPT Assistant **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAFP, AAN, ACP, ACCP, AGS, ATS **First Identified:** January 2014 **2016 Medicare Utilization:** 619,317

2007 Work RVU: **2018 Work RVU:** 1.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Review in 2 years **Referred to CPT** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

99498 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Advance Care Planning **Screen:** RUC Referral to CPT Assistant **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAFP, AAN, ACP, ACCP, AGS, ATS **First Identified:** January 2014 **2016 Medicare Utilization:** 12,666

2007 Work RVU: **2018 Work RVU:** 1.40
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Review in 2 years **Referred to CPT** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

994X7 **Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored**

Global: XXX **Issue:** Chronic Care Management Services **Screen:** New and Revised Service (Not part of RAW) **Complete?** No

Most Recent RUC Meeting: April 2017 **Tab** 09 **Specialty Developing Recommendation:** AAFP, AAN, ACP, AGS **First Identified:** NA **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 1.45. Refer to CPT Assistant **Referred to CPT** **Result:** Not part of RAW
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?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2010 **2016 Medicare Utilization:** 1,018,708

2007 Work RVU: 0.45 **2018 Work RVU:** 0.45
2007 NF PE RVU: 0.51 **2018 NF PE RVU:** 0.51
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0102 **Prostate cancer screening; digital rectal examination** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2016 Medicare Utilization:** 42,509

2007 Work RVU: 0.17 **2018 Work RVU:** 0.17
2007 NF PE RVU: 0.37 **2018 NF PE RVU:** 0.37
2007 Fac PE RVU 0.06 **2018 Fac PE RVU:** 0.06

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0104 **Colorectal cancer screening; flexible sigmoidoscopy** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2016 Medicare Utilization:** 2,494

2007 Work RVU: 0.96 **2018 Work RVU:** 0.84
2007 NF PE RVU: 2.33 **2018 NF PE RVU:** 2.33
2007 Fac PE RVU 0.53 **2018 Fac PE RVU:** 0.53

RUC Recommendation: 0.84 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0105 **Colorectal cancer screening; colonoscopy on individual at high risk** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 241,450

2007 Work RVU: 3.69 **2018 Work RVU:** 3.26
2007 NF PE RVU: 6.2 **2018 NF PE RVU:** 6.2
2007 Fac PE RVU 1.57 **2018 Fac PE RVU:** 1.57

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0108 **Diabetes outpatient self-management training services, individual, per 30 minutes**

Global: XXX **Issue:** Diabetes Management Training **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 41iv **Specialty Developing Recommendation:** AND **First Identified:** April 2016 **2016 Medicare Utilization:** 140,907

2007 Work RVU: 0.00 **2018 Work RVU:** 0.90
2007 NF PE RVU: 0.77 **2018 NF PE RVU:** 0.77
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0109 **Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes**

Global: XXX **Issue:** Diabetes Management Training **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 41iv **Specialty Developing Recommendation:** AND **First Identified:** April 2016 **2016 Medicare Utilization:** 108,177

2007 Work RVU: 0.00 **2018 Work RVU:** 0.25
2007 NF PE RVU: 0.44 **2018 NF PE RVU:** 0.44
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0121 **Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 254,027

2007 Work RVU: 3.69 **2018 Work RVU:** 3.26
2007 NF PE RVU: 6.2 **2018 NF PE RVU:** 6.2
2007 Fac PE RVU 1.57 **2018 Fac PE RVU:**1.57

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0124 **Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** CAP

First Identified: October 2017 **2016 Medicare Utilization:** 52,218

2007 Work RVU: 0.42 **2018 Work RVU:** 0.42
2007 NF PE RVU: 0.21 **2018 NF PE RVU:** 0.21
2007 Fac PE RVU 0.21 **2018 Fac PE RVU:**0.21

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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 **2016 Medicare Utilization:** 926,989

2007 Work RVU: 0.17 **2018 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2018 NF PE RVU:** 0.28
2007 Fac PE RVU 0.07 **2018 Fac PE RVU:**0.07

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0166 **External counterpulsation, per treatment session**

Global: XXX **Issue:** External Counterpulsation **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 33 **Specialty Developing Recommendation:** ACC

First Identified: April 2016 **2016 Medicare Utilization:** 140,729

2007 Work RVU: 0.07 **2018 Work RVU:** 0.07
2007 NF PE RVU: 3.81 **2018 NF PE RVU:** 3.81
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.00 (PE Only)

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

G0168 **Wound closure utilizing tissue adhesive(s) only**

Global: 000 **Issue:** Wound Closure by Adhesive **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 34 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** July 2016 **2016 Medicare Utilization:** 39,195

2007 Work RVU: 0.45 **2018 Work RVU:** 0.45
2007 NF PE RVU: 1.84 **2018 NF PE RVU:** 1.84
2007 Fac PE RVU 0.22 **2018 Fac PE RVU:**0.22

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain

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?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2016 Medicare Utilization:** 1,046,771

2007 Work RVU: 0.45 **2018 Work RVU:** 0.45
2007 NF PE RVU: 0.89 **2018 NF PE RVU:** 0.89
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0180 **Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2016 Medicare Utilization:** 1,296,676

2007 Work RVU: 0.67 **2018 Work RVU:** 0.67
2007 NF PE RVU: 1.09 **2018 NF PE RVU:** 1.09
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0181 **Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest

First Identified: October 2008 **2016 Medicare Utilization:** 411,698

2007 Work RVU: 1.73 **2018 Work RVU:** 1.73
2007 NF PE RVU: 1.32 **2018 NF PE RVU:** 1.32
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

G0182 **Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest

First Identified: April 2016 **2016 Medicare Utilization:** 31,168

2007 Work RVU: 1.73 **2018 Work RVU:** 1.73
2007 NF PE RVU: 1.46 **2018 NF PE RVU:** 1.46
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

G0202 **Screening mammography, producing direct digital image, bilateral, all views**

Global: XXX **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2016 Medicare Utilization:** 5,827,344

2007 Work RVU: 0.70 **2018 Work RVU:**
2007 NF PE RVU: 2.74 **2018 NF PE RVU:** 2.74
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Assume CMS will delete

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

G0204 **Diagnostic mammography, producing direct digital image, bilateral, all views** **Global:** XXX **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2016 Medicare Utilization:** 613,883

2007 Work RVU: 0.87 **2018 Work RVU:**
2007 NF PE RVU: 2.87 **2018 NF PE RVU:** 2.87
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Assume CMS will delete **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0206 **Diagnostic mammography, producing direct digital image, unilateral, all views** **Global:** XXX **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2016 Medicare Utilization:** 781,426

2007 Work RVU: 0.70 **2018 Work RVU:**
2007 NF PE RVU: 2.31 **2018 NF PE RVU:** 2.31
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Assume CMS will delete **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0237 **Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)** **Global:** XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2016 Medicare Utilization:** 96,082

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0.41 **2018 NF PE RVU:** 0.41
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2016 Medicare Utilization:** 114,436

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 0.43 **2018 NF PE RVU:** 0.43
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0248 **Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:** ACC

First Identified: January 2016 **2016 Medicare Utilization:** 33,962

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 5.8 **2018 NF PE RVU:** 5.8
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Created Category I code, recommend CMS delete G code

Referred to CPT September 2016

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0249 **Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2016 Medicare Utilization:** 1,330,623

2007 Work RVU: 0.00 **2018 Work RVU:** 0.00
2007 NF PE RVU: 3.57 **2018 NF PE RVU:** 3.57
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: Created Category I code, recommend CMS delete G code

Referred to CPT September 2016

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0250 **Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2016 Medicare Utilization:** 241,486

2007 Work RVU: 0.18 **2018 Work RVU:** 0.18
2007 NF PE RVU: 0.07 **2018 NF PE RVU:** 0.07
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Created Category I code, recommend CMS delete G code

Referred to CPT September 2016

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Impacted Cerumen **Screen:** CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 35 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2008 **2016 Medicare Utilization:** 146,510

2007 Work RVU: 0.61 **2018 Work RVU:** 0.61
2007 NF PE RVU: 0.63 **2018 NF PE RVU:** 0.63
2007 Fac PE RVU 0.23 **2018 Fac PE RVU:** 0.23

RUC Recommendation: 0.61

Referred to CPT

Result: Maintain

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 **2016 Medicare Utilization:** 53,030

2007 Work RVU: 0.37 **2018 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2018 NF PE RVU:** 0.38
2007 Fac PE RVU 0.38 **2018 Fac PE RVU:** 0.38

RUC Recommendation: Remove from screen

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0279 **Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to g0204 or g0206)** **Global:** ZZZ **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 352,711

2007 Work RVU: **2018 Work RVU:** 0.60
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Recommend CMS delete **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0283 **Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Electrical Stimulation Other than Wound **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** October 2010 **2016 Medicare Utilization:** 7,358,497

2007 Work RVU: 0.18 **2018 Work RVU:** 0.18
2007 NF PE RVU: 0.12 **2018 NF PE RVU:** 0.12
2007 Fac PE RVU NA **2018 Fac PE RVU:**NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0364 **Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service** **Global:** ZZZ **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 88,347

2007 Work RVU: 0.16 **2018 Work RVU:**
2007 NF PE RVU: 0.15 **2018 NF PE RVU:** 0.15
2007 Fac PE RVU 0.06 **2018 Fac PE RVU:**0.06

RUC Recommendation: Deleted **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0365 **Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2017 **2016 Medicare Utilization:** 36,307

2007 Work RVU: 0.25 **2018 Work RVU:** 0.25
2007 NF PE RVU: 4.28 **2018 NF PE RVU:** 4.28
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **Referred to CPT** September 2018 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0389 **Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening**

Global: XXX **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 / High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 12 **Specialty Developing Recommendation:** ACC, ACP, ACR, SCAI, SVS **First Identified:** July 2014 **2016 Medicare Utilization:** 104,038

2007 Work RVU: 0.58 **2018 Work RVU:**
2007 NF PE RVU: 1.81 **2018 NF PE RVU:** 1.81
2007 Fac PE RVU NA **2018 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2017

G0396 **Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AAFP, ASA, ASAM **First Identified:** October 2017 **2016 Medicare Utilization:** 29,806

2007 Work RVU: **2018 Work RVU:** 0.65
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Refer to CPT **Referred to CPT** September 2018 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0402 **Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment**

Global: XXX **Issue:** Initial Preventive Exam **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2016 Medicare Utilization:** 448,331

2007 Work RVU: **2018 Work RVU:** 2.43
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0403 **Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report**

Global: XXX **Issue:** EKG for Initial Preventive Exam **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2016 Medicare Utilization:** 121,384

2007 Work RVU: **2018 Work RVU:** 0.17
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0416 **Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method**

Global: XXX **Issue:** Prostate Biopsy - Pathology **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 16 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2014 **2016 Medicare Utilization:** 120,949

2007 Work RVU: **2018 Work RVU:** 3.60
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: 4.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

G0436 **Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2016 Medicare Utilization:** 174,933

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Deleted **Referred to CPT** **Result:** Deleted from CPT

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?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2013 **2016 Medicare Utilization:** 1,192,568

2007 Work RVU: **2018 Work RVU:** 2.43
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0439 **Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2013 **2016 Medicare Utilization:** 5,476,649

2007 Work RVU: **2018 Work RVU:** 1.50
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0442 **Annual alcohol misuse screening, 15 minutes** **Global:** XXX **Issue:** Annual Alcohol Screening **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2016 Medicare Utilization:** 388,310

2007 Work RVU: **2018 Work RVU:** 0.18
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0444 **Annual depression screening, 15 minutes** **Global:** XXX **Issue:** Annual Depression Screening **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2016 Medicare Utilization:** 905,248

2007 Work RVU: **2018 Work RVU:** 0.18
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0446 **Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes** **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AAFP **First Identified:** October 2017 **2016 Medicare Utilization:** 143,493

2007 Work RVU: **2018 Work RVU:** 0.45
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Survey

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

G0447 **Face-to-face behavioral counseling for obesity, 15 minutes**

Global: XXX **Issue:** Behavioral Counseling for Obesity **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** No Specialty Society Interest

First Identified: April 2016 **2016 Medicare Utilization:** 217,348

2007 Work RVU: **2018 Work RVU:** 0.45

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0453 **Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: April 2016 **2016 Medicare Utilization:** 402,841

2007 Work RVU: **2018 Work RVU:** 0.60

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Remove from screen

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0456 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: November 2012 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**

2007 NF PE RVU: **2018 NF PE RVU:**

2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. CMS deleted.

Referred to CPT May 2013

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0457 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: November 2012 **2016 Medicare Utilization:**

2007 Work RVU: **2018 Work RVU:**
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. CMS deleted.

Referred to CPT May 2013

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6002 **Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:**

First Identified: October 2017 **2016 Medicare Utilization:** 1,398,086

2007 Work RVU: **2018 Work RVU:** 0.39
2007 NF PE RVU: **2018 NF PE RVU:**
2007 Fac PE RVU **2018 Fac PE RVU:**

RUC Recommendation: Remove from screen

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

RUC Referrals to CPT Editoral Panel - Incomplete Issues

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
11981	**Insertion, non-biodegradable drug delivery implant**	High Volume Growth1 / Different Performing Specialty from Survey	January 2018	AAOS	May 2018

Background: In January 2018, the RUC recommended to refer to CPT to better define these services and differentiate between the use in musculoskeletal procedures and use in urological or gynecological procedures. May 2018 CPT or Oct 2018 CPT.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
20005	**Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia)**	Site of Service Anomaly / Negative IWPUT	October 2017	ACS, AAO-HNS	February 2018

Background: A RUC member requested that the Relativity Assessment Workgroup review services with low or negative intra-service work per unit of time (IWPUT) as a possible screen. AMA Staff gathered 2016 estimated Medicare utilization over 10,000 for RUC reviewed codes and over 1,000 for Harvard valued and CMS/Other source codes with a negative IWPUT, which resulted in 23 services identified. The RUC recommended that all these codes be placed on the level of interest for action plans to review at the October 2017 meeting. The RUC recommended to survey this service for April 2018. After the October 2017 meeting the specialty societies indicated that they intend to delete this code.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
20926	**Tissue grafts, other (eg, paratenon, fat, dermis)**	CMS Fastest Growing / Site of Service Anomaly - 2017	October 2017	AAOS, ASPS, AANS, CNS	May 2018

Background: At the April 2009 RUC meeting the RUC recommended that this service be surveyed and reviewed in October 2009. At the October 2009 RUC meeting the specialty society indicated that 20926 is most frequently billed with 27447 Arthroplasty, knee… and 27130 Arthroplasty, acetabular…The specialty indicated that 20926 is not intended to be used with total knee and total hip arthroplasty codes unless an autologous tissue graft from a separate incisional site is necessary. Contrary to guidance published in CPT Assistant and AAOS coding articles, 20926 is being reported when utilizing an allographic substance for hemostasis. Therefore the specialty requested and the RUC agreed that code 20926 be referred to the CPT Editorial Panel for revision of the descriptor to assure that 20926 is reported correctly. At the October 2009 CPT meeting, the specialty requested that the Panel add a crossreference under 20926 to indicate that this Category III code (injection of platelet rich plasma) may be reported instead. **Specialties will have to present this issue to the Five-Year Review Identification Workgroup to ensure that this revision adequately addresses identified concerns**. In October 2017, AMA Staff reviewed services with anomalous sites of service when compared to Medicare utilization data. One service was identified, CPT code 20926, in which the Medicare data from 2013-2016e indicated that it was performed less than 50% of the time in the inpatient setting, yet include inpatient hospital Evaluation and Management services within the global period. The specialty societies submitted an action plan and indicated that they believe the site of service issue is due to miscoding. The CPT manual includes a parenthetical that was added in 2011 that states (For injection(s) of platelet rich plasma, use 0232T) which resulted in some decrease in utilization for a few years, but now the utilization is creeping up again. The specialty societies believe the typical patient related to this code would be treated in a facility setting and that the site of service anomaly, for both the outpatient and the office setting is the result of miscoding. The specialty societies propose to address this miscoding by developing a CPT assistant article and possible introductory language to emphasize correct coding. The Workgroup recommends that CPT code 20926 be referred to the CPT Editorial Panel for the May 2018 CPT Editorial meeting to add/revise the introductory language and referred to CPT Assistant for education on when to report this service.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
27X69		Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2	October 2017	ACR	February 2018

Background: In June 2017, the CPT Editorial deleted of injection of contrast for knee arthrography code 27370 with new code to report injection procedure for knee arthrography or enhanced CT/MRI knee arthrography. At the October 2017 RUC meeting, code 27X69 Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography was discussed. In an effort to support accurate reporting for codes 20610, 20611, it was suggested that the parenthetical note currently placed under new code 27X69 also be placed after the deletion note for code 27370.
(For arthrocentesis of the knee or injection of any material other than contrast for subsequent arthrography, see 20610, 20611).

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
32405	**Biopsy, lung or mediastinum, percutaneous needle**	Codes Reported Together 75%or More-Part4	January 2018	ACR, SIR	September 2018

Background: In October 2017, maintaining the consistency with previous iterations, AMA staff used the 2016 estimated Medicare 5% sample claims data to determine when a code pair is reported on the same day, same patient and same NPI number at or more than 75% of the time. Only groups that totaled allowed charges of $5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in Medicare claims data and/or contained at least one ZZZ global service were removed. Based on these criteria 32405/77012 were identified. In January 2018, the RUC recommended to refer to CPT to bundle with 32405 with 77012 for CPT 2020.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
33015	**Tube pericardiostomy**	Negative IWPUT	October 2017	ACC	May 2018

Background: A RUC member requested that the Relativity Assessment Workgroup review services with low or negative intra-service work per unit of time (IWPUT) as a possible screen. AMA Staff gathered 2016 estimated Medicare utilization over 10,000 for RUC reviewed codes and over 1,000 for Harvard valued and CMS/Other source codes with a negative IWPUT, which resulted in 23 services identified. The RUC recommended that all these codes be placed on the level of interest for action plans to review at the October 2017 meeting. In October 2017 the RUC recommended that this service be referred to CPT for deletion. If additional specialty soiceites do not agree to submit a coding change application for deletion then this service should be surveyed.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
330X1	**Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)**	New and Revised Service (Not Part of RAW)	January 2018	AATS, STS	February 2018

Background: The specialty noted that the work of CPT code 33X01 hemi-aortic arch graft replacement may be incorrectly coded using CPT code 33870. The RUC observed that the current draft parenthetical following 33870 does not preclude 33870 from being coded with base codes 33860-33864 nor does it direct users to instead use 330X1 when hemi-aortic arch graft replacement is performed. For CPT code 33870, the RUC recommends the CPT Editorial Panel consider the following parenthetical additions:

(Do not report 33870 in conjunction with 33860, 33863, 33864 or 33X01)

(Use +330X1 for work on the transverse aortic arch when performed in conjunction with 33860, 33863 or 33864)

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
35701	**Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery**	Negative IWPUT	January 2018	ACS, SVS	September 2018

Background: The RUC identified CPT code 35761 via the negative IWPUT screen for services with Medicare utilization over 10,000 and all services or over 1,000 for Harvard valued and CMS/Other source codes, for survey at the January 2018 RUC meeting. At the January 2018 RUC meeting, the RUC reviewed CPT code 35761 Exploration (not followed by surgical repair), with or without lysis of artery; other vessels and recommends referral to CPT. The RUC recommends referring CPT code 35761 and the family of codes (35701, 35721, 35741) to the CPT Editorial Panel to revise the “with or without lysis” language and to condense the code set, where applicable, due to low frequency. The appropriate global period for exploration (not followed by surgical repair) will also be considered after the CPT review. The RUC recommends referring code 35761 and the family to CPT.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
35721	**Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery**	Negative IWPUT	January 2018	ACS, SVS	September 2018

Background: The RUC identified CPT code 35761 via the negative IWPUT screen for services with Medicare utilization over 10,000 and all services or over 1,000 for Harvard valued and CMS/Other source codes, for survey at the January 2018 RUC meeting. At the January 2018 RUC meeting, the RUC reviewed CPT code 35761 Exploration (not followed by surgical repair), with or without lysis of artery; other vessels and recommends referral to CPT. The RUC recommends referring CPT code 35761 and the family of codes (35701, 35721, 35741) to the CPT Editorial Panel to revise the "with or without lysis" language and to condense the code set, where applicable, due to low frequency. The appropriate global period for exploration (not followed by surgical repair) will also be considered after the CPT review. The RUC recommends referring code 35761 and the family to CPT.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
35741	**Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery**	Negative IWPUT	January 2018	ACS, SVS	September 2018

Background: The RUC identified CPT code 35761 via the negative IWPUT screen for services with Medicare utilization over 10,000 and all services or over 1,000 for Harvard valued and CMS/Other source codes, for survey at the January 2018 RUC meeting. At the January 2018 RUC meeting, the RUC reviewed CPT code 35761 Exploration (not followed by surgical repair), with or without lysis of artery; other vessels and recommends referral to CPT. The RUC recommends referring CPT code 35761 and the family of codes (35701, 35721, 35741) to the CPT Editorial Panel to revise the "with or without lysis" language and to condense the code set, where applicable, due to low frequency. The appropriate global period for exploration (not followed by surgical repair) will also be considered after the CPT review. The RUC recommends referring code 35761 and the family to CPT.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
35761	**Exploration (not followed by surgical repair), with or without lysis of artery; other vessels**	Negative IWPUT	January 2018	ACS, SVS	September 2018

Background: The RUC identified CPT code 35761 via the negative IWPUT screen for services with Medicare utilization over 10,000 and all services or over 1,000 for Harvard valued and CMS/Other source codes, for survey at the January 2018 RUC meeting. At the January 2018 RUC meeting, the RUC reviewed CPT code 35761 Exploration (not followed by surgical repair), with or without lysis of artery; other vessels and recommends referral to CPT. The RUC recommends referring CPT code 35761 and the family of codes (35701, 35721, 35741) to the CPT Editorial Panel to revise the "with or without lysis" language and to condense the code set, where applicable, due to low frequency. The appropriate global period for exploration (not followed by surgical repair) will also be considered after the CPT review. The RUC recommends referring code 35761 and the family to CPT.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
62270	**Spinal puncture, lumbar, diagnostic**	Different Performing Specialty from Survey	January 2018	ACR, ASNR, SIR	May 2018

Background: In January 2018, the RUC recommends that this service be referred to CPT to bundle with 77003 and maintian the code without fluoroscopic guidance.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
64590	**Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling**	Harvard-Valued Annual Allowed Charges Greater than $10 million / Different Performing Specialty from Survey	January 2018	ACOG, AUA	September 2018

Background: In October 2017, this service was identified as being performed by a different specialty than who originally surveyed this service. The RAW requests an action plan to review at the January 2018 meeting. In January 2018, the RUC recommeded to refer to CPT for revision to properly describe the service as performed by urology.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
66711	**Ciliary body destruction; cyclophotocoagulation, endoscopic**	Codes Reported Together 75%or More-Part4	January 2018	AAO	May 2018

Background: In October 2017, maintaining the consistency with previous iterations, AMA staff used the 2016 estimated Medicare 5% sample claims data to determine when a code pair is reported on the same day, same patient and same NPI number at or more than 75% of the time. Only groups that totaled allowed charges of $5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in Medicare claims data and/or contained at least one ZZZ global service were removed. CPT codes 66711/66984 were identified. In January 2018, the RUC recommended to refer to CPT to bundle 66711 with 66984 for CPT 2020.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
66984	**Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)**	High IWPUT / MPC List / Codes Reported Together 75%or More-Part4	January 2018	AAO	September 2018

Background: In October 2017, maintaining the consistency with previous iterations, AMA staff used the 2016 estimated Medicare 5% sample claims data to determine when a code pair is reported on the same day, same patient and same NPI number at or more than 75% of the time. Only groups that totaled allowed charges of $5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in Medicare claims data and/or contained at least one ZZZ global service were removed. CPT codes 66711/66984 were identified. In January 2018, the RUC recommended to refer to CPT to bundle 66711 with 66984 for CPT 2020.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
74240	**Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB**	CMS-Other - Utilization over 30,000	January 2018	ACR	May 2018

Background: In January 2018, the RUC recommended to refer to CPT May 2018 to revise to condense this family of services and combine fluoroscopy.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
74241	**Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB**	CMS-Other - Utilization over 30,000	January 2018	ACR	May 2018

Background: In January 2018, the RUC recommended to refer to CPT May 2018 to revise to condense this family of services and combine fluoroscopy.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
74245	**Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images**	CMS-Other - Utilization over 30,000	January 2018	ACR	May 2018

Background: In January 2018, the RUC recommended to refer to CPT May 2018 to revise to condense this family of services and combine fluoroscopy.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
74246	**Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, without KUB**	CMS-Other - Utilization over 30,000	January 2018	ACR	May 2018

Background: In January 2018, the RUC recommended to refer to CPT May 2018 to revise to condense this family of services and combine fluoroscopy.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
74247	**Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB**	Harvard Valued - Utilization over 30,000	January 2018	ACR	May 2018

Background: In January 2018, the RUC recommended to refer to CPT May 2018 to revise to condense this family of services and combine fluoroscopy.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
74249	**Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through**	CMS-Other - Utilization over 30,000	January 2018	ACR	May 2018

Background: In January 2018, the RUC recommended to refer to CPT May 2018 to revise to condense this family of services and combine fluoroscopy.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
74250	**Radiologic examination, small intestine, includes multiple serial images;**	CMS-Other - Utilization over 30,000	January 2018	ACR	May 2018

Background: In January 2018, the RUC recommended to refer to CPT May 2018 to revise to condense this family of services and combine fluoroscopy.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
74251	**Radiologic examination, small intestine, includes multiple serial images; via enteroclysis tube**	CMS-Other - Utilization over 30,000	January 2018	ACR	May 2018

Background: In January 2018, the RUC recommended to refer to CPT May 2018 to revise to condense this family of services and combine fluoroscopy.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
74260	**Duodenography, hypotonic**	CMS-Other - Utilization over 30,000	January 2018	ACR	May 2018

Background: In January 2018, the RUC recommended to refer to CPT May 2018 to revise to condense this family of services and combine fluoroscopy.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
74270	**Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB**	CMS-Other - Utilization over 30,000	January 2018	ACR	May 2018

Background: In January 2018, the RUC recommended to refer to CPT May 2018 to revise to condense this family of services and combine fluoroscopy.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
74280	**Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon**	Harvard Valued - Utilization over 30,000	January 2018	ACR	May 2018

Background: In January 2018, the RUC recommended to refer to CPT May 2018 to revise to condense this family of services and combine fluoroscopy.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
77012	**Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation**	CMS-Other - Utilization over 100,000 / Codes Reported Together 75%or More-Part4	January 2018	ACR, SIR	September 2018

Background: In October 2017, maintaining the consistency with previous iterations, AMA staff used the 2016 estimated Medicare 5% sample claims data to determine when a code pair is reported on the same day, same patient and same NPI number at or more than 75% of the time. Only groups that totaled allowed charges of $5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in Medicare claims data and/or contained at least one ZZZ global service were removed. Based on these criteria 32405/77012 were identified. In January 2018, the RUC recommended to refer to CPT to bundle with 32405 with 77012 for CPT 2020.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
78492	**Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress**	High Volume Growth4	January 2017	ACC, ACR, ACNM, SNMMI	February 2018

Background: This service was identified by the High Volume Growth screen, with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2009 through 2014. The Relativity Assessment Workgroup requested action plans for these services for the January 2017 meeting. In January 2017, the RUC recommended to refer this code to CPT Editorial Panel to undergo substantive descriptor changes to reflect newer technology aspects such as wall motion, ejection fraction, flow reserve, and technology updates for hardware and software.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
92225	**Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial**	Negative IWPUT	October 2017	AAO	February 2018

Background: A RUC member requested that the Relativity Assessment Workgroup review services with low or negative intra-service work per unit of time (IWPUT) as a possible screen. AMA Staff gathered 2016 estimated Medicare utilization over 10,000 for RUC reviewed codes and over 1,000 for Harvard valued and CMS/Other source codes with a negative IWPUT, which resulted in 23 services identified. The RUC recommended that all these codes be placed on the level of interest for action plans to review at the October 2017 meeting. In October 2017, the specialty society indicated that there needs to be modification of the descriptor of 92225 and 92226 to better specify what portion of the eye is being subjected to an examination well beyond the normal comprehensive eye exam. The typical uses are for evaluation of retinal disease and for examination of the optic nerve and the work between the two portions of the eye would be different. With glaucoma now being 10 percent of the volume for this service, there should be two codes to differentiate the two anatomic sites. Maintenance of the current terminology of initial and subsequent, however, does not seem suitable or necessary. Even now the current RUC valuations are minimally different and thus not really needed and the specialty society propose to delete CPT 92226. The RUC refers this issue to the CPT Editorial Panel.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
92548	**Computerized dynamic posturography**	CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey	October 2017	AAA, AAN, ASHA	September 2018 / February 2014

Background: In 2014 the RUC referred this code to the CPT Editorial Panel for development of coding change proposals to condense pairs into a single code and create new coding structures. Type A code - code pair is reported together greater than 95% in a bi-directional relationship. This change was editorial. In 2017, a RUC member requested that the Relativity Assessment Workgroup review services with low or negative intra-service work per unit of time (IWPUT) as a possible screen. AMA Staff gathered 2016 estimated Medicare utilization over 10,000 for RUC reviewed codes and over 1,000 for Harvard valued and CMS/Other source codes with a negative IWPUT, which resulted in 23 services identified. The RUC recommended that all these codes be placed on the level of interest for action plans to review at the October 2017 meeting. In October 2017, the specialties indicated that CPT code 92548 has not been reviewed since 1997. The code descriptor for this code is vague and current utilization may not be reflective of intended use. Practice expense includes specialized computerized equipment and audiologists are included in clinical work. Neurology and audiology agree that the code descriptor and practice expense must be updated. The specialties also believe that utilization may vary for this code with providers performing this service in different ways using different (or no) equipment. Neurology and audiology plan to review current utilization among their respective provider groups to better inform the code revision/development process. The RUC refers code 92548 to the CPT Editorial Panel for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
92585	**Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive**	CMS-Other - Utilization over 30,000	January 2018	AAA, AANEM, ACNS, ASHA	February 2019

Background: In October 2017, the RAW requested that AMA staff compile a list of CMS/Other codes with Medicare utilization of 30,000 or more. This list resulted in 34 services and the RAW requested action plans to be reviewed at the January 2018 meeting. In January 2018, the RUC recommended to refer to Feb 2019 CPT meeting to clarify the code descriptors to better define limited/comprehensive and develop a new related procedure, Vestibular Evoked Myogenic Potentials (VEMP), has recently been approved by the FDA. A VEMP specific code should be developed and will replace some use of CPT code 92585.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
92626	**Evaluation of auditory rehabilitation status; first hour**	CMS Request - Audiology Services / High Volume Growth2	October 2017	AAA, ASHA	May 2018

Background: In October 2016, this service was identified through the High Volume Growth screen the RUC recommended that this service be reffered to CPT Assistant to address specifically how to be used for the typical Medicare recipient. The RAW reviewed again after 3 years of data were available. In October 2017, the RUC recommended that this service be referred to the CPT May 2018 meeting. The audiology specialty societies would like to further review utilization and revise the code descriptor/create additional codes to clarify the clinical work associated with the provision of this service.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
94200	**Maximum breathing capacity, maximal voluntary ventilation**	CMS-Other - Utilization over 30,000	January 2018	ATS, CHEST	

Background: In October 2017, the RAW requested that AMA staff compile a list of CMS/Other codes with Medicare utilization of 30,000 or more. This list resulted in 34 services and the RAW requested action plans to be reviewed at the January 2018 meeting. In January 2018, the RUC recommended to survey for April 2018, noting the specialty societies can determine if they want to revise at CPT and should identify other codes that are part of this family.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95951	**Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours**	High Volume Growth4	January 2017		February 2018

Background: This service was identifed by the High Volume Growth screen, with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2009 through 2014. The Relativity Assessment Workgroup requested action plans for these services for the January 2017 meeting. In January 2017, the RUC recommended that this service be reffered to the CPT Editorial Panel June 2017/RUC Oct 2017 for needed changes, including code deletions, revision of code descriptors, and the addition of new codes to this family. Revisions to this family of codes are needed to recognize that video is now an element of most long term EEG monitoring tests and to better differentiate inpatient and ambulatory monitoring services. The CPT Editorial Panel postponed this issue until Sept 2017 and deferred again until Feb 2018 for additional clarification.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
96X11	**Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed**	CMS High Expenditure Procedural Codes2	January 2018	APA (psychology), AAP, ASHA, AAN	September 2018

Background: In June 2017, the CPT Editorial Panel revised 96116, added 13 codes to provide better definition and description to psychological and neuropsychological testing, and deleted of codes 96101-96103, 96111, 96118, 96119, 96120. At the October 2017 meeting the RUC determined that 96X11 Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed was not surveyed by physicians who will be providing this service (primary care and nurse practitioners). The RUC made an interim work RVU recommendation of 0.51 and recommended that this service be resurveyed by the correct providers for January 2018. The RUC also recommended that the specialty societies submit a revised vignette to the Research Subcommittee prior to survey. In January 2018, the RUC identified significant concerns that the code descriptor did not accurately reflect the service and thus the survey data was likely flawed. The RUC indicated that, as currently described, this code would be used without interactive feedback, would substantially overlap with same day E/M, and would not typically take 15 minutes of intra-service time. Based on these concerns, the specialty societies agreed that the code descriptor should be refined. Specifically, the code descriptor should require interactive feedback and should require a minimum of 15 minutes intra-service time. The RUC recommends that the CPT Editorial Panel rescind CPT code 96X11 for CPT 2019. The RUC recommends that CPT code 96X11be referred back to the CPT Editorial Panel (September 2018) for further refinement to revise the code descriptor and include a time requirement (15 minutes).

The family of psychological/neuropsychological testing CPT codes, except 96X11, was approved by the RUC in October 2017 and recommendations were submitted to CMS. Existing codes, 96103 and 96120, are scheduled to be deleted as of January 1, 2019. The RUC recommends that in the interim, a parenthetical should be added that directs providers who will report these services to do so using the practice expense only code 96X12; Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only. CPT code 96X12 was passed by the RUC and submitted to CMS as part of the family of psychological and neuropsychological testing services following the October 2017 RUC Meeting. The RUC rescinds its October 2017 interim recommendation to CMS for CPT code 96X11 only. The RUC recommends that the remaining codes in the family of psychological and neuropsychological testing submitted to CMS following the October 2017 RUC meeting be considered for the 2019 Medicare Physician Payment Schedule.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	Site of Service Anomaly / High Volume Growth3	January 2018	APTA, APMA	May 2018

Background: In January 2018, the RUC recommended that 97598 along with 97597 be surveyed, noting that the specialty societies may determine to revise the descriptors at CPT.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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)**	Site of Service Anomaly / High Volume Growth3 / Different Performing Specialty from Survey	January 2018	APTA, APMA	May 2018

Background: In January 2018, the RUC recommended that 97598 along with 97597 be surveyed, noting that the specialty societies may determine to revise the descriptors at CPT.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G0365	**Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)**	CMS-Other - Utilization over 30,000	January 2018	ACR, SIR, SVS	September 2018

Background: In October 2017, the RAW requested that AMA staff compile a list of CMS/Other codes with Medicare utilization of 30,000 or more. This list resulted in 34 services and the RAW requested action plans to be reviewed at the January 2018 meeting. In January 2018, the RUC recommended to refer to CPT to convert to Category I code. CPT cycle 2020.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G0396	**Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes**	CMS-Other - Utilization over 30,000	January 2018	AAFP, ASA, ASAM	September 2018

Background: In October 2017, the RAW requested that AMA staff compile a list of CMS/Other codes with Medicare utilization of 30,000 or more. This list resulted in 34 services and the RAW requested action plans to be reviewed at the January 2018 meeting. In January 2018, the RUC recommended to maintain the physician work and refer to CPT to editorially remove "screening" from 99408 and 99409 to "assessment" to mirror G0396.

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

13120 **Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm**	**Screen:**	**RUC Meeting:**	**RUC Rec:**	**Specialty Society:**	**CPT Asst Status:**
	CMS Fastest Growing / CPT Assistant Analysis	October 2017	3.23 and CPT Assistant article published	AAD, AAO-HNS, ASPS	1st article: May 2011; 2nd article July 2016; 3rd article Mar 2018

Background: The Workgroup believed that 13120, 13121 and 13122 were regularly performed at the same time as excision of lesion services and may need to be referred to CPT to create bundled services. However, the SS provided analysis of utilization data showing that this family of codes is not typically reported by the same physician at the time of any excision codes. The WG recommends that this service be reviewed again in 2 years. The WG recommends that the SS develop a CPT Asst article to provide correct coding instructions. Prior to this identification screen, AAD submitted a CPT Assistant article on this issue in Aug 2006. The Workgroup reviewed the 2006 article and determined that it did not sufficiently address the current issue or have any impact on Medicare utilization. The Workgroup recommends that another CPT Assistant article be written to address this issue, specifically focusing on the complex repair of the scalp, arms and/or legs, codes 13120-13122. SS submitted article. However, at the Feb 2010 CPT Asst Board requested clarification/more information from specialty society. Sept 2011 RUC rec resurvey with entire family as requested by CMS in the Proposed Rule for the 4th Five-Year Review. In April 2015, the RAW reviewed services in which the RUC recommended that a CPT Assistant article be developed. The Workgroup requested that the specialty societies develop an action plan to address the increase in utilization and the effectiveness of the CPT Assistant article. At the October 2015 meeting, the RUC recommended that the specialty societies submit another CPT Assistant article to educate providers on the clinical requirements for reporting these services, addressing the performance requirements and typical uses of all the codes in the family, as well as for the intermediate repair codes (12031-12037). Articles should include detailed descriptions of procedures, including how to differentiate between complex and intermediate repairs. Re-review in 2017. In October 2017, the specialty societies indicated that the CPT Assistant article from the 2015 referral had not been published yet. The CPTA EB had several concerns with the original version submitted back in 2015. The Editorial Board at that time requested for the article to be sent back to the specialties, as they determined the article required further example clarifications and revisions by the specialties. As of September 9, 2017, some Editorial Board members felt that the latest version was an improved version, but further clarification was required. The specialty societies indicated they will submit a new article by Janaury 2018 for March 2018 publication. The RUC recommends review in October 2020 to see if the article was effective.

13121 **Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm**	**Screen:**	**RUC Meeting:**	**RUC Rec:**	**Specialty Society:**	**CPT Asst Status:**
	CMS Fastest Growing / CPT Assistant Analysis	October 2017	4.00 and CPT Assistant article published	AAD, AAO-HNS, ASPS	1st article: May 2011; 2nd article July 2016; 3rd article Mar 2018

Background: The Workgroup believed that 13120, 13121 and 13122 were regularly performed at the same time as excision of lesion services and may need to be referred to CPT to create bundled services. However, the SS provided analysis of utilization data showing that this family of codes is not typically reported by the same physician at the time of any excision codes. The WG recommends that this service be reviewed again in 2 years. The WG recommends that the SS develop a CPT Asst article to provide correct coding instructions. Prior to this identification screen, AAD submitted a CPT Assistant article on this issue in Aug 2006. The Workgroup reviewed the 2006 article and determined that it did not sufficiently address the current issue or have any impact on Medicare utilization. The Workgroup recommends that another CPT Assistant article be written to address this issue, specifically focusing on the complex repair of the scalp, arms and/or legs, codes 13120-13122. SS submitted article. However, at the Feb 2010 CPT Asst Board requested clarification/more information from specialty society. Sept 2011 RUC rec resurvey with entire family as requested by CMS in the Proposed Rule for the 4th Five-Year Review. In April 2015, the RAW reviewed services in which the RUC recommended that a CPT Assistant article be developed. The Workgroup requested that the specialty societies develop an action plan to address the increase in utilization and the effectiveness of the CPT Assistant article. At the October 2015 meeting, the RUC recommended that the specialty societies submit another CPT Assistant article to educate providers on the clinical requirements for reporting these services, addressing the performance requirements and typical uses of all the codes in the family, as well as for the intermediate repair codes (12031-12037). Articles should include detailed descriptions of procedures, including how to differentiate between complex and intermediate repairs. Re-review in 2017. In October 2017, the specialty societies indicated that the CPT Assistant article from the 2015 referral had not been published yet. The CPTA EB had several concerns with the original version submitted back in 2015. The Editorial Board at that time requested for the article to be sent back to the specialties, as they determined the article required further example clarifications and revisions by the specialties. As of September 9, 2017, some Editorial Board members felt that the latest version was an improved version, but further clarification was required. The specialty societies indicated they will submit a new article by Janaury 2018 for March 2018 publication. The RUC recommends review in October 2020 to see if the article was effective.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
13122	**Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)**	CMS Fastest Growing / CPT Assistant Analysis	October 2017	1.44 and CPT Assistant article published	AAD, AAO-HNS, ASPS	1st article: May 2011; 2nd article July 2016; 3rd article Mar 2018

Background: The Workgroup believed that 13120, 13121 and 13122 were regularly performed at the same time as excision of lesion services and may need to be referred to CPT to create bundled services. However, the SS provided analysis of utilization data showing that this family of codes is not typically reported by the same physician at the time of any excision codes. The WG recommends that this service be reviewed again in 2 years. The WG recommends that the SS develop a CPT Asst article to provide correct coding instructions. Prior to this identification screen, AAD submitted a CPT Assistant article on this issue in Aug 2006. The Workgroup reviewed the 2006 article and determined that it did not sufficiently address the current issue or have any impact on Medicare utilization. The Workgroup recommends that another CPT Assistant article be written to address this issue, specifically focusing on the complex repair of the scalp, arms and/or legs, codes 13120-13122. SS submitted article. However, at the Feb 2010 CPT Asst Board requested clarification/more information from specialty society. Sept 2011 RUC rec resurvey with entire family as requested by CMS in the Proposed Rule for the 4th Five-Year Review. In April 2015, the RAW reviewed services in which the RUC recommended that a CPT Assistant article be developed. The Workgroup requested that the specialty societies develop an action plan to address the increase in utilization and the effectiveness of the CPT Assistant article. At the October 2015 meeting, the RUC recommended that the specialty societies submit another CPT Assistant article to educate providers on the clinical requirements for reporting these services, addressing the performance requirements and typical uses of all the codes in the family, as well as for the intermediate repair codes (12031-12037). Articles should include detailed descriptions of procedures, including how to differentiate between complex and intermediate repairs. Re-review in 2017. In October 2017, the specialty societies indicated that the CPT Assistant article from the 2015 referral had not been published yet. The CPTA EB had several concerns with the original version submitted back in 2015. The Editorial Board at that time requested for the article to be sent back to the specialties, as they determined the article required further example clarifications and revisions by the specialties. As of September 9, 2017, some Editorial Board members felt that the latest version was an improved version, but further clarification was required. The specialty societies indicated they will submit a new article by Janaury 2018 for March 2018 publication. The RUC recommends review in October 2020 to see if the article was effective.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
20926	**Tissue grafts, other (eg, paratenon, fat, dermis)**	CMS Fastest Growing / Site of Service Anomaly	October 2017	Refer to CPT and CPT Assistant	AAOS, ASPS, AANS, CNS	

Background: At the October 2009 CPT meeting, the specialty requested that the Panel add a crossreference under 20926 to indicate that this Category III code (injection of platelet rich plasma) may be reported instead. Feb 2010, the Workgroup recommended to review claims data after 2 years at the October 2012 RUC meeting. In October 2012, the Workgroup recommended to remove this code from re-review, as the category III code was created to report injection of platelet rich plasma and volume is dropping. In October 2017, AMA Staff reviewed services with anomalous sites of service when compared to Medicare utilization data. One service was identified, CPT code 20926, in which the Medicare data from 2013-2016e indicated that it was performed less than 50% of the time in the inpatient setting, yet include inpatient hospital Evaluation and Management services within the global period. The specialty societies submitted an action plan and indicated that they believe the site of service issue is due to miscoding. The CPT manual includes a parenthetical that was added in 2011 that states (For injection(s) of platelet rich plasma, use 0232T) which resulted in some decrease in utilization for a few years, but now the utilization is creeping up again. The specialty societies believe the typical patient related to this code would be treated in a facility setting and that the site of service anomaly, for both the outpatient and the office setting is the result of miscoding. The specialty societies propose to address this miscoding by developing a CPT assistant article and possible introductory language to emphasize correct coding. The Workgroup recommends that CPT code 20926 be referred to the CPT Editorial Panel for the May 2018 CPT Editorial meeting to add/revise the introductory language and referred to CPT Assistant for education on when to report this service.

36511 **Therapeutic apheresis; for white blood cells**

Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
CMS Request - Final Rule for 2016	January 2017	2.00. Refer to CPT Assistant.	CAP, RPA	Expected May 2018

Background: In September 2016, the CPT Editorial Panel deleted 36515 and revised 36516 to included immunoabsorption. CPT codes 36511-36514 and 36522 were added as part of this family of services. In January 2017, the PE Subcommittee discussed the direct practice expense inputs proposed by the specialty societies and determined that there was duplication between the clinical staff tasks of the pre-service period and the pre-service portion of the service period. The Subcommittee reduced the pre-service time from 18 to 8 minutes. The Subcommittee discussed the significant time needed for the staff to Assist physician in performing procedure in the service period and agreed with the specialties that this service is one-on-one with the patient and the RN/LPN (L042A) is not able to multitask during this time. The Subcommittee discussed the significant time needed to prepare the room, equipment, and supplies. The specialties explained that the clinical staff time hadn't been accurately accounted for when it was last reviewed in 2004. The PE Subcommittee also discussed that much of the time requested in the post-service time was duplicative of the monitoring time and removed most of that time while maintaining the specialty recommended 10 minutes for monitoring in the service period. Additionally the PE Subcommittee reduced the time for Clean room/equipment by physician staff; remove disposables from machine from 7 in 36514 and 36516 and 5 in 36522 to the standard 3. The Subcommittee discussed the possibility that some of the supply items are separately reportable. The Subcommittee found that albumin saline (SH004) which is 5% albumin is separately reportable and new supply item calcium gluconate is separately reportable with J code J0610 per 10 ml for the drug along with CPT code 96365 to mix the bag. The Subcommittee deleted the two supply items and recommends that the specialty societies prepare a CPT assistant article regarding how to report separately for these supplies. The RUC reviewed and approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee. The specialty societies plan to submit an article by December 2017.

36512 **Therapeutic apheresis; for red blood cells**

Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
CMS Request - Final Rule for 2016	January 2017	2.00. Refer to CPT Assistant.	CAP, RPA	Expected May 2018

Background: In September 2016, the CPT Editorial Panel deleted 36515 and revised 36516 to included immunoabsorption. CPT codes 36511-36514 and 36522 were added as part of this family of services. In January 2017, the PE Subcommittee discussed the direct practice expense inputs proposed by the specialty societies and determined that there was duplication between the clinical staff tasks of the pre-service period and the pre-service portion of the service period. The Subcommittee reduced the pre-service time from 18 to 8 minutes. The Subcommittee discussed the significant time needed for the staff to Assist physician in performing procedure in the service period and agreed with the specialties that this service is one-on-one with the patient and the RN/LPN (L042A) is not able to multitask during this time. The Subcommittee discussed the significant time needed to prepare the room, equipment, and supplies. The specialties explained that the clinical staff time hadn't been accurately accounted for when it was last reviewed in 2004. The PE Subcommittee also discussed that much of the time requested in the post-service time was duplicative of the monitoring time and removed most of that time while maintaining the specialty recommended 10 minutes for monitoring in the service period. Additionally the PE Subcommittee reduced the time for Clean room/equipment by physician staff; remove disposables from machine from 7 in 36514 and 36516 and 5 in 36522 to the standard 3. The Subcommittee discussed the possibility that some of the supply items are separately reportable. The Subcommittee found that albumin saline (SH004) which is 5% albumin is separately reportable and new supply item calcium gluconate is separately reportable with J code J0610 per 10 ml for the drug along with CPT code 96365 to mix the bag. The Subcommittee deleted the two supply items and recommends that the specialty societies prepare a CPT assistant article regarding how to report separately for these supplies. The RUC reviewed and approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee. The specialty societies plan to submit an article by December 2017.

36513 **Therapeutic apheresis; for platelets**

Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
CMS Request - Final Rule for 2016	January 2017	2.00. Refer to CPT Assistant.	CAP, RPA	Expected May 2018

Background: In September 2016, the CPT Editorial Panel deleted 36515 and revised 36516 to included immunoabsorption. CPT codes 36511-36514 and 36522 were added as part of this family of services. In January 2017, the PE Subcommittee discussed the direct practice expense inputs proposed by the specialty societies and determined that there was duplication between the clinical staff tasks of the pre-service period and the pre-service portion of the service period. The Subcommittee reduced the pre-service time from 18 to 8 minutes. The Subcommittee discussed the significant time needed for the staff to Assist physician in performing procedure in the service period and agreed with the specialties that this service is one-on-one with the patient and the RN/LPN (L042A) is not able to multitask during this time. The Subcommittee discussed the significant time needed to prepare the room, equipment, and supplies. The specialties explained that the clinical staff time hadn't been accurately accounted for when it was last reviewed in 2004. The PE Subcommittee also discussed that much of the time requested in the post-service time was duplicative of the monitoring time and removed most of that time while maintaining the specialty recommended 10 minutes for monitoring in the service period. Additionally the PE Subcommittee reduced the time for Clean room/equipment by physician staff; remove disposables from machine from 7 in 36514 and 36516 and 5 in 36522 to the standard 3. The Subcommittee discussed the possibility that some of the supply items are separately reportable. The Subcommittee found that albumin saline (SH004) which is 5% albumin is separately reportable and new supply item calcium gluconate is separately reportable with J code J0610 per 10 ml for the drug along with CPT code 96365 to mix the bag. The Subcommittee deleted the two supply items and recommends that the specialty societies prepare a CPT assistant article regarding how to report separately for these supplies. The RUC reviewed and approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee. The specialty societies plan to submit an article by December 2017.

36514 **Therapeutic apheresis; for plasma pheresis**

Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
CMS Request - Final Rule for 2016	January 2017	1.81. Refer to CPT Assistant	CAP, RPA	Expected May 2018

Background: In September 2016, the CPT Editorial Panel deleted 36515 and revised 36516 to included immunoabsorption. CPT codes 36511-36514 and 36522 were added as part of this family of services. In January 2017, The PE Subcommittee discussed the direct practice expense inputs proposed by the specialty societies and determined that there was duplication between the clinical staff tasks of the pre-service period and the pre-service portion of the service period. The Subcommittee reduced the pre-service time from 18 to 8 minutes. The Subcommittee discussed the significant time needed for the staff to Assist physician in performing procedure in the service period and agreed with the specialties that this service is one-on-one with the patient and the RN/LPN (L042A) is not able to multitask during this time. The Subcommittee discussed the significant time needed to prepare the room, equipment, and supplies. The specialties explained that the clinical staff time hadn't been accurately accounted for when it was last reviewed in 2004. The PE Subcommittee also discussed that much of the time requested in the post-service time was duplicative of the monitoring time and removed most of that time while maintaining the specialty recommended 10 minutes for monitoring in the service period. Additionally the PE Subcommittee reduced the time for Clean room/equipment by physician staff; remove disposables from machine from 7 in 36514 and 36516 and 5 in 36522 to the standard 3. The Subcommittee discussed the possibility that some of the supply items are separately reportable. The Subcommittee found that albumin saline (SH004) which is 5% albumin is separately reportable and new supply item calcium gluconate is separately reportable with J code J0610 per 10 ml for the drug along with CPT code 96365 to mix the bag. The Subcommittee deleted the two supply items and recommends that the specialty societies prepare a CPT assistant article regarding how to report separately for these supplies. The RUC reviewed and approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee. The specialty societies plan to submit an article by December 2017.

36515 **Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion**

Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
CMS Request - Final Rule for 2016	January 2017	Deleted from CPT	CAP, RPA	Expected May 2018

Background: In September 2016, the CPT Editorial Panel deleted 36515 and revised 36516 to included immunoabsorption. CPT codes 36511-36514 and 36522 were added as part of this family of services.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
36522	**Photopheresis, extracorporeal**	CMS Request - Final Rule for 2016	January 2017	1.75. Refer to CPT Assistant	CAP, RPA	Expected May 2018

Background: In September 2016, the CPT Editorial Panel deleted 36515 and revised 36516 to included immunoabsorption. CPT codes 36511-36514 and 36522 were added as part of this family of services. In January 2017, The PE Subcommittee discussed the direct practice expense inputs proposed by the specialty societies and determined that there was duplication between the clinical staff tasks of the pre-service period and the pre-service portion of the service period. The Subcommittee reduced the pre-service time from 18 to 8 minutes. The Subcommittee discussed the significant time needed for the staff to Assist physician in performing procedure in the service period and agreed with the specialties that this service is one-on-one with the patient and the RN/LPN (L042A) is not able to multitask during this time. The Subcommittee discussed the significant time needed to prepare the room, equipment, and supplies. The specialties explained that the clinical staff time hadn't been accurately accounted for when it was last reviewed in 2004. The PE Subcommittee also discussed that much of the time requested in the post-service time was duplicative of the monitoring time and removed most of that time while maintaining the specialty recommended 10 minutes for monitoring in the service period. Additionally the PE Subcommittee reduced the time for Clean room/equipment by physician staff; remove disposables from machine from 7 in 36514 and 36516 and 5 in 36522 to the standard 3. The Subcommittee discussed the possibility that some of the supply items are separately reportable. The Subcommittee found that albumin saline (SH004) which is 5% albumin is separately reportable and new supply item calcium gluconate is separately reportable with J code J0610 per 10 ml for the drug along with CPT code 96365 to mix the bag. The Subcommittee deleted the two supply items and recommends that the specialty societies prepare a CPT assistant article regarding how to report separately for these supplies. The RUC reviewed and approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee. The specialty societies plan to submit an article by December 2017.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
95249	**Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording**	High Volume Growth2	April 2017	PE Only. Referral to CPT Assistant	AACE, ES, ACP	

Background: In February 2017 the CPT Editorial Panel revised 95250 & 95251 and created a new code to diferentiate between physician owned and patient owned equipment. In April 2017, The RUC recommends referral to the CPT Editorial Panel to add introductory language indicating that when data are collected outside the provider office, as when the patient uses a phone app, code 9525X cannot be billed. The RUC recommends referral to the CPT Editorial Panel to add introductory language indicating that 9525X is to be billed only once during the entire period that the patient owns the data receiver. The code cannot be billed for any subsequent use of the CGM device by the patient or physician. Code 9525X cannot be billed when the patient receives a new sensor or transmitter. Additionally, the RUC recommends that the specialty work with the AMA to develop a CPT Assistant article to clarify appropriate use of the new CPT code 9525X, specifically that the code should only be reported when instructing the patient on use of a new data receiver and cannot be reported when data is collected outside of the provider office. In June 2017, the CPT Editorial Panel 1) Revised the parenthetical note following code 9525X to instruct that 9525X should not be reported more than once for the duration that the patient owns the data receiver; 2) Added guidelines that state when data are collected outside the provider office, as when the patient uses a phone app, code 9525X may not be reported; and 3) Indicated that instruction be provided immediately when the equipment is owned by the patient and that a list of codes be reported until the code is reported.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
958X3		High Volume Growth2 / CMS Request - Final Rule for 2016	October 2017	0.95 and Refer to CPT Assistant	AAN, AANS/CNS, ACNS	

Background: In June 2017, the CPT Editorial Panel revised codes 95970, 95971, and 95972, deleted codes 95974, 95975, 95978, and 95979 and creaed four new codes for analysis and programming of implanted cranial nerve neurostimulator pulse generator, analysis, and programming of brain neurostimulator pulse generator systems and analysis of stored neurophysiology recording data. Introductory guidelines were also revised extensively. In October 2017, the RUC noted code 95X83 is defined as simple programming of cranial nerve neurostimulator (adjustment of 1-3 parameters) versus deleted code 95974 which was time based and defined as the first hour of programming and 95X84 is defined as complex programming of cranial nerve neurostimulator (adjustment of more than 3 parameters) versus deleted code 95975, which was a time-based add-on code defined as each additional 30 minutes of programming. The RUC recommends that the specialty societies develop a CPT Assistant article to direct providers on when to report simple versus complex cranial nerve neurostimulator services.

958X4

Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
High Volume Growth2 / CMS Request - Final Rule for 2016	October 2017	1.19 and Refer to CPT Assistant	AAN, AANS/CNS, ACNS	

Background: In June 2017, the CPT Editorial Panel revised codes 95970, 95971, and 95972, deleted codes 95974, 95975, 95978, and 95979 and creaed four new codes for analysis and programming of implanted cranial nerve neurostimulator pulse generator, analysis, and programming of brain neurostimulator pulse generator systems and analysis of stored neurophysiology recording data. Introductory guidelines were also revised extensively. In October 2017, the RUC noted code 95X83 is defined as simple programming of cranial nerve neurostimulator (adjustment of 1-3 parameters) versus deleted code 95974 which was time based and defined as the first hour of programming and 95X84 is defined as complex programming of cranial nerve neurostimulator (adjustment of more than 3 parameters) versus deleted code 95975, which was a time-based add-on code defined as each additional 30 minutes of programming. The RUC recommends that the specialty societies develop a CPT Assistant article to direct providers on when to report simple versus complex cranial nerve neurostimulator services.

958X5

Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
High Volume Growth2 / CMS Request - Final Rule for 2016	October 2017	1.25 and Refer to CPT Assistant	AAN, AANS/CNS, ACNS	

Background: In June 2017, the CPT Editorial Panel revised codes 95970, 95971, and 95972, deleted codes 95974, 95975, 95978, and 95979 and creaed four new codes for analysis and programming of implanted cranial nerve neurostimulator pulse generator, analysis, and programming of brain neurostimulator pulse generator systems and analysis of stored neurophysiology recording data. Introductory guidelines were also revised extensively. In October 2017 the RUC noted 95X85 is defined as the first 15 minutes of programming for brain neurostimulator versus deleted code 95978, which was defined as the first hour of programming and 95X86 is defined an add-on service for each additional 15 minutes of brain neurostimulator programming versus the deleted code 95979 which was defined as each additional 30 minutes. The specialty societies indicated that programming for brain neurostimulators is always complex therefore it is unnecessary for a simple versus complex coding structure. The RUC noted the CPT coding conventions when reporting timed codes and recommends that the specialty societies develop a CPT Assistant article to direct providers on how to correctly report the brain neurostimulator services.

958X6

Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
High Volume Growth2 / CMS Request - Final Rule for 2016	October 2017	1.00 and Refer to CPT Assistant	AAN, AANS/CNS, ACNS	

Background: In June 2017, the CPT Editorial Panel revised codes 95970, 95971, and 95972, deleted codes 95974, 95975, 95978, and 95979 and creaed four new codes for analysis and programming of implanted cranial nerve neurostimulator pulse generator, analysis, and programming of brain neurostimulator pulse generator systems and analysis of stored neurophysiology recording data. Introductory guidelines were also revised extensively. In October 2017 the RUC noted 95X85 is defined as the first 15 minutes of programming for brain neurostimulator versus deleted code 95978, which was defined as the first hour of programming and 95X86 is defined an add-on service for each additional 15 minutes of brain neurostimulator programming versus the deleted code 95979 which was defined as each additional 30 minutes. The specialty societies indicated that programming for brain neurostimulators is always complex therefore it is unnecessary for a simple versus complex coding structure. The RUC noted the CPT coding conventions when reporting timed codes and recommends that the specialty societies develop a CPT Assistant article to direct providers on how to correctly report the brain neurostimulator services.

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
994X7	**Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored**	New and Revised Service (Not part of RAW)	April 2017	1.45. Refer to CPT Assistant	AAFP, AAN, ACP, AGS	

Background: In April 2017, when the RUC discussed the practice expenses associated with this service, CMS questioned why the clinical labor staff time is half that of the physician time. The specialty societies indicated that since this code would be reported instead of office visits, the clinical staff services would include patient maintenance activities such as answering questions, refilling prescriptions and calling home care agencies. CMS was concerned that the description of clinical labor staff work may overlap with the physician work. The specialty societies indicated that there will be some overlap, but the total cumulative time of the physician versus the clinical staff would be the distinction to determine whether to report this service or clinical staff service 99490. The PE Subcommittee was concerned that it would be difficult to track when the work of the physician becomes greater than the work of the clinical staff in order to determine which code to report and noted that correct reporting of this service will require both the physician and the clinical staff to carefully track their work time. The RUC recommends that the specialty work with the AMA to develop a CPT Assistant article to clarify the proper reporting of code 994X7 versus 99490.

New Technology/New Services List

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
10X18		Jan 2018	Fine Needle Aspiration	04	CPT 2019	October 2022		☐
10X19		Jan 2018	Fine Needle Aspiration	04	CPT 2019	October 2022		☐
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Apr 2009	Adjacent Tissue Transfer	4	CPT 2010	October 2015	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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	☑
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)	Oct 2016	Intraoperative Radiation Therapy Applicator Procedures	07	CPT 2018	October 2021		☐
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	Apr 2014	Cryoablation Treatment of the Bone Tumors	04	CPT 2015	October 2018		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Resurvey for January 2012	☑
20986	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
20987	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018		☐
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018		☐
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018		☐
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	Apr 2014	Total Disc Arthroplasty Additional Cervical Level Add-On Code	07	CPT 2015	October 2018		☐
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long 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	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long 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	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23200	Radical resection of tumor; clavicle	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23210	Radical resection of tumor; scapula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23220	Radical resection of tumor, proximal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24150	Radical resection of tumor, shaft or distal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24152	Radical resection of tumor, radial head or neck	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25170	Radical resection of tumor, radius or ulna	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26250	Radical resection of tumor, metacarpal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26260	Radical resection of tumor, proximal or middle phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26262	Radical resection of tumor, distal phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long 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	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27077	Radical resection of tumor; innominate bone, total	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Apr 2014	Sacroiliac Joint Fusion	08	CPT 2015	October 2018		☐
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	October 2019		☐
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27365	Radical resection of tumor, femur or knee	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27645	Radical resection of tumor; tibia	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27646	Radical resection of tumor; fibula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long 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	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long 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	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28173	Radical resection of tumor; metatarsal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28175	Radical resection of tumor; phalanx of toe	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
29582	Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
29583	Application of multi-layer compression system; upper arm and forearm	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).	☐
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).	☐
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Apr 2007	Arthroscopic Biceps Tenodesis	17	CPT 2008	September 2011	Resurvey for January 2012	☑
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
29916	Arthroscopy, hip, surgical; with labral repair	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	Feb 2009	Navigational Bronchoscopy	9	CPT 2010	October 2016	Review practice expense January 2014. Review data again in 3 years (Sept 2016).	☑
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	Feb 2010	Bronchoscopy with Balloon Occlusion	7	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019		☐
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019		☐
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019		☐
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Jan 2012	Stereotactic Body Radiation	07	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	Jan 2017	Cryoablation of Pulmonary Tumors	08	CPT 2018	October 2021		☐
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral	Apr 2006	Percutaneous RF Pulmonary Tumor Ablation	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐
33271	Insertion of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐
33272	Removal of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐
332X0		Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	October 2022		☐
332X5		Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	October 2022		☐
332X6		Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	October 2022		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	Jan 2016	Closure Left Atrial Appendage with Endocardial Implant	10	CPT 2017	October 2020		☐
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	Survey for April 2018	☐
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	Survey for April 2018	☐
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	Survey for April 2018	☐
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	Survey for April 2018	☐
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	Survey for April 2018	☐
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	October 2018		☐
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	October 2018		☐
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Jan 2015	Transcatheter Pulmonary Valve Implantation	06	CPT 2016	October 2019		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
335X1		Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	October 2022		☐
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	Apr 2007	Valve Sparing Aortic Annulus Reconstruction	24	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	October 2021		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33928	Removal and replacement of total replacement heart system (artificial heart)	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	October 2021		☐
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	October 2021		☐
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33X01		Jan 2018	Hemi-Aortic Arch Replacement	06	CPT 2019	October 2022		☐
33X05		Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	October 2022		☐
33X06		Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	October 2022		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		☐
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		☐
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	October 2020		☐
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	October 2020		☐
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2018		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2018		☐
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2018		☐
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2018		☐
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		☐
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Apr 2014	Transcatheter Placement of Carotid Stents	12	CPT 2015	October 2018		☐
38220	Diagnostic bone marrow; aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		☐
38221	Diagnostic bone marrow; biopsy(ies),	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		☐
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		☐
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	Apr 2010	Sentinel Lymph Node Mapping	8	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	Jan 2014	Endoscopic Hypopharyngeal Diverticulotomy	7	CPT 2015	October 2018		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Apr 2015	Esophagogatric Fundoplasty Trans-Oral Approach	05	CPT 2016	October 2019		☐
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	Apr 2008	Cholangioscopy-Pancreatoscopy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	☑
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	Apr 2008	Laparoscopic Heller Myotomy	12	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	October 2020		☐
43285	Removal of esophageal sphincter augmentation device	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	October 2020		☐
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	October 2018	The specialty societies indicated that they tried to develop a category I code to replace 44705 which is not currently covered by Medicare, but the CPT Editorial Panel did not accept the coding change proposal due to a lack in literature provided. The Workgroup recommended that these services be reviewed in 2 year after additional utilization data is available (October 2018).	☐
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	Apr 2014	High Resolution Anoscopy	14	CPT 2015	October 2018		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Apr 2014	High Resolution Anoscopy	14	CPT 2015	October 2018		☐
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	Apr 2009	Fistula Plug	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Apr 2014	Cryoablation of Liver Tumor	15	CPT 2015	October 2018		☐
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Apr 2007	Percutaneous Renal Tumor Cryotherapy	A	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018		☐
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018		☐
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Feb 2009	Temporary Prostatic Urethral Stent Insertion	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Apr 2010	Transurethral Radiofrequency Bladder Neck and Urethra	12	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
538X3		Jan 2018	Transurethral Destruction of Prostate Tissue	13	CPT 2019	October 2022		☐
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Apr 2008	Saturation Biopsies	15	CPT 2009	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	Oct 2009	Laparoscopic Radical Prostatectomy	14	CPT 2011	September 2014	Survey for April 2015. Specialty society should consider surveying 55845 and 55866 at the same time.	☑
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Jan 2017	Peri-Prostatic Implantation of Biodegradable Material	13	CPT 2018	October 2021		☐
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
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	☑
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Jan 2016	Laparoscopic Radiofrequency Ablation of Uterine Fibroids	18	CPT 2017	October 2020		☐
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019		☐
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019		☐
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	Jan 2016	Endoscopic Decompression of Spinal Cord Nerve	19	CPT 2017	October 2020		☐
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Apr 2010	Posterior Tibial Nerve Stimulation	13	CPT 2011	October 2019	Surveyed for April 2015, RUC recommended to review utilization again in 2 years (September 2019).	☑
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	Long 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	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
65756	Keratoplasty (corneal transplant); endothelial	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated. Though volume grew faster than expected, there was a decrease in other services of similar magnitude, that were previously reported and had similar work RVUs. All remained work neutral.	☑
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated.	☑
65778	Placement of amniotic membrane on the ocular surface; without sutures	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☑
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☑
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014	Survey for April 2015.	☑
65785	Implantation of intrastromal corneal ring segments	Jan 2015	Intrastomal Corneal Ring Implantation	11	CPT 2016	October 2019		☐
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Review utilization in 3 years (Sept 2019) and flag in the RUC database not to use to validate physician work.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Review utilization in 3 years (Sept 2019) and flag in the RUC database not to use to validate physician work.	☐
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Apr 2013	Insertion of Anterior Segment	14	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75558.	☑
75558	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75560	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75560.	☑
75562	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75564	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑
767X1		Jan 2018	Ultrasound Elastography	14	CPT 2019	October 2022		☐
767X2		Jan 2018	Ultrasound Elastography	14	CPT 2019	October 2022		☐
767X3		Jan 2018	Ultrasound Elastography	14	CPT 2019	October 2022		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76881	Ultrasound, extremity, nonvascular, real-time with image documentation; complete	Apr 2010	Ultrasound of Extremity	17	CPT 2011	October 2019	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76882	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific	Apr 2010	Ultrasound of Extremity	17	CPT 2011	October 2019	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019).	☐
76X01		Jan 2018	Magnetic Resonance Elastography	16	CPT 2019	October 2022		☐
76X0X		Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	October 2022		☐
76X1X		Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	October 2022		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Jan 2018	Fine Needle Aspiration	04	CPT 2019	October 2022		☐
77061	Digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2018		☐
77062	Digital breast tomosynthesis; bilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2018		☐
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2018		☐
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	Jan 2013	Respiratory Motion Management Simulation	14	CPT 2014	October 2020	Review in 3 years (October 2020)	☐
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Practice expense review (Feb 2011).	☑
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Survey (work) and PE review (Feb 2011).	☑
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Feb 2011	Stereotactic Body Radiation Delivery	32	CPT 2012	October 2015	Practice expense review (Feb 2011).	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77X49		Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	October 2022		☐
77X50		Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	October 2022		☐
77X51		Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	October 2022		☐
77X52		Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	October 2022		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							postponed and reviewed in 2 years after the CPT Assistant article is published.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting	☐

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							parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be	

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							postponed and reviewed in 2 years after the CPT Assistant article is published.	
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019		☐
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019		☐
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78813	Positron emission tomography (PET) imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Oct 2012	Molecular Pathology -Tier 1	11	CPT 2014	October 2017	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis) ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant ACE (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), Y438N variant CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794 825del32 deletion CLRN1 (clarin 1) (eg, Usher syndrome, type 3), N48K variant DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), IVS14+1G>A variant F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant F7 (coagulation factor VII [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), R353Q variant F13B (coagulation factor XIII, B polypeptide) (eg, hereditary hypercoagulability), V34L variant FGB (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455G>A variant FGFR1 (fibroblast growth factor receptor 1) (eg, Pfeiffer syndrome type 1, craniosynostosis), P252R variant FGFR3 (fibroblast growth factor receptor 3) (eg, Muenke syndrome), P250R variant FKTN (fukutin) (eg, Fukuyama congenital muscular dystrophy), retrotransposon insertion variant GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), M712T variant Human Platelet Antigen 1 genotyping	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long 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	Long 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	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9G>A [c.3992-9G>A], F1388del) ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]), evaluation to detect abnormal (eg, expanded) alleles APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B), common variants (eg, R3500Q, R3500W) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), characterization of alleles (eg, expanded size or methylation status) ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy), evaluation to detect abnormal (eg, expanded) alleles ATXN1 (ataxin 1) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN2 (ataxin 2) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease), evaluation to detect abnormal (eg, expanded) alleles ATXN7 (ataxin 7) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN10 (ataxin 10) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles CACNA1A (calcium channel, voltage-dependent, P/Q type, alpha 1A subunit) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles CBFB/MYH11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), common variants (eg, I278T, G307S) CCND1/IGH (BCL1/IgH, t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative, and quantitative, if performed CFH/ARMS2 (complement factor H/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, Y402H [CFH], A69S [ARMS2]) CNBP (CCHC-type zinc finger, nucleic acid binding protein) (eg, myotonic dystrophy type 2), evaluation to detect abnormal (eg, expanded) alleles CSTB (cystatin B [stefin B]) (eg, Unverricht-Lundborg disease), evaluation to detect abnormal (eg, expanded) alleles CYP3A4 (cytochrome P450, family 3, subfamily A, polypeptide 4) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6) CYP3A5 (cytochrome P450, family 3, subfamily A, polypeptide 5) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6) DEK/NUP214 (t(6;9)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed DMPK (dystrophia myotonica-protein kinase) (eg, myotonic dystrophy, type 1), evaluation to detect abnormal (eg, expanded) alleles E2A/PBX1 (t(1;19)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EML4/ALK (inv(2)) (eg, non-small cell lung cancer), translocation or inversion analysis ETV6/NTRK3 (t(12;15)) (eg, congenital/infantile fibrosarcoma), translocation analysis, qualitative,							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	and quantitative, if performed ETV6/RUNX1 (t(12;21)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EWSR1/ATF1 (t(12;22)) (eg, clear cell sarcoma), translocation analysis, qualitative, and quantitative, if performed EWSR1/ERG (t(21;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/FLI1 (t(11;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/WT1 (t(11;22)) (eg, desmoplastic small round cell tumor), translocation analysis, qualitative, and quantitative, if performed F11 (coagulation factor XI) (eg, coagulation disorder), common variants (eg, E117X [Type II], F283L [Type III], IVS14del14, and IVS14+1G>A [Type I]) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), common variants (eg, 1138G>A, 1138G>C, 1620C>A, 1620C>G) FIP1L1/PDGFRA (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed FLG (filaggrin) (eg, icthyosis vulgaris), common variants (eg, R501X, 2282del4, R2447X, S3247X, 3702delG) FOXO1/PAX3 (t(2;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FOXO1/PAX7 (t(1;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FUS/DDIT3 (t(12;16)) (eg, myxoid liposarcoma), translocation analysis, qualitative, and quantitative, if performed FXN (frataxin) (eg, Friedreich ataxia), evaluation to detect abnormal (expanded) alleles GALC (galactosylceramidase) (eg, Krabbe disease), common variants (eg, c.857G>A, 30-kb deletion) GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), common variants (eg, Q188R, S135L, K285N, T138M, L195P, Y209C, IVS2-							

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	2A>G, P171S, del5kb, N314D, L218L/N314D) H19 (imprinted maternally expressed transcript [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis HBB (hemoglobin, beta) (eg, sickle cell anemia, hemoglobin C, hemoglobin E), common variants (eg, HbS, HbC, HbE) HTT (huntingtin) (eg, Huntington disease), evaluation to detect abnormal (eg, expanded) alleles IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; single breakpoint (eg, major breakpoint region [MBR] or minor cluster region [mcr]), qualitative or quantitative (When both MBR and mcr breakpoints are performed, use 81402) KCNQ1OT1 (KCNQ1 overlapping transcript 1 [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), common variants (eg, R1441G, G2019S, I2020T) MED12 (mediator complex subunit 12) (eg, FG syndrome type 1, Lujan syndrome), common variants (eg, R961W, N1007S) MEG3/DLK1 (maternally expressed 3 [non-protein coding]/delta-like 1 homolog [Drosophila]) (eg, intrauterine growth retardation), methylation analysis MLL/AFF1 (t(4;11)) (eg, acute lymphoblastic leukemia), translocation analysis, qualitative, and quantitative, if performed MLL/MLLT3 (t(9;11)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed MT-ATP6 (mitochondrially encoded ATP synthase 6) (eg, neuropathy with ataxia and retinitis pigmentosa [NARP], Leigh syndrome), common variants (eg, m.8993T>G, m.8993T>C) MT-ND4, MT-ND6 (mitochondrially encoded NADH dehydrogenase 4, mitochondrially encoded NADH dehydrogenase 6) (eg, Leber hereditary optic neuropathy [LHON]), common variants (eg, m.11778G>A, m.3460G>A, m.14484T>C) MT-ND5 (mitochondrially encoded tRNA leucine 1 [UUA/G], mitochondrially encoded NADH dehydrogenase 5) (eg, mitochondrial							

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	encephalopathy with lactic acidosis and stroke-like episodes [MELAS]), common variants (eg, m.3243A>G, m.3271T>C, m.3252A>G, m.13513G>A) MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), common variants (eg, m.1555A>G, m.1494C>T) MT-TK (mitochondrially encoded tRNA lysine) (eg, myoclonic epilepsy with ragged-red fibers [MERRF]), common variants (eg, m.8344A>G, m.8356T>C) MT-TL1 (mitochondrially encoded tRNA leucine 1 [UUA/G]) (eg, diabetes and hearing loss), common variants (eg, m.3243A>G, m.14709 T>C) MT-TL1 MT-TS1, MT-RNR1 (mitochondrially encoded tRNA serine 1 [UCN], mitochondrially encoded 12S RNA) (eg, nonsyndromic sensorineural deafness [including aminoglycoside-induced nonsyndromic deafness]), common variants (eg, m.7445A>G, m.1555A>G) MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), common variants (eg, Y165C, G382D) NOD2 (nucleotide-binding oligomerization domain containing 2) (eg, Crohn's disease, Blau syndrome), common variants (eg, SNP 8, SNP 12, SNP 13) NPM1/ALK (t(2;5)) (eg, anaplastic large cell lymphoma), translocation analysis PABPN1 (poly[A] binding protein, nuclear 1) (eg, oculopharyngeal muscular dystrophy), evaluation to detect abnormal (eg, expanded) alleles PAX8/PPARG (t(2;3) (q13;p25)) (eg, follicular thyroid carcinoma), translocation analysis PPP2R2B (protein phosphatase 2, regulatory subunit B, beta) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), common variants (eg, N29I, A16V, R122H) PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), common variants (eg, R50X, G205S) RUNX1/RUNX1T1 (t(8;21)) (eg, acute myeloid leukemia) translocation analysis, qualitative, and quantitative, if performed SEPT9							

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	(septin 9) (eg, colon cancer), methylation analysis SMN1/SMN2 (survival of motor neuron 1, telomeric/survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy), dosage analysis (eg, carrier testing) (For duplication/deletion analysis of SMN1/SMN2, use 81401) SS18/SSX1 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed SS18/SSX2 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed TBP (TATA box binding protein) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), common variants (eg, *2, *3) TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), tandem repeat variant VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), common variants (eg, T791M, R816W, R854Q)							

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81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]) Chromosome 1p-/19q- (eg, glial tumors), deletion analysis Chromosome 18q- (eg, D18S55, D18S58, D18S61, D18S64, and D18S69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) COL1A1/PDGFB (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant) ESR1/PGR (receptor 1/progesterone receptor) ratio (eg, breast cancer) IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative MEFV (Mediterranean fever) (eg, familial Mediterranean fever), common variants (eg, E148Q, P369S, F479L, M680I, I692del, M694V, M694I, K695R, V726A, A744S, R761H) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), common variants (eg, W515A, W515K, W515L, W515R) TRD@ (T cell antigen receptor, delta) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population Uniparental disomy (UPD) (eg, Russell-Silver syndrome, Prader-Willi/Angelman syndrome), short tandem repeat (STR) analysis	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence ARX (aristaless-related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), duplication/deletion analysis CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) CTNNB1 (catenin [cadherin-associated protein], beta 1, 88kDa) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) EPCAM (epithelial cell adhesion molecule) (eg, Lynch syndrome), duplication/deletion analysis F8 (coagulation factor VIII) (eg, hemophilia A), inversion analysis, intron 1 and intron 22A F12 (coagulation factor XII [Hageman factor]) (eg, angioedema, hereditary, type III; factor XII deficiency), targeted sequence analysis of exon 9 FGFR3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (For targeted sequence analysis of multiple FGFR3 exons, use 81404) GJB1 (gap junction protein, beta 1) (eg, Charcot-Marie-Tooth X-linked), full gene sequence GNAQ (guanine nucleotide-binding protein G[q] subunit alpha) (eg, uveal melanoma), common variants (eg, R183, Q209) HBB (hemoglobin, beta, beta-globin) (eg, beta thalassemia), duplication/deletion analysis Human erythrocyte antigen gene analyses (eg,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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	SLC14A1 [Kidd blood group], BCAM [Lutheran blood group], ICAM4 [Landsteiner-Wiener blood group], SLC4A1 [Diego blood group], AQP1 [Colton blood group], ERMAP [Scianna blood group], RHCE [Rh blood group, CcEe antigens], KEL [Kell blood group], DARC [Duffy blood group], GYPA, GYPB, GYPE [MNS blood group], ART4 [Dombrock blood group]) (eg, sickle-cell disease, thalassemia, hemolytic transfusion reactions, hemolytic disease of the fetus or newborn), common variants HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), exon 2 sequence IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common exon 4 variants (eg, R132H, R132C) IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common exon 4 variants (eg, R140W, R172M) JAK2 (Janus kinase 2) (eg, myeloproliferative disorder), exon 12 sequence and exon 13 sequence, if performed KCNC3 (potassium voltage-gated channel, Shaw-related subfamily, member 3) (eg, spinocerebellar ataxia), targeted sequence analysis (eg, exon 2) KCNJ2 (potassium inwardly-rectifying channel, subfamily J, member 2) (eg, Andersen-Tawil syndrome), full gene sequence KCNJ11 (potassium inwardly-rectifying channel, subfamily J, member 11) (eg, familial hyperinsulinism), full gene sequence Killer cell immunoglobulin-like receptor (KIR) gene family (eg, hematopoietic stem cell transplantation), genotyping of KIR family genes Known familial variant not otherwise specified, for gene listed in Tier 1 or Tier 2, DNA sequence analysis, each variant exon (For a known familial variant that is considered a common variant, use specific common variant Tier 1 or Tier 2 code) MC4R (melanocortin 4 receptor) (eg, obesity), full gene sequence MICA (MHC class I polypeptide-related sequence A) (eg, solid organ transplantation), common variants (eg, *001, *002) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg,							

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	myeloproliferative disorder), exon 10 sequence MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), full gene sequence MT-TS1 (mitochondrially encoded tRNA serine 1) (eg, nonsyndromic hearing loss), full gene sequence NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), duplication/deletion analysis NHLRC1 (NHL repeat containing 1) (eg, progressive myoclonus epilepsy), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), duplication/deletion analysis PLN (phospholamban) (eg, dilated cardiomyopathy, hypertrophic cardiomyopathy), full gene sequence RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene) RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cell-free fetal DNA in maternal blood (For human erythrocyte gene analysis of RHD, use a separate unit of 81403) SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), duplication/deletion analysis SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), known familial sequence variant(s) TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), duplication/deletion analysis UBA1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, X-linked), targeted sequence analysis (eg, exon 15) VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), deletion/duplication analysis VWF (von Willebrand factor) (eg, von Willebrand disease types 2A, 2B, 2M), targeted sequence analysis (eg, exon 28)							

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81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]), characterization of alleles (eg, expanded size and methylation status) AQP2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), full gene sequence AVPR2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequence BBS10 (Bardet-Biedl syndrome 10) (eg, Bardet-Biedl syndrome), full gene sequence BTD (biotinidase) (eg, biotinidase deficiency), full gene sequence C10orf2 (chromosome 10 open reading frame 2) (eg, mitochondrial DNA depletion syndrome), full gene sequence CAV3 (caveolin 3) (eg, CAV3-related distal myopathy, limb-girdle muscular dystrophy type 1C), full gene sequence CD40LG (CD40 ligand) (eg, X-linked hyper IgM syndrome), full gene sequence CDKN2A (cyclin-dependent kinase inhibitor 2A) (eg, CDKN2A-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequence CLRN1 (clarin 1) (eg, Usher syndrome, type 3), full gene sequence COX6B1 (cytochrome c oxidase subunit VIb polypeptide 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CPT2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase II deficiency), full gene sequence CRX (cone-rod homeobox) (eg, cone-rod dystrophy 2, Leber congenital amaurosis), full	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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	gene sequence CSTB (cystatin B [stefin B]) (eg, Unverricht-Lundborg disease), full gene sequence CYP1B1 (cytochrome P450, family 1, subfamily B, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence DMPK (dystrophia myotonica-protein kinase) (eg, myotonic dystrophy type 1), characterization of abnormal (eg, expanded) alleles EGR2 (early growth response 2) (eg, Charcot-Marie-Tooth), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystrophy), duplication/deletion analysis EPM2A (epilepsy, progressive myoclonus type 2A, Lafora disease [laforin]) (eg, progressive myoclonus epilepsy), full gene sequence FGF23 (fibroblast growth factor 23) (eg, hypophosphatemic rickets), full gene sequence FGFR2 (fibroblast growth factor receptor 2) (eg, craniosynostosis, Apert syndrome, Crouzon syndrome), targeted sequence analysis (eg, exons 8, 10) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), targeted sequence analysis (eg, exons 8, 11, 12, 13) FHL1 (four and a half LIM domains 1) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence FKRP (fukutin related protein) (eg, congenital muscular dystrophy type 1C [MDC1C], limb-girdle muscular dystrophy [LGMD] type 2I), full gene sequence FOXG1 (forkhead box G1) (eg, Rett syndrome), full gene sequence FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eg, deleted) alleles FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4A and 4B haplotypes) FXN (frataxin) (eg, Friedreich ataxia), full gene sequence GH1 (growth hormone 1) (eg, growth hormone deficiency), full gene sequence GP1BB (glycoprotein Ib [platelet], beta polypeptide) (eg, Bernard-Soulier syndrome type B), full gene sequence HBA1/HBA2 (alpha globin 1 and alpha							

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	globin 2) (eg, alpha thalassemia), duplication/deletion analysis (For common deletion variants of alpha globin 1 and alpha globin 2 genes, use 81257) HBB (hemoglobin, beta, Beta-Globin) (eg, thalassemia), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), duplication/deletion analysis HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), full gene sequence HSD3B2 (hydroxy-delta-5-steroid dehydrogenase, 3 beta- and steroid delta-isomerase 2) (eg, 3-beta-hydroxysteroid dehydrogenase type II deficiency), full gene sequence HSD11B2 (hydroxysteroid [11-beta] dehydrogenase 2) (eg, mineralocorticoid excess syndrome), full gene sequence HSPB1 (heat shock 27kDa protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence INS (insulin) (eg, diabetes mellitus), full gene sequence KCNJ1 (potassium inwardly-rectifying channel, subfamily J, member 1) (eg, Bartter syndrome), full gene sequence KCNJ10 (potassium inwardly-rectifying channel, subfamily J, member 10) (eg, SeSAME syndrome, EAST syndrome, sensorineural hearing loss), full gene sequence LITAF (lipopolysaccharide-induced TNF factor) (eg, Charcot-Marie-Tooth), full gene sequence MEFV (Mediterranean fever) (eg, familial Mediterranean fever), full gene sequence MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), duplication/deletion analysis MMACHC (methylmalonic aciduria [cobalamin deficiency] cblC type, with homocystinuria) (eg, methylmalonic acidemia and homocystinuria), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), duplication/deletion analysis NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), full gene sequence NDUFA1 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, 1, 7.5kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence							

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	NDUFAF2 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, assembly factor 2) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS4 (NADH dehydrogenase [ubiquinone] Fe-S protein 4, 18kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NIPA1 (non-imprinted in Prader-Willi/Angelman syndrome 1) (eg, spastic paraplegia), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), duplication/deletion analysis NPC2 (Niemann-Pick disease, type C2 [epididymal secretory protein E1]) (eg, Niemann-Pick disease type C2), full gene sequence NR0B1 (nuclear receptor subfamily 0, group B, member 1) (eg, congenital adrenal hypoplasia), full gene sequence PDX1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), full gene sequence PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal cancer), targeted sequence analysis (eg, exons 9 and 20) PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), duplication/deletion analysis PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), duplication/deletion analysis PRNP (prion protein) (eg, genetic prion disease), full gene sequence PROP1 (PROP paired-like homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence PRPH2 (peripherin 2 [retinal degeneration, slow]) (eg, retinitis pigmentosa), full gene sequence PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), targeted sequence analysis (eg, exons 7, 12, 14, 17) RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2B and familial medullary thyroid carcinoma),							

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	common variants (eg, M918T, 2647_2648delinsTT, A883F) RHO (rhodopsin) (eg, retinitis pigmentosa), full gene sequence RP1 (retinitis pigmentosa 1) (eg, retinitis pigmentosa), full gene sequence SCN1B (sodium channel, voltage-gated, type I, beta) (eg, Brugada syndrome), full gene sequence SCO2 (SCO cytochrome oxidase deficient homolog 2 [SCO1L]) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), duplication/deletion analysis SDHD (succinate dehydrogenase complex, subunit D, integral membrane protein) (eg, hereditary paraganglioma), full gene sequence SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), duplication/deletion analysis SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), duplication/deletion analysis SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), duplication/deletion analysis SLC25A4 (solute carrier family 25 [mitochondrial carrier; adenine nucleotide translocator], member 4) (eg, progressive external ophthalmoplegia), full gene sequence SOD1 (superoxide dismutase 1, soluble) (eg, amyotrophic lateral sclerosis), full gene sequence SPINK1 (serine peptidase inhibitor, Kazal type 1) (eg, hereditary pancreatitis), full gene sequence STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), duplication/deletion analysis TACO1 (translational activator of mitochondrial encoded cytochrome c oxidase I) (eg, mitochondrial							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	respiratory chain complex IV deficiency), full gene sequence THAP1 (THAP domain containing, apoptosis associated protein 1) (eg, torsion dystonia), full gene sequence TOR1A (torsin family 1, member A [torsin A]) (eg, torsion dystonia), full gene sequence TP53 (tumor protein 53) (eg, tumor samples), targeted sequence analysis of 2-5 exons TTPA (tocopherol [alpha] transfer protein) (eg, ataxia), full gene sequence TTR (transthyretin) (eg, familial transthyretin amyloidosis), full gene sequence TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), full gene sequence TYR (tyrosinase [oculocutaneous albinism IA]) (eg, oculocutaneous albinism IA), full gene sequence USH1G (Usher syndrome 1G [autosomal recessive]) (eg, Usher syndrome, type 1), full gene sequence VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 1C), targeted sequence analysis (eg, exons 26, 27, 37) ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), duplication/deletion analysis ZNF41 (zinc finger protein 41) (eg, X-linked mental retardation 89), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1) (eg, adrenoleukodystrophy), full gene sequence ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequence ACTA2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence ACTC1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence ANKRD1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence APTX (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence AR (androgen receptor) (eg, androgen insensitivity syndrome), full gene sequence ARSA (arylsulfatase A) (eg, arylsulfatase A deficiency), full gene sequence BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), full gene sequence BCS1L (BCS1-like [S. cerevisiae]) (eg, Leigh syndrome, mitochondrial complex III deficiency, GRACILE syndrome), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), duplication/deletion analysis CASQ2 (calsequestrin 2 [cardiac muscle]) (eg, catecholaminergic polymorphic ventricular tachycardia), full gene sequence CASR (calcium-sensing receptor) (eg, hypocalcemia), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), duplication/deletion analysis CHRNA4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence CHRNB2 (cholinergic receptor,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence COX10 (COX10 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence COX15 (COX15 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CYP11B1 (cytochrome P450, family 11, subfamily B, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP17A1 (cytochrome P450, family 17, subfamily A, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence Cytogenomic constitutional targeted microarray analysis of chromosome 22q13 by interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities (When performing genome-wide cytogenomic constitutional microarray analysis, see 81228, 81229) (Do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the microarray analysis of chromosome 22q13) (Do not report 88271 when performing cytogenomic microarray analysis) DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), duplication/deletion analysis DCX (doublecortin) (eg, X-linked lissencephaly), full gene sequence DES (desmin) (eg, myofibrillar myopathy), full gene sequence DFNB59 (deafness, autosomal recessive 59) (eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence DGUOK (deoxyguanosine kinase) (eg, hepatocerebral mitochondrial DNA depletion syndrome), full gene sequence DHCR7 (7-dehydrocholesterol reductase) (eg, Smith-Lemli-Opitz syndrome), full gene sequence EIF2B2 (eukaryotic translation							

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	initiation factor 2B, subunit 2 beta, 39kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), duplication/deletion analysis EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), duplication/deletion analysis F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence FGFR1 (fibroblast growth factor receptor 1) (eg, Kallmann syndrome 2), full gene sequence FH (fumarate hydratase) (eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence FKTN (fukutin) (eg, limb-girdle muscular dystrophy [LGMD] type 2M or 2L), full gene sequence FTSJ1 (FtsJ RNA methyltransferase homolog 1 [E. coli]) (eg, X-linked mental retardation 9), duplication/deletion analysis GABRG2 (gamma-aminobutyric acid [GABA] A receptor, gamma 2) (eg, generalized epilepsy with febrile seizures), full gene sequence GCH1 (GTP cyclohydrolase 1) (eg, autosomal dominant dopa-responsive dystonia), full gene sequence GDAP1 (ganglioside-induced differentiation-associated protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence GFAP (glial fibrillary acidic protein) (eg, Alexander disease), full gene sequence GHR (growth hormone receptor) (eg, Laron syndrome), full gene sequence GHRHR (growth hormone releasing hormone receptor) (eg, growth hormone deficiency), full gene sequence GLA (galactosidase, alpha) (eg, Fabry disease), full gene sequence HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, thalassemia), full gene sequence HNF1A (HNF1 homeobox A) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HTRA1 (HtrA serine peptidase 1) (eg, macular degeneration), full gene							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	sequence IDS (iduronate 2-sulfatase) (eg, mucopolysacchridosis, type II), full gene sequence IL2RG (interleukin 2 receptor, gamma) (eg, X-linked severe combined immunodeficiency), full gene sequence ISPD (isoprenoid synthase domain containing) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, Noonan syndrome), full gene sequence LAMP2 (lysosomal-associated membrane protein 2) (eg, Danon disease), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), duplication/deletion analysis MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), full gene sequence MMAA (methylmalonic aciduria [cobalamine deficiency] type A) (eg, MMAA-related methylmalonic acidemia), full gene sequence MMAB (methylmalonic aciduria [cobalamine deficiency] type B) (eg, MMAA-related methylmalonic acidemia), full gene sequence MPI (mannose phosphate isomerase) (eg, congenital disorder of glycosylation 1b), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), full gene sequence MPZ (myelin protein zero) (eg, Charcot-Marie-Tooth), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), duplication/deletion analysis MYL2 (myosin, light chain 2, regulatory, cardiac, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYL3 (myosin, light chain 3, alkali, ventricular, skeletal, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYOT (myotilin) (eg, limb-girdle muscular dystrophy), full gene sequence NDUFS7 (NADH dehydrogenase [ubiquinone] Fe-S protein 7, 20kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS8 (NADH dehydrogenase [ubiquinone] Fe-S protein 8,							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	23kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFV1 (NADH dehydrogenase [ubiquinone] flavoprotein 1, 51kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NEFL (neurofilament, light polypeptide) (eg, Charcot-Marie-Tooth), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), duplication/deletion analysis NLGN3 (neuroligin 3) (eg, autism spectrum disorders), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), deletion analysis, and duplication analysis, if performed NPHS2 (nephrosis 2, idiopathic, steroid-resistant [podocin]) (eg, steroid-resistant nephrotic syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), duplication/deletion analysis OTC (ornithine carbamoyltransferase) (eg, ornithine transcarbamylase deficiency), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), duplication/deletion analysis PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), duplication/deletion analysis PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), duplication/deletion analysis PCDH19 (protocadherin 19) (eg, epileptic encephalopathy), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), duplication/deletion analysis PDHB (pyruvate dehydrogenase [lipoamide] beta) (eg, lactic acidosis), full gene sequence PINK1 (PTEN induced putative kinase 1) (eg, Parkinson disease), full gene sequence PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), full gene sequence POU1F1 (POU class 1 homeobox 1) (eg, combined								

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	pituitary hormone deficiency), full gene sequence PRX (periaxin) (eg, Charcot-Marie-Tooth disease), full gene sequence PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), full gene sequence PSEN1 (presenilin 1) (eg, Alzheimer disease), full gene sequence RAB7A (RAB7A, member RAS oncogene family) (eg, Charcot-Marie-Tooth disease), full gene sequence RAI1 (retinoic acid induced 1) (eg, Smith-Magenis syndrome), full gene sequence REEP1 (receptor accessory protein 1) (eg, spastic paraplegia), full gene sequence RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2A and familial medullary thyroid carcinoma), targeted sequence analysis (eg, exons 10, 11, 13-16) RPS19 (ribosomal protein S19) (eg, Diamond-Blackfan anemia), full gene sequence RRM2B (ribonucleotide reductase M2 B [TP53 inducible]) (eg, mitochondrial DNA depletion), full gene sequence SCO1 (SCO cytochrome oxidase deficient homolog 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHB (succinate dehydrogenase complex, subunit B, iron sulfur) (eg, hereditary paraganglioma), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), full gene sequence SGCA (sarcoglycan, alpha [50kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, beta [43kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCD (sarcoglycan, delta [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), duplication/deletion analysis SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SHOC2 (soc-2							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), full gene sequence SHOX (short stature homeobox) (eg, Langer mesomelic dysplasia), full gene sequence SIL1 (SIL1 homolog, endoplasmic reticulum chaperone [S. cerevisiae]) (eg, ataxia), full gene sequence SLC2A1 (solute carrier family 2 [facilitated glucose transporter], member 1) (eg, glucose transporter type 1 [GLUT 1] deficiency syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), full gene sequence SLC22A5 (solute carrier family 22 [organic cation/carnitine transporter], member 5) (eg, systemic primary carnitine deficiency), full gene sequence SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), duplication/deletion analysis SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), full gene sequence SPAST (spastin) (eg, spastic paraplegia), duplication/deletion analysis SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), duplication/deletion analysis SPRED1 (sprouty-related, EVH1 domain containing 1) (eg, Legius syndrome), full gene sequence STAT3 (signal transducer and activator of transcription 3 [acute-phase response factor]) (eg, autosomal dominant hyper-IgE syndrome), targeted sequence analysis (eg, exons 12, 13, 14, 16, 17, 20, 21) STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), full gene sequence SURF1 (surfeit 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence TARDBP (TAR DNA binding protein) (eg, amyotrophic lateral sclerosis), full gene sequence TBX5 (T-box 5) (eg, Holt-Oram							

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	syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), duplication/deletion analysis TGFBR1 (transforming growth factor, beta receptor 1) (eg, Marfan syndrome), full gene sequence TGFBR2 (transforming growth factor, beta receptor 2) (eg, Marfan syndrome), full gene sequence THRB (thyroid hormone receptor, beta) (eg, thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons TK2 (thymidine kinase 2, mitochondrial) (eg, mitochondrial DNA depletion syndrome), full gene sequence TNNC1 (troponin C type 1 [slow]) (eg, hypertrophic cardiomyopathy or dilated cardiomyopathy), full gene sequence TNNI3 (troponin I, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome, tumor samples), full gene sequence or targeted sequence analysis of >5 exons TPM1 (tropomyosin 1 [alpha]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), duplication/deletion analysis TYMP (thymidine phosphorylase) (eg, mitochondrial DNA depletion syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), targeted sequence analysis (eg, exons 18-20, 23-25) WT1 (Wilms tumor 1) (eg, Denys-Drash syndrome, familial Wilms tumor), full gene sequence ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), full gene sequence							

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81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia) ACADVL (acyl-CoA dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence ACTN4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence AFG3L2 (AFG3 ATPase family gene 3-like 2 [S. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence AIRE (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence ALDH7A1 (aldehyde dehydrogenase 7 family, member A1) (eg, pyridoxine-dependent epilepsy), full gene sequence ANO5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence APP (amyloid beta [A4] precursor protein) (eg, Alzheimer disease), full gene sequence ASS1 (argininosuccinate synthase 1) (eg, citrullinemia type I), full gene sequence ATL1 (atlastin GTPase 1) (eg, spastic paraplegia), full gene sequence ATP1A2 (ATPase, Na+/K+ transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequence ATP7B (ATPase, Cu++ transporting, beta polypeptide) (eg, Wilson disease), full gene sequence BBS1 (Bardet-Biedl syndrome 1) (eg, Bardet-Biedl syndrome), full gene sequence BBS2 (Bardet-Biedl syndrome 2) (eg, Bardet-Biedl syndrome), full gene sequence BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease, type 1B), full gene sequence BEST1 (bestrophin 1) (eg, vitelliform macular dystrophy), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), full gene sequence BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, Noonan syndrome),	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	full gene sequence BSCL2 (Berardinelli-Seip congenital lipodystrophy 2 [seipin]) (eg, Berardinelli-Seip congenital lipodystrophy), full gene sequence BTK (Bruton agammaglobulinemia tyrosine kinase) (eg, X-linked agammaglobulinemia), full gene sequence CACNB2 (calcium channel, voltage-dependent, beta 2 subunit) (eg, Brugada syndrome), full gene sequence CAPN3 (calpain 3) (eg, limb-girdle muscular dystrophy [LGMD] type 2A, calpainopathy), full gene sequence CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), full gene sequence CDH1 (cadherin 1, type 1, E-cadherin [epithelial]) (eg, hereditary diffuse gastric cancer), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), full gene sequence CLCN1 (chloride channel 1, skeletal muscle) (eg, myotonia congenita), full gene sequence CLCNKB (chloride channel, voltage-sensitive Kb) (eg, Bartter syndrome 3 and 4b), full gene sequence CNTNAP2 (contactin-associated protein-like 2) (eg, Pitt-Hopkins-like syndrome 1), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), duplication/deletion analysis CPT1A (carnitine palmitoyltransferase 1A [liver]) (eg, carnitine palmitoyltransferase 1A [CPT1A] deficiency), full gene sequence CRB1 (crumbs homolog 1 [Drosophila]) (eg, Leber congenital amaurosis), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), duplication/deletion analysis Cytogenomic microarray analysis, neoplasia (eg, interrogation of copy number, and loss-of-heterozygosity via single nucleotide polymorphism [SNP]-based comparative genomic hybridization [CGH] microarray analysis) (Do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the cytogenomic microarray analysis for neoplasia) (Do not report 88271 when							

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	performing cytogenomic microarray analysis) DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), full gene sequence DLAT (dihydrolipoamide S-acetyltransferase) (eg, pyruvate dehydrogenase E2 deficiency), full gene sequence DLD (dihydrolipoamide dehydrogenase) (eg, maple syrup urine disease, type III), full gene sequence DSC2 (desmocollin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence DSG2 (desmoglein 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 10), full gene sequence DSP (desmoplakin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 8), full gene sequence EFHC1 (EF-hand domain [C-terminal] containing 1) (eg, juvenile myoclonic epilepsy), full gene sequence EIF2B3 (eukaryotic translation initiation factor 2B, subunit 3 gamma, 58kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B4 (eukaryotic translation initiation factor 2B, subunit 4 delta, 67kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B5 (eukaryotic translation initiation factor 2B, subunit 5 epsilon, 82kDa) (eg, childhood ataxia with central nervous system hypomyelination/vanishing white matter), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), full gene sequence EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), duplication/deletion analysis FAH (fumarylacetoacetate hydrolase [fumarylacetoacetase]) (eg, tyrosinemia, type 1), full gene sequence FASTKD2 (FAST kinase domains 2) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence FIG4 (FIG4 homolog, SAC1 lipid phosphatase domain							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	containing [S. cerevisiae]) (eg, Charcot-Marie-Tooth disease), full gene sequence FTSJ1 (FtsJ RNA methyltransferase homolog 1 [E. coli]) (eg, X-linked mental retardation 9), full gene sequence FUS (fused in sarcoma) (eg, amyotrophic lateral sclerosis), full gene sequence GAA (glucosidase, alpha; acid) (eg, glycogen storage disease type II [Pompe disease]), full gene sequence GALC (galactosylceramidase) (eg, Krabbe disease), full gene sequence GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), full gene sequence GARS (glycyl-tRNA synthetase) (eg, Charcot-Marie-Tooth disease), full gene sequence GCDH (glutaryl-CoA dehydrogenase) (eg, glutaricacidemia type 1), full gene sequence GCK (glucokinase [hexokinase 4]) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence GLUD1 (glutamate dehydrogenase 1) (eg, familial hyperinsulinism), full gene sequence GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), full gene sequence GRN (granulin) (eg, frontotemporal dementia), full gene sequence HADHA (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein] alpha subunit) (eg, long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence HADHB (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein], beta subunit) (eg, trifunctional protein deficiency), full gene sequence HEXA (hexosaminidase A, alpha polypeptide) (eg, Tay-Sachs disease), full gene sequence HLCS (HLCS holocarboxylase synthetase) (eg, holocarboxylase synthetase deficiency), full gene sequence HNF4A (hepatocyte nuclear factor 4, alpha) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence IDUA (iduronidase, alpha-L-) (eg, mucopolysaccharidosis type I), full gene sequence INF2 (inverted formin, FH2 and WH2							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	domain containing) (eg, focal segmental glomerulosclerosis), full gene sequence IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), duplication/deletion analysis JUP (junction plakoglobin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence KAL1 (Kallmann syndrome 1 sequence) (eg, Kallmann syndrome), full gene sequence KCNH2 (potassium voltage-gated channel, subfamily H [eag-related], member 2) (eg, short QT syndrome, long QT syndrome), full gene sequence (Do not report 81406 for KCNH2 full gene sequence in conjunction with 81280) KCNQ1 (potassium voltage-gated channel, KQT-like subfamily, member 1) (eg, short QT syndrome, long QT syndrome), full gene sequence (Do not report 81406 for KCNQ1 full gene sequence with 81280) KCNQ2 (potassium voltage-gated channel, KQT-like subfamily, member 2) (eg, epileptic encephalopathy), full gene sequence LDB3 (LIM domain binding 3) (eg, familial dilated cardiomyopathy, myofibrillar myopathy), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), full gene sequence LEPR (leptin receptor) (eg, obesity with hypogonadism), full gene sequence LHCGR (luteinizing hormone/choriogonadotropin receptor) (eg, precocious male puberty), full gene sequence LMNA (lamin A/C) (eg, Emery-Dreifuss muscular dystrophy [EDMD1, 2 and 3] limb-girdle muscular dystrophy [LGMD] type 1B, dilated cardiomyopathy [CMD1A], familial partial lipodystrophy [FPLD2]), full gene sequence LRP5 (low density lipoprotein receptor-related protein 5) (eg, osteopetrosis), full gene sequence MAP2K1 (mitogen-activated protein kinase 1) (eg, cardiofaciocutaneous syndrome), full gene sequence MAP2K2 (mitogen-activated protein kinase 2) (eg, cardiofaciocutaneous syndrome), full gene sequence MAPT (microtubule-							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	associated protein tau) (eg, frontotemporal dementia), full gene sequence MCCC1 (methylcrotonoyl-CoA carboxylase 1 [alpha]) (eg, 3-methylcrotonyl-CoA carboxylase deficiency), full gene sequence MCCC2 (methylcrotonoyl-CoA carboxylase 2 [beta]) (eg, 3-methylcrotonyl carboxylase deficiency), full gene sequence MFN2 (mitofusin 2) (eg, Charcot-Marie-Tooth disease), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), full gene sequence MUT (methylmalonyl CoA mutase) (eg, methylmalonic acidemia), full gene sequence MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), full gene sequence NDUFS1 (NADH dehydrogenase [ubiquinone] Fe-S protein 1, 75kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), full gene sequence NOTCH3 (notch 3) (eg, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy [CADASIL]), targeted sequence analysis (eg, exons 1-23) NPC1 (Niemann-Pick disease, type C1) (eg, Niemann-Pick disease), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), duplication/deletion analysis OPTN (optineurin) (eg, amyotrophic lateral sclerosis), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), full gene sequence PAH (phenylalanine hydroxylase) (eg, phenylketonuria), full gene sequence PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer), full gene sequence PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), full gene							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	sequence PAX2 (paired box 2) (eg, renal coloboma syndrome), full gene sequence PC (pyruvate carboxylase) (eg, pyruvate carboxylase deficiency), full gene sequence PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), full gene sequence PCCB (propionyl CoA carboxylase, beta polypeptide) (eg, propionic acidemia), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), duplication/deletion analysis PCSK9 (proprotein convertase subtilisin/kexin type 9) (eg, familial hypercholesterolemia), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), full gene sequence PDHX (pyruvate dehydrogenase complex, component X) (eg, lactic acidosis), full gene sequence PHEX (phosphate-regulating endopeptidase homolog, X-linked) (eg, hypophosphatemic rickets), full gene sequence PKD2 (polycystic kidney disease 2 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PKP2 (plakophilin 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 9), full gene sequence PNKD (paroxysmal nonkinesigenic dyskinesia) (eg, paroxysmal nonkinesigenic dyskinesia), full gene sequence POLG (polymerase [DNA directed], gamma) (eg, Alpers-Huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia), full gene sequence POMGNT1 (protein O-linked mannose beta1,2-N acetylglucosaminyltransferase) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence POMT1 (protein-O-mannosyltransferase 1) (eg, limb-girdle muscular dystrophy [LGMD] type 2K, Walker-Warburg syndrome), full gene sequence POMT2 (protein-O-mannosyltransferase 2) (eg, limb-girdle muscular dystrophy [LGMD] type 2N, Walker-Warburg syndrome), full gene sequence PRKAG2 (protein kinase, AMP-activated, gamma 2 non-catalytic subunit) (eg, familial hypertrophic							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	cardiomyopathy with Wolff-Parkinson-White syndrome, lethal congenital glycogen storage disease of heart), full gene sequence PRKCG (protein kinase C, gamma) (eg, spinocerebellar ataxia), full gene sequence PSEN2 (presenilin 2 [Alzheimer disease 4]) (eg, Alzheimer disease), full gene sequence PTPN11 (protein tyrosine phosphatase, non-receptor type 11) (eg, Noonan syndrome, LEOPARD syndrome), full gene sequence PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), full gene sequence RET (ret proto-oncogene) (eg, Hirschsprung disease), full gene sequence RPE65 (retinal pigment epithelium-specific protein 65kDa) (eg, retinitis pigmentosa, Leber congenital amaurosis), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed mutations SCN4A (sodium channel, voltage-gated, type IV, alpha subunit) (eg, hyperkalemic periodic paralysis), full gene sequence SCNN1A (sodium channel, nonvoltage-gated 1 alpha) (eg, pseudohypoaldosteronism), full gene sequence SCNN1B (sodium channel, nonvoltage-gated 1, beta) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SCNN1G (sodium channel, nonvoltage-gated 1, gamma) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SDHA (succinate dehydrogenase complex, subunit A, flavoprotein [Fp]) (eg, Leigh syndrome, mitochondrial complex II deficiency), full gene sequence SETX (senataxin) (eg, ataxia), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), full gene sequence SH3TC2 (SH3 domain and tetratricopeptide repeats 2) (eg, Charcot-Marie-Tooth disease), full gene sequence SLC9A6 (solute carrier family 9 [sodium/hydrogen exchanger], member 6) (eg, Christianson syndrome), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	SLC26A4 (solute carrier family 26, member 4) (eg, Pendred syndrome), full gene sequence SLC37A4 (solute carrier family 37 [glucose-6-phosphate transporter], member 4) (eg, glycogen storage disease type Ib), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), full gene sequence SOS1 (son of sevenless homolog 1) (eg, Noonan syndrome, gingival fibromatosis), full gene sequence SPAST (spastin) (eg, spastic paraplegia), full gene sequence SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), full gene sequence STXBP1 (syntaxin-binding protein 1) (eg, epileptic encephalopathy), full gene sequence TAZ (tafazzin) (eg, methylglutaconic aciduria type 2, Barth syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), full gene sequence TH (tyrosine hydroxylase) (eg, Segawa syndrome), full gene sequence TMEM43 (transmembrane protein 43) (eg, arrhythmogenic right ventricular cardiomyopathy), full gene sequence TNNT2 (troponin T, type 2 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TRPC6 (transient receptor potential cation channel, subfamily C, member 6) (eg, focal segmental glomerulosclerosis), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), duplication/deletion analysis UBE3A (ubiquitin protein ligase E3A) (eg, Angelman syndrome), full gene sequence UMOD (uromodulin) (eg, glomerulocystic kidney disease with hyperuricemia and isosthenuria), full gene sequence VWF (von Willebrand factor) (von Willebrand disease type 2A), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52) WAS (Wiskott-Aldrich syndrome [eczema-thrombocytopenia]) (eg, Wiskott-Aldrich syndrome), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence CACNA1A (calcium channel, voltage-dependent, P/Q type, alpha 1A subunit) (eg, familial hemiplegic migraine), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), duplication/deletion analysis COL6A1 (collagen, type VI, alpha 1) (eg, collagen type VI-related disorders), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), full gene sequence COL6A3 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), full gene sequence KDM5C (lysine [K]-specific demethylase 5C) (eg, X-linked mental retardation), full gene sequence KIAA0196 (KIAA0196) (eg, spastic paraplegia), full gene sequence L1CAM (L1 cell adhesion molecule) (eg, MASA syndrome, X-linked hydrocephaly), full gene sequence LAMB2 (laminin, beta 2 [laminin	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long 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	Long 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	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, Stargardt disease, age-related macular degeneration), full gene sequence ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence CDH23 (cadherin-related 23) (eg, Usher syndrome, type 1), full gene sequence CEP290 (centrosomal protein 290kDa) (eg, Joubert syndrome), full gene sequence COL1A1 (collagen, type I, alpha 1) (eg, osteogenesis imperfecta, type I), full gene sequence COL1A2 (collagen, type I, alpha 2) (eg, osteogenesis imperfecta, type I), full gene sequence COL4A1 (collagen, type IV, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence COL4A3 (collagen, type IV, alpha 3 [Goodpasture antigen]) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequence DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy), full gene sequence DYSF (dysferlin, limb girdle muscular dystrophy 2B [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence ITPR1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence LAMA2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), full gene sequence MYH11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence NEB (nebulin) (eg, nemaline myopathy 2), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence PKHD1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence RYR1 (ryanodine receptor 1, skeletal)	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(eg, malignant hyperthermia), full gene sequence RYR2 (ryanodine receptor 2 [cardiac]) (eg, catecholaminergic polymorphic ventricular tachycardia, arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons USH2A (Usher syndrome 2A [autosomal recessive, mild]) (eg, Usher syndrome, type 2), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease types 1 and 3), full gene sequence							
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, part of CLFS.	☑
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	Feb 2010	Archival Retrieval for Mutational Analysis	17	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Jan 2013	Optical Endomicroscopy	15	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
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).	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88385	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88386	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
90769	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90770	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90771	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2018	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	☐
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2018	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	☐
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2018	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	☐
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Apr 2012	Wireless Motility Capsule	27	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Apr 2010	Colon Motility	21	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	April 2015	Liver Elastography	19	CPT 2016	October 2019		☐
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	Apr 2010	Anterior Segment Imaging	22	CPT 2011	April 2015	Survey for October 2015. The RUC noted that it is the specialty societies decision whether 92133 and 92134 need to be surveyed with this service.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Apr 2014	Corneal Hysteresis Determination	23	CPT 2015	October 2018		☐
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	Apr 2010	Diabetic Retinopathy Imaging	24	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	Apr 2015	Arterial Pressure Waveform Analysis	20	CPT 2016	October 2019		☐
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93298	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Jan 2013	Percutaneous Alcohol Ablation of Septum	17	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		☐
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		☐
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		☐
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐
93982	Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
93XX1		Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	October 2022		☐
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Apr 2008	Actigraphy Sleep Assessment	25	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	Feb 2009	Nerve Conduction Tests	18	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Feb 2006	Whole Body Integumentary Photography	19	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96X00		Jan 2018	Electrocorticography	18	CPT 2019	October 2022		☐
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2018		☐
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2018		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2018		☐
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2018		☐
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Oct 2013	HCPAC - Ultrasonic Wound Assessment	17	CPT 2015	October 2018		☐
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
990X0		Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	October 2022		☐
990X1		Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	October 2022		☐
99363	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99364	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99446	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99447	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99448	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99449	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2021		☐
99487	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.;	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	October 2020	Review in 3 years (October 2020)	☐
99488	Code Deleted	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	October 2017	Code Deleted	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99489	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	October 2020	Review in 3 years (October 2020)	☐
99490	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	Apr 2014	Chronic Care Management	28	CPT 2015	October 2020	Review in 3 years (October 2020)	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2021		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2021		☐
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2021		☐

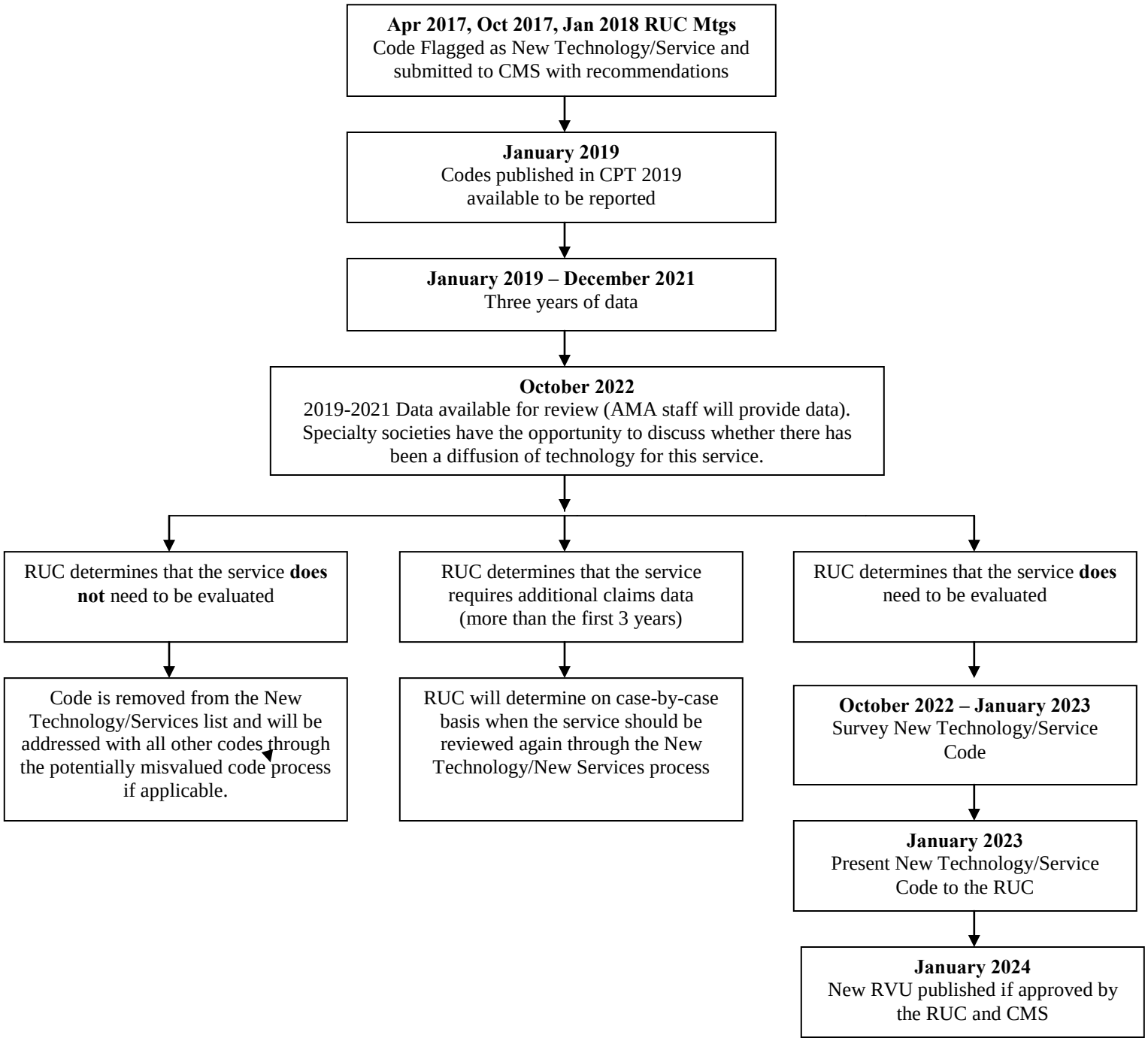
CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	Oct 2012	Transitional Care Management Services	8	CPT 2013	October 2017	Survey for October 2018	☐
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017	Survey for October 2018	☐
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	Jan 2014	Advance Care Planning	19	CPT 2015	October 2019	Review in 2 years (October 2019)	☐
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	Jan 2014	Advance Care Planning	19	CPT 2015	October 2019	Review in 2 years (October 2019)	☐
994X0		Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	October 2022		☐
994X6		Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	October 2022		☐
994X7		Apr 2017	Chronic Care Management Services	09	CPT 2019	October 2022		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
994X9		Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	October 2022		☐
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes		Fecal Bacteriotherapy		CPT 2013	October 2018	The specialty societies indicated that they tried to develop a category I code to replace 44705 which is not currently covered by Medicare, but the CPT Editorial Panel did not accept the coding change proposal due to a lack in literature provided. The Workgroup recommended that these services be reviewed in 2 year after additional utilization data is available (October 2018).	☐

New Technology/Services Timeline

1. Code is identified as a new technology/service at the RUC meeting in which it is initially reviewed.
2. Code is flagged in the next version of the RUC database with date to be reviewed
3. Code will be reviewed in 5 years (depending on what meeting in the CPT/RUC cycle it is initially reviewed) after at least three years of data are available.

Example



Society	Acronym
Academy of Nutrition and Dietetics	ANDi
Academy of Physicians in Clinical Research	APCR
AMDA-The Society for Post-Acute and Long-Term Care Medicine	AMDA
AMDA-The Society for Post-Acute and Long-Term Care Medicine	AMDA
American Academy of Allergy, Asthma & Immunology	AAAAI
American Academy of Audiology	AAA
American Academy of Child and Adolescent Psychiatry	AACAP
American Academy of Dermatology	AAD
American Academy of Disability Evaluating Physicians	AADEP
American Academy of Facial Plastic and Reconstructive Surgery	AAFPRS
American Academy of Family Physicians	AAFP
American Academy of Hospice and Palliative Medicine	AAHPM
American Academy of Neurology	AAN
American Academy of Ophthalmology	AAO
American Academy of Orthopaedic Surgeons	AAOS
American Academy of Otolaryngic Allergy	AAOA

American Academy of Otolaryngology - Head and Neck Surgery	AAO-HNS
American Academy of Pain Medicine	AAPM
American Academy of Pediatrics	AAP
American Academy of Physical Medicine & Rehabilitation	AAPMR
American Academy of Physician Assistants	AAPA
American Academy of Sleep Medicine	AASM
American Association of Clinical Endocrinologists	AACE
American Association of Clinical Urologist, Inc.	AACU
American Association of Hip and Knee Surgeons	AAHKS
American Association of Neurological Surgeons	AANS
American Association of Neuromuscular & Electrodiagnostic Medicine	AANEM
American Association of Oral and Maxillofacial Surgeons	AAOMS
American Association of Plastic Surgeons	AAPS
American Association of Thoracic Surgery	AATS
American Burn Association	ABA
American Chiropractic Association	ACA
American Clinical Neurophysiology Society	ACNS

American College of Allergy, Asthma & Immunology	ACAAI
American College of Cardiology	ACC
American College of Chest Physicians	CHEST
American College of Emergency Physicians	ACEP
American College of Gastroenterology	ACG
American College of Medical Genetics	ACMG
American College of Mohs Surgery	ACMS
American College of Nuclear Medicine	ACNM
American College of Occupational and Environmental Medicine	ACOEM
American College of Phlebology	ACPh
American College of Physicians	ACP
American College of Preventive Medicine	ACPM
American College of Radiation Oncology	ACRO
American College of Radiology	ACR
American College of Rheumatology	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 Women's Association	AMWA
American Nurses Association	ANA
American Occupational Therapy Association	AOTA
American Optometric Association	AOA
American Optometric Association	AOA
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

American Roentgen Ray Society	ARRS
American Society for Aesthetic Plastic Surgery	ASAPS
American Society for Blood and Marrow Transplantation	ASBMT
American Society for Clinical Pathology	ASCP
American Society for Dermatologic Surgery	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 Dermatopathology	ASDP

American Society of Echocardiography	ASE
American Society of General Surgeons	ASGS
American Society of Hematology	ASH
American Society of Interventional Pain Physicians	ASIPP
American Society of Maxillofacial Surgeons	ASMS
American Society of Neuroimaging	ASN
American Society of Neuroradiology	ASNR
American Society of Plastic Surgeons	ASPS
American Society of Retina Specialists	ASRS
American Society of Transplant Surgeons	ASTS
American Speech-Language-Hearing Association	ASHA
American Thoracic Society	ATS
American Urological Association	AUA
Association of University Radiologists	AUR
Association of University Radiologists	AUR
Centers for Medicare and Medicaid Services	CMS
College of American Pathologists	CAP

Congress of Neurological Surgeons	CNS
Contact Lens Association of Ophthalmologists	CLAO
Contractor Medical Directors	CMD
Heart Rhythm Society	HRS
Infectious Diseases Society of America	IDSA
International Observer	observer
International Society for the Advancement of Spine Surgery	ISASS
Medical Group Management Association	MGMA
MedPAC	MedPAC
National Association of Social Workers	NASW
North American Spine Society	NASS
Radiological Society of North America	RSNA
Renal Physicians Association	RPA
Society for Investigative Dermatology	SID
Society for Vascular Surgery	SVS
Society of American Gastrointestinal and Endoscopic Surgeons	SAGES
Society of Critical Care Medicine	SCCM

Society of Interventional Radiology	SIR
Society of Nuclear Medicine and Molecular Imaging	SNMMI
Society of Thoracic Surgeons	STS
The Endocrine Society	ES
The Society for Cardiovascular Angiography and Interventions	SCAI
The Spine Intervention Society	SIS
The Triological Society	TTS
Underseas and Hyperbaric Medical Society	UHMS

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Breast Tomosynthesis

In February 2014, the CPT Editorial Panel created three new codes to describe breast tomosynthesis. Breast tomosynthesis is a digital tomographic technique performed using multiple low-dose x-ray exposures that are obtained as the X-ray tube swings in an arc around the compressed breast. The resulting image data is reconstructed using standard computer algorithms to produce a series of sequential stacked slices through the breast. This type of tomographic imaging allows the physician to view the breast as thin discrete image slices on a computer workstation.

77061 ***Digital breast tomosynthesis; unilateral***
The RUC reviewed the survey results from 32 radiologists and determined that the survey 25th percentile work RVU of 0.70 for CPT code 77061 appropriately accounts for the work required to perform this service. The RUC recommends 3 minutes of pre-service, 7 minutes of intra-service and 4 minutes of post-service time. The RUC compared this to the key reference service 77055 *Mammography; unilateral* (work RVU = 0.70) and noted that both services require the same intra-service time to complete and should be valued the same. For additional support the RUC also referenced MPC code 76817 *Ultrasound, pregnant uterus, real time with image documentation, transvaginal* (work RVU = 0.75) and similar service 76830 *Ultrasound, transvaginal* (work RVU = 0.69). **The RUC recommends a work RVU of 0.70 for CPT code 77061.**

77062 ***Digital breast tomosynthesis; bilateral***
The RUC reviewed the survey results from 32 radiologists and determined that the survey 25th percentile work RVU of 0.90 for CPT code 77062 appropriately accounts for the work required to perform this service. The RUC recommends 3 minutes of pre-service, 10 minutes of intra-service and 4 minutes of post-service time. The RUC compared this to the key reference service 77056 *Mammography; bilateral* (work RVU = 0.87) and noted that both services require similar physician work and time. For additional support, the RUC also referenced MPC code 76805 *Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation* (work RVU = 0.99) and similar service 78306 *Bone and/or joint imaging; whole body* (work RVU = 0.86). **The RUC recommends a work RVU of 0.90 for CPT code 77062.**

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77063 *Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)*
The RUC reviewed the survey results from 32 radiologists and determined that the survey 25th percentile work RVU of 0.60 for CPT code 77063 appropriately accounts for the work required to perform this service. The RUC recommends 8 minutes of intra-service time. The RUC compared this to the key reference service 76810 *Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)* (work RVU = 0.98) and noted that the key reference service requires more than double the time to perform than CPT code 77063 and is appropriately valued higher. For additional support the RUC also referenced MPC codes 51797 *Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)* (work RVU = 0.80) and 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)* (work RVU = 1.00), which has a higher RVU but a comparable time of 10 minutes. Lastly the RUC referenced similar service 78020 *Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)* (work RVU = 0.60). **The RUC recommends a work RVU of 0.60 for CPT code 77063.**

77055, 77056, 77057, G0202, G0204 and G0206
The RUC noted that screening mammography and diagnostic mammography CPT and G-codes appeared on the LOI for the specialty society to survey and questioned why these services were not surveyed together. The specialty indicated that they did not survey these services for the April 2014 RUC meeting because they believed it important to have the screening and diagnostic mammography CPT codes on the reference service list for the new breast tomosynthesis codes. Additionally, the specialty society indicated that they wanted to wait until the Proposed Rule for MFS for 2015 is published, to see what CMS proposes for these services. It is possible that the G codes, which describe full field digital mammography (diagnostic and screening), will be impacted by the RUC recommended changes to convert the direct practice expense items for film to digital for the existing analog screening and diagnostic mammography codes (77055, 77056 and 77057) and both these CPT codes and the G codes may describe the same services and direct practice expense inputs. **The RUC requests the specialty society submit an action plan for the September 2014 Relativity Assessment meeting to address what CMS indicates in the CY2015 Proposed Rule regarding these services.**

New Technology
The RUC recommends that codes 77061, 77062 and 77063 be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Practice Expense
The RUC recommends the direct practice expense inputs as accepted by the Practice Expense Subcommittee.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Radiology** **Diagnostic Radiology (Diagnostic Imaging)** **Other Procedures**				
76376		*3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image post-processing under concurrent supervision; not requiring image post-processing on an independent workstation* (*Use 76376 in conjunction with code[s] for base imaging procedure[s])* (Do not report 76376 in conjunction with 31627, 70496, 70498, 70544-70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74174, 74175, 74185, 74261-74263, 75557, 75559, 75561, 75563, 75565, 75571-75574, 75635, 76377, 77061, 77062, 77063, 78012-78999, 0159T)		
76377		*requiring image post-processing on an independent workstation* *(Use 76377 in conjunction with code[s] for base imaging procedure[s])* (Do not report 76377 in conjunction with 70496, 70498, 70544-70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74174, 74175, 74185, 74261-74263, 75557, 75559, 75561, 75563, 75565, 75571-75574, 75635, 76376, 77061, 77062, 77063, 78012-78999, 0159T)		
Breast, Mammography				
77055	HHI	Mammography; unilateral	XXX	Specialty Society did not survey – Action Plan Sept 2014

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77056	HH2	bilateral (Do not report 77055, 77056 in conjunction with 77063)	XXX	Specialty Society did not survey – Action Plan Sept 2014
77057	HH3	Screening mammography, bilateral (2-view film study of each breast) (Use 77057 in conjunction with 77052 for computer-aided detection applied to a screening mammogram) (Do not report 77057 in conjunction with 77061, 77062)	XXX	Specialty Society did not survey – Action Plan Sept 2014
●77061	HH4	Digital breast tomosynthesis; unilateral	XXX	0.70
●77062	HH5	bilateral (Do not report 77061, 77062 in conjunction with 76376, 76377, 77057)	XXX	0.90
●✚77063	HH6	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure) (Use 77063 in conjunction with 77057) (Do not report 77063 in conjunction with 76376, 76377, 77055 and 77056)	ZZZ	0.60
G0202	HH7	Screening mammography, producing direct digital image, bilateral, all views	XXX	Specialty Society did not survey – Action Plan Sept 2014

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G0204	HH8	Diagnostic mammography, producing direct digital image, bilateral, all views	XXX	Specialty Society did not survey – Action Plan Sept 2014
G0206	HH9	Diagnostic mammography, producing direct digital image, unilateral, all views	XXX	Specialty Society did not survey – Action Plan Sept 2014

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April 1, 2014

Barbara Levy, MD
Chair, AMA/Specialty Society RVS Update Committee
American Medical Association
515 North State Street
Chicago, Illinois 60654

Subject: Screening and Diagnostic Mammography

Dear Dr. Levy,

The CPT Editorial Panel (EP) created three new codes to describe Digital Breast Tomosynthesis (DBT) at the February 2014 Panel Meeting. The CPT EP added parenthetical language to the mammography codes 77055-77057 to indicate that 77055 *(Mammography; unilateral)* and 77056 *(Mammography; bilateral)* should not be reported with 7705XX3 *(Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure))* and that 77057 *(Screening mammography, bilateral (2-view film study of each breast))* should not be reported with 7705XX1 *(Digital breast tomosynthesis; unilateral)* or 7705XX2 *(Digital breast tomosynthesis; bilateral)*. The April 2014 RUC LOI expanded the family of DBT to include the screening and diagnostic mammography codes, 77055-77057 and G0202-G0204.

The ACR has elected not to expand the DBT family and has opted to survey only the new DBT codes for the April 2014 RUC meeting for the following reasons:

1. Surveying mammography along with DBT would preclude an accurate valuation of DBT. Almost the entirety of breast imaging and intervention codes has been surveyed during the past 12 months, including breast interventions, breast ultrasound, and now DBT. Accordingly, the only breast radiology comparison study available for DBT is mammography. To also survey the mammography codes at this time would limit the codes for comparison by our survey respondents. This is the reason we included the mammography codes in the RSL for DBT to ensure a fair and proper valuation.

2. The ACR considers the changes made by the CPT EP to the mammography codes editorial in nature. The changes to the mammography codes consisted only of exclusionary parentheticals and were not changes to the code descriptors. These exclusionary parentheticals were only added to assure that screening and diagnostic studies remained separate and were not mixed.

3. DBT and mammography involve different technology, different work, different practice expense, and often different patients. DBT is a new technology so the data regarding utilization, site of service, and specialty remain to be seen. The relative benefit of DBT among different patient populations based on both risk factors for breast

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cancer and factors such as breast density that affect the sensitivity of mammography has not been fully determined. Investigation of the most beneficial utilization of DBT (in addition to or instead of other breast imaging examinations including mammography, MRI, nuclear medicine studies, and ultrasound) is ongoing. To include DBT as simply part of the mammography code family is premature and may eventually prove to be inaccurate.

DBT is new technology and we plan to re-review the DBT family in three years per the conventional RAW schedule for the re-review of new technologies. For the reasons cited above, the ACR is justified in not expanding the DBT family to include diagnostic and screening mammography.

Should you have any questions, please feel free to contact ACR RUC staff, Stephanie Le, at 800-227-5463, ext. 4584 or via email sle@acr.org.

Sincerely,



Ezequiel Silva, III, MD
ACR RUC Advisor

cc: Sherry Smith

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77061 Tracking Number HH4 Original Specialty Recommended RVU: **0.89**
Presented Recommended RVU: **0.89**
Global Period: XXX RUC Recommended RVU: **0.70**

CPT Descriptor: Digital breast tomosynthesis; unilateral

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old asymptomatic female recalled from a screening mammogram for a unilateral focal asymmetry presents for further evaluation with digital breast tomosynthesis.

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 prior exams with attention to area of concern on previous screening mammograms.

Description of Intra-Service Work: Determine whether the digital breast tomosynthesis (DBT) images of that side are of adequate quality for interpretation or whether any of the data sets require repeating due to motion, inadequate positioning, or artifacts. View the DBT images of that side to determine if the DBT resolves the focal asymmetry seen previously as overlapping breast tissue, or if an abnormality persists that requires further attention. Evaluate the remainder of the DBT image data set to determine if there are any additional suspicious findings. Perform annotation of DBT images and perform secondary screen capture of selected images to indicate findings of concern for future reference. Formulate recommendations.

Description of Post-Service Work: Discuss results with patient. If DBT resolved the issue for which the patient was recalled from screening, explain findings and provide reassurance. Encourage continued monthly self-exam and regular screening mammography in absence of any breast symptoms. If DBT demonstrates need for additional work-up such as ultrasound, explain to patient. Dictate exam report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Mark Alson, MD; Dana Smetherman, MD		
Specialty(s):	American College of Radiology		
CPT Code:	77061		
Sample Size:	750	**Resp N:** 32	**Response:** 4.2 %
Description of Sample:	Random Sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	80.00	**150.00**	500.00	8000.00
Survey RVW:	0.22	0.70	**0.89**	1.00	1.75
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	4.00	**7.00**	9.00	30.00

Immediate Post Service-Time:	**4.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 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:	77061	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**4.00**	**0.00**	**4.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77055	XXX	0.70	**RUC Time**

CPT Descriptor Mammography; unilateral

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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
		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: 12 **% of respondents:** 37.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 77061**	**Key Reference CPT Code:** 77055	**Source of Time** **RUC Time**
Median Pre-Service Time	3.00	4.50	

Median Intra-Service Time	7.00	7.00
Median Immediate Post-service Time	4.00	8.00
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	**14.00**	**19.50**
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	3.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.75	3.25
Urgency of medical decision making	3.50	3.17
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.67	3.42
Physical effort required	3.17	3.08
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.75	3.00
Outcome depends on the skill and judgment of physician	3.42	3.33
Estimated risk of malpractice suit with poor outcome	4.33	4.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.08	2.58
Intra-Service intensity/complexity	3.75	3.25
Post-Service intensity/complexity	3.33	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.*

Background:
The CPT Editorial Panel created three new codes to describe digital breast tomosynthesis (DBT). The code structure is as follows:

Code	Descriptor	Global Period
77061	Digital breast tomosynthesis; unilateral	XXX
77062	Digital breast tomosynthesis; bilateral	XXX
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	ZZZ

The codes are structured as follows:

77061 describes a unilateral diagnostic DBT and 77062 describes a bilateral diagnostic DBT. Both of these codes have an XXX global period. While these two diagnostic codes may be reported with a diagnostic mammogram (77055, 77056, G0204 or G0206), CPT precludes the billing of 77061 or 77062 with a screening mammogram (77057, G0202).

77063 is a ZZZ add-on code which describes a screening DBT and will always be reported with a screening mammogram (77057 or G0202). A screening mammogram would not, however, always include a concomitant DBT. CPT language precludes the billing of 7705XX3 with the diagnostic mammography codes (77055, 77056, G0204 or G0206).

DBT is a screening and diagnostic modality that involves a digital tomographic technique performed using multiple small x-ray exposures that are obtained as the x-ray tube swings in an arc around the compressed breast. The images are then reconstructed to produce a series of sequential thin (usually 1mm thick) slices through the breast. This type of tomographic imaging allows the physician to view the breast as discrete image slices on a computer workstation.

DBT is a new technology currently reported with unlisted code 76499 *(Unlisted diagnostic radiographic procedure)*.

Survey Process
The American College of Radiology performed a random survey of its members and an expert panel, including a number of physicians familiar with these services, reviewed the data and developed the following recommendations.

General Recommendation:
The societies recommend the median work RVU and service period times for all 3 codes. Our recommendations place DBT higher in relativity than the other codes in the breast imaging family. DBT involves a significant increase in work compared to standard mammography. DBT images are acquired in the same projections as mammography (cranio-caudal or CC, mediolateral oblique or MLO, and medial – lateral or lateral - medial). The number of DBT images varies with breast size. If the thickness of the compressed breast is 5 cm, for example, a bilateral DBT will produce 200 images to review (50 images in each of the four projections – right CC, right MLO, left CC, and left MLO). DBT is used to confirm the presence of, and further characterize, asymmetries identified on standard mammography. DBT can also reveal an abnormality that is obscured by overlying tissue on the standard mammogram. In addition, DBT images allow three dimensional localization of abnormalities, which then requires further correlation with DBT images in different projections. Finally, DBT does not completely obviate the need for standard mammography, as DBT does not have the capability to perform magnification imaging, which is necessary for optimal characterization of microcalcifications.

Work Recommendation
The society recommends the median work RVU of 0.89 RVUs

Service Period Time Recommendations:
The society recommends the median service period times of 3 minutes pre-service, 7 minutes intra-service and 4 minutes post-service.

Key Reference Service:
The KRS for 77061 is 77055 *(Mammography; unilateral)*. These services compare favorably as both 77061 and 77055 involve diagnostic imaging of the unilateral breast and have the same intra-service time of 7 minutes. 77055 has longer pre and post time.

The survey respondents rated 77061 higher than 77055 on 11 of 11 complexity measurements. Our expert panel also agrees that 77061 is a more intense procedure for the following reasons: Each series of images from a DBT study is viewed multiple times, with the reader focusing on one section of the breast at a time. Potential abnormalities identified on standard mammography are examined on the DBT slices to determine if there is a persistent, suspicious finding. In addition, the remainder of the breast must be surveyed for underlying abnormalities that are not identifiable on standard mammography. Once a suspicious finding is confirmed, it is then localized in three dimensions using DBT, which permits identification of a finding in a the sagittalplane on the CC slices and in the axial plane on MLO, medial lateral, and lateral medial images, unlike standard mammography.

Comparison to other breast imaging XXX codes:
Our recommendation maintains relativity within the larger family of diagnostic breast imaging codes. DBT is of greater intensity than the other codes in the diagnostic imaging family for the clinical reasons detailed previously:

Code	Descriptor	RV U	Pre	Intra	Post	Total	IWPUT	RUC Meeting	Global Period
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	0.68	5	10	5	20	0. 0456	Jan 2014	XXX
77055	Mammography; unilateral	0.70	4.5	7	8	19.5	0.0600	Aug 2000	XXX
G0206	Diagnostic mammography, producing direct digital image, unilateral, all views	0.70	4.5	7	8	19.5	0.0600	CMS/Other	XXX
77057	Screening mammography, bilateral (2-view film study of each breast)	0.70	2	5	5	12	0.1086	Apr 2002	XXX
G0202	Screening mammography, producing direct digital image, bilateral, all views	0.70	2	5	5	12	0.1086	CMS/Other	XXX
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	0.73	5	12	5	22	0.0422	Jan 2014	XXX
77056	Mammography; bilateral	0.87	5	10	8	23	0.0579	Aug 2000	XXX
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views	0.87	5	10	8	23	0.0579	CMS/Other	XXX

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76499

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? 207000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that this service will be provided 207,000 nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 197400 Percentage 95.36 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 69,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This procedure is estimated to be provided 69,000 times to Medicare patients nationally in a one-year period. This estimate is based off of the ratio of DBT-compatible machines to mammography machines and extrapolated to the 2012 Medicare utilization for G0206.

Specialty Diagnostic Radiology Frequency 65800 Percentage 95.36 %

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:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 77056

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77062 Tracking Number HH5 Original Specialty Recommended RVU: **0.99**
Presented Recommended RVU: **0.99**
Global Period: XXX RUC Recommended RVU: **0.90**

CPT Descriptor: Digital breast tomosynthesis; bilateral

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 53-year-old asymptomatic female recalled from a screening mammogram for bilateral focal asymmetries presents for further evaluation with bilateral digital breast tomosynthesis.

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 prior exams with attention to bilateral areas of concern on previous screening mammograms.

Description of Intra-Service Work: Determine whether the digital breast tomosynthesis (DBT) images of both sides are of adequate quality for interpretation or whether any of the data sets require repeating due to motion, inadequate positioning, or artifacts. View the DBT images of both sides to determine if the DBT resolves the focal asymmetries seen bilaterally as overlapping breast tissue, or if an abnormality persists on either side that requires further attention. Evaluate the remainder of the DBT image data sets to determine if there are any additional suspicious findings. Perform annotation of DBT images and perform secondary screen capture of selected images to indicate findings of concern for future reference. Formulate recommendations.

Description of Post-Service Work: Discuss results with patient. If DBT resolved the issues for which the patient was recalled from screening, explain findings and provide reassurance. Encourage continued monthly self-exam and regular screening mammography in absence of any breast symptoms. If DBT demonstrates need for additional work-up such as ultrasound on either side, explain to patient. Dictate exam report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Mark Alson, MD; Dana Smetherman, MD		
Specialty(s):	American College of Radiology		
CPT Code:	77062		
Sample Size:	750	**Resp N:** 32	**Response:** 4.2 %
Description of Sample:	Random Sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	5.00	71.00	**113.00**	525.00	10000.00
Survey RVW:	0.27	0.90	**0.99**	1.20	3.50
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	7.00	**10.00**	11.00	35.00

Immediate Post Service-Time:	**4.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 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:	77062	**Recommended Physician Work RVU: 0.90**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**4.00**	**0.00**	**4.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77056	XXX	0.87	**RUC Time**

CPT Descriptor Mammography; bilateral

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76805	XXX	0.99	**RUC Time**	12,864

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		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: 12 **% of respondents:** 37.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 77062**	**Key Reference CPT Code:** 77056	**Source of Time** **RUC Time**

Median Pre-Service Time	3.00	5.00
Median Intra-Service Time	10.00	10.00
Median Immediate Post-service Time	4.00	8.00
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**	**23.00**
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	2.75
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.67	2.92
Urgency of medical decision making	3.42	2.83
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.92	3.33
Physical effort required	3.25	3.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.58	3.08
Outcome depends on the skill and judgment of physician	3.58	2.75
Estimated risk of malpractice suit with poor outcome	4.25	4.17

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.42	2.50
Intra-Service intensity/complexity	4.00	3.25
Post-Service intensity/complexity	3.42	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.*

Background:
The CPT Editorial Panel created three new codes to describe digital breast tomosynthesis (DBT). The code structure is as follows:

Code	Descriptor	Global Period
77061	Digital breast tomosynthesis; unilateral	XXX
77062	Digital breast tomosynthesis; bilateral	XXX
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	ZZZ

The codes are structured as follows:

77061 describes a unilateral diagnostic DBT and 77062 describes a bilateral diagnostic DBT. Both of these codes have an XXX global period. While these two diagnostic codes may be reported with a diagnostic mammogram (77055, 77056, G0204 or G0206), CPT precludes the billing of 77061 or 77062 with a screening mammogram (77057, G0202).

77063 is a ZZZ add-on code which describes a screening DBT and will always be reported with a screening mammogram (77057 or G0202). A screening mammogram would not, however, always include a concomitant DBT. CPT language precludes the billing of 77063 with the diagnostic mammography codes (77055, 77056, G0204 or G0206).

DBT is a screening and diagnostic modality that involves a digital tomographic technique performed using multiple small x-ray exposures that are obtained as the x-ray tube swings in an arc around the compressed breast. The images are then reconstructed to produce a series of sequential thin (usually 1mm thick) slices through the breast. This type of tomographic imaging allows the physician to view the breast as discrete image slices on a computer workstation.

DBT is a new technology currently reported with unlisted code 76499 *(Unlisted diagnostic radiographic procedure).*

Survey Process
The American College of Radiology performed a random survey of its members and an expert panel, including a number of physicians familiar with these services, reviewed the data and developed the following recommendations.

General Recommendation:
The societies recommend the median work RVU and service period times for all 3 codes. Our recommendations place DBT higher in relativity than the other codes in the breast imaging family. DBT involves a significant increase in work compared to standard mammography. DBT images are acquired in the same projections as mammography (cranio-caudal or CC, mediolateral oblique or MLO, and medial – lateral or lateral - medial). The number of DBT images varies with breast size. If the thickness of the compressed breast is 5 cm, for example, a bilateral DBT will produce 200 images to review (50 images in each of the four projections – right CC, right MLO, left CC, and left MLO). DBT is used to confirm the presence of, and further characterize, asymmetries identified on standard mammography. DBT can also reveal an abnormality that is obscured by overlying tissue on the standard mammogram. In addition, DBT images allow three dimensional localization of abnormalities, which then requires further correlation with DBT images in different projections. Finally, DBT does not completely obviate the need for standard mammography, as DBT does not have the capability to perform magnification imaging, which is necessary for optimal characterization of microcalcifications.

Service Period Time Recommendations:
The society recommends the median service period times of 3 minutes pre-service, 10 minutes intra-service and 4 minutes post-service.

Key Reference Service:
The KRS for 77062 is 77056 *(Mammography; bilateral).* These services compare favorably, as both 77062 and 77056 involve diagnostic imaging of the bilateral breasts and have the same intra-service time of 10 minutes. 77056 has longer pre and post time. The survey respondents rated 77062 higher than 77056 on 11 of 11 complexity measurements. Our expert panel also agrees that 77062 is a more intense procedure for the following reasons: As with unilateral diagnostic DBT, every series of images must be

viewed multiple times and data from each set must be correlated with other images from the same breast. Each breast must be evaluated independently.

Comparison to other breast imaging XXX codes:
Our recommendation maintains relativity within the larger family of diagnostic breast imaging codes. DBT is of greater intensity than the other codes in the diagnostic imaging family for the clinical reasons detailed previously: With bilateral DBT, each breast is viewed separately and evaluated independently of the other. One must also sustain concentration to avoid overlooking abnormalities in the contralateral breast once one has reached satisfaction of search by identifying a single abnormality in one breast.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	RUC Meeting	Global Period
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	0.68	5	10	5	20	0. 0456	Jan 2014	XXX
77055	Mammography; unilateral	0.70	4.5	7	8	19.5	0.0600	Aug 2000	XXX
G0206	Diagnostic mammography, producing direct digital image, unilateral, all views	0.70	4.5	7	8	19.5	0.0600	CMS/Other	XXX
77057	Screening mammography, bilateral (2-view film study of each breast)	0.70	2	5	5	12	0.1086	Apr 2002	XXX
G0202	Screening mammography, producing direct digital image, bilateral, all views	0.70	2	5	5	12	0.1086	CMS/Other	XXX
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	0.73	5	12	5	22	0.0422	Jan 2014	XXX
77056	Mammography; bilateral	0.87	5	10	8	23	0.0579	Aug 2000	XXX
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views	0.87	5	10	8	23	0.0579	CMS/Other	XXX

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76499

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? 160200
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that this service will be provided 160,200 nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 152550 Percentage 95.22 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 53,400 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This procedure is estimated to be provided 53.400 times to Medicare patients nationally in a one-year period. This estimate is based off of the ratio of DBT-compatible machines to mammography machines and extrapolated to the 2012 Medicare utilization for G0204.

Specialty Diagnostic Radiology Frequency 50850 Percentage 95.22 %

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:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 77056

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77063 Tracking Number HH6 Original Specialty Recommended RVU: **0.90**
Presented Recommended RVU: **0.90**
Global Period: ZZZ RUC Recommended RVU: **0.60**

CPT Descriptor: Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 47-year-old asymptomatic female with heterogeneously dense breasts seen on prior mammograms, presents for her regular screening mammogram.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Determine whether the digital breast tomosynthesis (DBT) images on both sides are of adequate quality for interpretation or whether any of the data sets require repeating due to motion, inadequate positioning or artifacts. View the DBT images on both sides to determine if there are any additional suspicious findings. Compare to the conventional mammogram. If the conventional mammographic images showed an abnormality for which recall is contemplated, determine if the DBT images can obviate the need for this recall. Determine the significance of abnormal findings and formulate recommendations. Perform annotation of DBT images and perform secondary screen capture of selected images to indicate findings of concern for future reference.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Mark Alson, MD; Dana Smetherman, MD		
Specialty(s):	American College of Radiology		
CPT Code:	77063		
Sample Size:	750	**Resp N:** 32	**Response:** 4.2 %
Description of Sample:	Random Sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	50.00	100.00	**500.00**	2250.00	25000.00
Survey RVW:	0.27	0.60	**0.90**	1.13	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:	1.00	5.00	**8.00**	9.00	20.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	77063	**Recommended Physician Work RVU: 0.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**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:		**8.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? 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
76810	ZZZ	0.98	**RUC Time**

CPT Descriptor Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64484	ZZZ	1.00	**RUC Time**	435,407

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		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: 14 **% of respondents:** 43.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 77063**	**Key Reference CPT Code: 76810**	**Source of Time RUC Time**
Median Pre-Service Time	0.00	0.00	
Median Intra-Service Time	8.00	20.00	
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	**8.00**	**20.00**	
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	3.57	3.64
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.43	3.21
Urgency of medical decision making	3.36	3.21
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.14	3.71
Physical effort required	2.79	2.57
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.93	3.71
Outcome depends on the skill and judgment of physician	4.64	4.14
Estimated risk of malpractice suit with poor outcome	4.71	4.29

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	1.79	2.00
Intra-Service intensity/complexity	4.07	3.36

Post-Service intensity/complexity	2.14	2.14

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background:
The CPT Editorial Panel created three new codes to describe digital breast tomosynthesis (DBT). The code structure is as follows:

Code	Descriptor	Global Period
77061	Digital breast tomosynthesis; unilateral	XXX
77062	Digital breast tomosynthesis; bilateral	XXX
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	ZZZ

The codes are structured as follows:

77061 describes a unilateral diagnostic DBT and 77062 describes a bilateral diagnostic DBT. Both of these codes have an XXX global period. While these two diagnostic codes may be reported with a diagnostic mammogram (77055, 77056, G0204 or G0206), CPT precludes the billing of 77061 or 77062 with a screening mammogram (77057, G0202).

77063 is a ZZZ add-on code which describes a screening DBT and will always be reported with a screening mammogram (77057 or G0202). A screening mammogram would not, however, always include a concomitant DBT. CPT language precludes the billing of 77063 with the diagnostic mammography codes (77055, 77056, G0204 or G0206).

DBT is a screening and diagnostic modality that involves a digital tomographic technique performed using multiple small x-ray exposures that are obtained as the x-ray tube swings in an arc around the compressed breast. The images are then reconstructed to produce a series of sequential thin (usually 1mm thick) slices through the breast. This type of tomographic imaging allows the physician to view the breast as discrete image slices on a computer workstation.

DBT is a new technology currently reported with unlisted code 76499 *(Unlisted diagnostic radiographic procedure)*.

Survey Process
The American College of Radiology performed a random survey of its members and an expert panel, including a number of physicians familiar with these services, reviewed the data and developed the following recommendations.

General Recommendation:
The societies recommend the median work RVU and service period times for all 3 codes. Our recommendations place DBT higher in relativity than the other codes in the breast imaging family. DBT involves a significant increase in work compared to standard mammography. DBT images are acquired in the same projections as mammography (cranio-caudal or CC, mediolateral oblique or MLO, and medial – lateral or lateral - medial). The number of DBT images varies with breast size. If the thickness of the compressed breast is 5 cm, for example, a bilateral DBT will produce 200 images to review (50 images in each of the four projections – right CC, right MLO, left CC, and left MLO). DBT is used to confirm the presence of, and further characterize, asymmetries identified on standard mammography. DBT can also reveal an abnormality that is obscured by overlying tissue on the standard mammogram. In addition, DBT images allow three dimensional localization of abnormalities, which then requires further correlation with DBT images in different projections. Finally, DBT does not completely obviate the need for standard mammography, as DBT does not have the capability to perform magnification imaging, which is necessary for optimal characterization of microcalcifications.

Intra-service Time Recommendations:
77063 is a ZZZ code which is always reported with a screening mammogram. The pre and post service activities are captured by the screening mammography code. The society recommends the median intra-service period time of 8 minutes.

Key Reference Service:

The KRS for 77063 is 76810 *(Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure))*. 76810 has longer intra-service period time. The survey respondents rated 77063 higher than 76810 on 9 of 11 complexity measurements. Our expert panel also agrees that 77063 is a more intense procedure for the following reasons: Transabdominal imaging of a fetus after the first trimester involves review of a more limited number of images than bilateral screening DBT. With screening DBT, one must view the entirety of both breasts, correlate with both the standard mammogram images and the DBT slices, and maintain attention to identify findings that may indicate the presence of breast cancer in a screening population, where the incidence of the disease is expected to be approximately 2- 10/1000.

Comparison to other breast imaging XXX codes:
Our recommendation maintains relativity within the larger family of diagnostic breast imaging codes. DBT is of greater intensity than the other codes in the diagnostic imaging family for the clinical reasons detailed previously: Screening bilateral DBT is more intense than unilateral diagnostic DBT because a significantly greater amount of information must be reviewed. In addition, concentration must be sustained to prevent errors of omission caused by overlooking potential abnormalities.

Code	Descriptor	RV U	Pre	Intra	Post	Total	IWPUT	RUC Meeting	Global Period
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	0.68	5	10	5	20	0.0456	Jan 2014	XXX
77055	Mammography; unilateral	0.70	4.5	7	8	19.5	0.0600	Aug 2000	XXX
G0206	Diagnostic mammography, producing direct digital image, unilateral, all views	0.70	4.5	7	8	19.5	0.0600	CMS/Other	XXX
77057	Screening mammography, bilateral (2-view film study of each breast)	0.70	2	5	5	12	0.1086	Apr 2002	XXX
G0202	Screening mammography, producing direct digital image, bilateral, all views	0.70	2	5	5	12	0.1086	CMS/Other	XXX
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	0.73	5	12	5	22	0.0422	Jan 2014	XXX
77056	Mammography; bilateral	0.87	5	10	8	23	0.0579	Aug 2000	XXX
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views	0.87	5	10	8	23	0.0579	CMS/Other	XXX

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. 7705XX3 is an add-on code and can be reported with 77057.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76499

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? 1358400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that this service will be provided 1,358,400 nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 1279900 Percentage 94.22 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 452,800 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This procedure is estimated to be provided 452,800 times to Medicare patients nationally in a one-year period. This estimate is based off of the ratio of DBT-compatible machines to mammography machines and extrapolated to the 2012 Medicare utilization for G0202.

Specialty Diagnostic Radiology Frequency 426600 Percentage 94.21 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 77056

SS Rec Summary

ISSUE: Breast Tomosynthesis

TAB: 19

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	77055	Mammograph	12	0.060			0.70			19.5	4.5					7			8					
CMS/Other	76499	Unlisted diagnostic		#DIV/0!			0.00			0														
SVY	77061	Digital breast	32	0.105	0.22	0.70	0.89	1.00	1.75	14	3			2	4	7	9	30	4	0	80	150	500	8000
REC				0.078			0.70			14	3					7			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	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	77056	Mammograph	12	0.058			0.87			23	5					10			8					
CMS/Other	76499	Unlisted diagnostic		#DIV/0!						0														
SVY	77062	Digital breast	32	0.083	0.27	0.90	0.99	1.20	3.50	17	3			3	7	10	11	35	4	5	71	113	525	10000
REC				0.074			0.90			17	3					10			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	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	76810	Ultrasound, pr	14	0.049			0.98			20						20								
CMS/Other	76499	Unlisted diagnostic		#DIV/0!						0														
SVY	77063	Screening dig	32	0.113	0.27	0.60	0.90	1.13	3.50	8				1	5	8	9	20		50	100	500	2250	25000
REC				0.075			0.60			8						8								

Tab Number	Issue
4	Cryoablation Treatment of the Bone Tumors
6	Percutaneous Vertebroplasty and Augmentation
12	Transcatheter Placement of Carotid Stents
15	Cryoablation of Liver Tumor
17	Myelography
19	Breast Tomosynthesis
26	Carotid Intima-Media Thickness Ultrasound
33	Duplex Scans
34	Ultrasound Guidance
35	Ultrasound Guidance for Needle Placement
38	Endovenous Ablation
39	CT Angiography – Head & Neck
40	Doppler Flow Testing
41	CT – Maxillofacial
42	X-Ray Exams
43	Transluminal Balloon Angioplasty
44	CT Abdomen and Pelvis

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

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

April 1, 2014
Date

Tab Number	Issue
4	Cryoablation Treatment of the Bone Tumors
6	Percutaneous Vertebroplasty and Augmentation
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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

CPT Code: 77061, 77062
Specialty Society('s) ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

77061	Digital breast tomosynthesis; unilateral
77062	Digital breast tomosynthesis; bilateral

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 American College of Radiology convened a consensus panel to finalize the practice expense data for CPT codes 77061 and 77062.

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 existing codes, 77055 *(Mammography; unilateral)* and 77056 *(Mammography; bilateral)* are being used as the basis for the digital breast tomosynthesis recommended PE inputs. These inputs were approved by the Practice Expense Advisory Committee in 2003. The digital mammography codes, G0204-G0206, do not have PE inputs listed in the RUC database for use as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist** – Clinically appropriate.
- **Review examination with interpreting MD -** Clinically appropriate - the larger volume of tomosynthesis images requires more time for technologist and physician to review the images
- **Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue**–Clinically appropriate
- **Room, digital breast tomosynthesis** – Clinically necessary. This room will include the necessary tomosynthesis system, workstations, and other equipment.
- **PACs storage cache**- Clinically necessary.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Availability of prior images confirmed
- Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Provide pre-service education/obtain consent
- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- Acquire images
- Clean room/equipment by physician staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD
- Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue
- Accompany MD for discussion of results

Post-Service Clinical Labor Activities:

- Federally mandated MQSA activities allocated to each mammogram

CPT Code: 77063
Specialty Society('s) ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)

Global Period: ZZZ 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 American College of Radiology convened a consensus panel to finalize the practice expense data for CPT codes 7705XX3.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Existing code 77057 *(Screening mammography, bilateral)* is being used as the basis for the digital breast tomosynthesis recommended PE inputs. These inputs were approved by the Practice Expense Advisory Committee in 2003. The digital screening mammography code, G0202, does not have PE inputs listed in the RUC database for use as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Room, digital breast tomosynthesis** – Clinically necessary. This room will include the necessary tomosynthesis system, workstations, and other equipment.
- **PACs storage cache**- Clinically necessary.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

- Provide pre-service education/obtain consent
- Prepare and position patient/ monitor patient/ set up IV
- Acquire images
- Technologist QC's images in PACS, checking for all images, reformats, and dose page

Post-Service Clinical Labor Activities:

- Federally mandated MQSA activities allocated to each mammogram

	A	B	C	D	E	F	G	H
1	REVISED AT RUC 4/23/14			REFERENCE CODE		REFERENCE CODE		REFERENCE COD
2	more please bold the item name and CMS code.			77055	77061	77056	77062	77057
3	Meeting Date: April 2014 Tab: 19 Specialty: ACR	CMS Code	Staff Type	Mammography; unilateral (RUC DB)	Digital breast tomosynthesis; unilateral (April 2014 RUC)	Mammography; bilateral (RUC DB)	Digital breast tomosynthesis; bilateral (April 2014 RUC)	Screening mammography, bilateral (2-view film study of each breast) (RUC DB)
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	L043A	Mammo Tech	42.0	38.0	51.0	42.0	32.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L043A	Mammo Tech	7.0	5.0	7.0	5.0	2.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L043A	Mammo Tech	28.0	29.0	37.0	33.0	23.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L043A	Mammo Tech	7.0	4.0	7.0	4.0	7.0
10	PRE-SERVICE							
11	Start: Following visit when decision for surgery or procedure made							
12	Complete pre-service diagnostic & referral forms							
13	Coordinate pre-surgery services							
14	Schedule space and equipment in facility							
15	Provide pre-service education/obtain consent							
16	Follow-up phone calls & prescriptions							
17	Availability of prior images confirmed	L043A	Mammo Tech	5	2	5	2	2
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L043A	Mammo Tech	2	3	2	3	
19	*Other Clinical Activity - *specify:*							
20	End: When patient enters office/facility for surgery/procedure							
21	SERVICE PERIOD							
22	Start: When patient enters office/facility for surgery/procedure:							
23	Greet patient, provide gowning, ensure appropriate medical records are available	L043A	Mammo Tech	3	3	3	3	3
24	Obtain vital signs							
25	Provide pre-service education/obtain consent	L043A	Mammo Tech	2	2	2	2	2
26	Prepare room, equipment, supplies	L043A	Mammo Tech	2	2	2	2	2
27	Setup scope (non facility setting only)							
28	Prepare and position patient/ monitor patient/ set up IV	L043A	Mammo Tech	1	1	2	2	2
29	Sedate/apply anesthesia							
30	*Other Clinical Activity - specify:							
31	Intra-service							
32	Acquire images	L043A	Mammo Tech	10	10	13	13	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	L043A	Mammo Tech	3	3	3	3	3
37	Clean Scope							
38	Clean Surgical Instrument Package							
39	Complete diagnostic forms, lab & X-ray requisitions							
40	Review/read X-ray, lab, and pathology reports							
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions							
42	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L043A	Mammo Tech	5	2	10	2	5
43	Review examination with interpreting MD	L043A	Mammo Tech		3		3	
44	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L043A	Mammo Tech		1		1	
45	-Accompany MD for discussion of results	L043A	Mammo Tech	2	2	2	2	
46	*Other Clinical Activity - *specify:*							
50	End: Patient leaves office							

	A	B	C	D	E	F	G	H
1	**REVISED AT RUC 4/23/14**			**REFERENCE CODE**		**REFERENCE CODE**		**REFERENCE COD**
2	**more please bold the item name and CMS code.**			**77055**	**77061**	**77056**	**77062**	**77057**
3	**Meeting Date: April 2014** **Tab: 19** **Specialty: ACR**	**CMS Code**	**Staff Type**	Mammography; unilateral **(RUC DB)**	Digital breast tomosynthesis; unilateral **(April 2014 RUC)**	Mammography; bilateral **(RUC DB)**	Digital breast tomosynthesis; bilateral **(April 2014 RUC)**	Screening mammography, bilateral (2-view film study of each breast) **(RUC DB)**
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
51	**POST-SERVICE Period**							
52	**Start: Patient leaves office/facility**							
61	*Other Clinical Activity - *specify:*							
62	-Hang films on the dedicated mammography alternator for interpretation by the physician, with prior films for a comparison (when available)	L043A	Mammo Tech	**3**		**3**		**3**
63	**Federally Mandated MQSA Activities Allocated To Each Mammogram**	**L043A**	**Mammo Tech**	**4**	**4**	**4**	**4**	**4**
64	*MQSA required accreditation applications/updates/completing data logs/FDA inspection specific to mammography service)*							
65	*MQSA required patient notification, patient outcoming monitoring (enter and maintain patient results, outcomes, follow-up and reminders) specific to mammography services*							
66	*Maintain physician qualifications, outcomes and CME*							
67	*Daily, weekly and monthly quality checks mammography units and processors, Daily sensitometry/densitometry performance*							
68	**End: with last office visit before end of global period**							
69	**MEDICAL SUPPLIES****	**CODE**	**UNIT**					
70	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**
71	gloves, non-sterile	SB022	pair	**1**	**1**	**1**	**1**	**1**
72	gown, patient	SB026	item	**1**	**1**	**1**	**1**	**1**
73	towel, professional 13in x 18in	SB043	item	**1**		**1**		**1**
74	gauze, non-sterile 4in x 4in	SG051	item	**2**		**4**		**4**
75	patient education booklet	SK062	item	**1**	**1**	**1**	**1**	**1**
76	skin marking pen, sterile (Skin Skribe)	SK075	item	**1**		**1**		**1**
77	x-ray envelope	SK091	item	**1**		**1**		**1**
78	x-ray ID card (flashcard)	SK093	item	**3**		**6**		**4**
79	film, x-ray, laser print	SK098	item	**3**	**3**	**6**	**6**	**4**
80	cleaner, x-ray cassette-screen	SM009	oz	**0.5**	**0.5**	**0.5**	**0.5**	**0.5**
81	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	**0.5**	**0.5**	**0.5**	**0.5**	**0.5**
82	sanitizing cloth-wipe (patient)	SM021	item	**1**	**1**	**2**	**2**	**2**
83	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**3**	**3**	**6**	**6**	**6**
84	**EQUIPMENT**	**CODE**						
85	room, digital breast tomosynthesis	NEW			**21**		**25**	
86	PACs storage cache	NEW			**21**		**25**	

	A	B	C	I
1	**REVISED AT RUC 4/23/14**		**RDE**	
2	**more please bold the item name and CMS code.**			**77063**
3	**Meeting Date: April 2014** **Tab: 19** **Specialty: ACR**	**CMS Code**	**Staff Type**	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure) **(April 2014 RUC)**
4	**LOCATION**			**Non Fac**
5	**GLOBAL PERIOD**			**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**	**L043A**	**Mammo Tech**	**12.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L043A**	**Mammo Tech**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L043A**	**Mammo Tech**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L043A**	**Mammo Tech**	**0.0**
10	**PRE-SERVICE**			
11	**Start: Following visit when decision for surgery or procedure made**			
12	Complete pre-service diagnostic & referral forms			
13	Coordinate pre-surgery services			
14	Schedule space and equipment in facility			
15	Provide pre-service education/obtain consent			
16	Follow-up phone calls & prescriptions			
17	Availability of prior images confirmed	**L043A**	**Mammo Tech**	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L043A	Mammo Tech	
19	*Other Clinical Activity - *specify:*			
20	**End: When patient enters office/facility for surgery/procedure**			
21	**SERVICE PERIOD**			
22	**Start: When patient enters office/facility for surgery/procedure:**			
23	Greet patient, provide gowning, ensure appropriate medical records are available	L043A	Mammo Tech	
24	Obtain vital signs			
25	Provide pre-service education/obtain consent	L043A	Mammo Tech	**2**
26	Prepare room, equipment, supplies	L043A	Mammo Tech	
27	Setup scope (non facility setting only)			
28	Prepare and position patient/ monitor patient/ set up IV	L043A	Mammo Tech	**2**
29	Sedate/apply anesthesia			
30	*Other Clinical Activity - specify:			
31	**Intra-service**			
32	Acquire images	L043A	Mammo Tech	**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	L043A	Mammo Tech	
37	Clean Scope			
38	Clean Surgical Instrument Package			
39	Complete diagnostic forms, lab & X-ray requisitions			
40	Review/read X-ray, lab, and pathology reports			
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			
42	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L043A	Mammo Tech	**2**
43	Review examination with interpreting MD	**L043A**	**Mammo Tech**	
44	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	**L043A**	**Mammo Tech**	
45	-Accompany MD for discussion of results	L043A	Mammo Tech	
46	*Other Clinical Activity - *specify:*			
50	**End: Patient leaves office**			

	A	B	C	I
1	**REVISED AT RUC 4/23/14**		**RDE**	
2	**more please bold the item name and CMS code.**			**77063**
3	**Meeting Date: April 2014** **Tab: 19** **Specialty: ACR**	**CMS Code**	**Staff Type**	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure) **(April 2014 RUC)**
4	**LOCATION**			**Non Fac**
5	**GLOBAL PERIOD**			**ZZZ**
51	**POST-SERVICE Period**			
52	**Start: Patient leaves office/facility**			
61	*Other Clinical Activity - *specify:*			
62	-Hang films on the dedicated mammography alternator for interpretation by the physician, with prior films for a comparison (when available)	L043A	Mammo Tech	
63	**Federally Mandated MQSA Activities Allocated To Each Mammogram**	**L043A**	**Mammo Tech**	**0**
64	*MQSA required accreditation applications/updates/completing data logs/FDA inspection specific to mammography service)*			
65	*MQSA required patient notification, patient outcoming monitoring (enter and maintain patient results, outcomes, follow-up and reminders) specific to mammography services*			
66	*Maintain physician qualifications, outcomes and CME*			
67	*Daily, weekly and monthly quality checks mammography units and processors, Daily sensitometry/densitometry performance*			
68	**End: with last office visit before end of global period**			
69	**MEDICAL SUPPLIES****	**CODE**	**UNIT**	
70	drape, non-sterile, sheet 40in x 60in	SB006	item	
71	gloves, non-sterile	SB022	pair	
72	gown, patient	SB026	item	
73	towel, professional 13in x 18in	SB043	item	
74	gauze, non-sterile 4in x 4in	SG051	item	
75	patient education booklet	SK062	item	**1**
76	skin marking pen, sterile (Skin Skribe)	SK075	item	
77	x-ray envelope	SK091	item	
78	x-ray ID card (flashcard)	SK093	item	
79	film, x-ray, laser print	SK098	item	**4**
80	cleaner, x-ray cassette-screen	SM009	oz	
81	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	
82	sanitizing cloth-wipe (patient)	SM021	item	
83	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	
84	**EQUIPMENT**	**CODE**		
85	room, digital breast tomosynthesis	NEW		**10**
86	PACs storage cache	NEW		**10**

	A	B	C	D	E	F	G	H
1	REVISED AT RUC 4/23/14			REFERENCE CODE		REFERENCE CODE		REFERENCE COD
2	more please bold the item name and CMS code.			77055	77061	77056	77062	77057
3	Meeting Date: April 2014 Tab: 19 Specialty: ACR	CMS Code	Staff Type	Mammography; unilateral (RUC DB)	Digital breast tomosynthesis; unilateral (April 2014 RUC)	Mammography; bilateral (RUC DB)	Digital breast tomosynthesis; bilateral (April 2014 RUC)	Screening mammography, bilateral (2-view film study of each breast) (RUC DB)
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	L043A	Mammo Tech	42.0	39.0	51.0	43.0	32.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L043A	Mammo Tech	7.0	6.0	7.0	6.0	2.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L043A	Mammo Tech	28.0	29.0	37.0	33.0	23.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L043A	Mammo Tech	7.0	4.0	7.0	4.0	7.0
10	PRE-SERVICE							
11	Start: Following visit when decision for surgery or procedure made							
12	Complete pre-service diagnostic & referral forms							
13	Coordinate pre-surgery services							
14	Schedule space and equipment in facility							
15	Provide pre-service education/obtain consent							
16	Follow-up phone calls & prescriptions							
17	Availability of prior images confirmed	L043A	Mammo Tech	5	3	5	3	2
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L043A	Mammo Tech	2	3	2	3	
19	*Other Clinical Activity - *specify:*							
20	End: When patient enters office/facility for surgery/procedure							
21	SERVICE PERIOD							
22	Start: When patient enters office/facility for surgery/procedure:							
23	Greet patient, provide gowning, ensure appropriate medical records are available	L043A	Mammo Tech	3	3	3	3	3
24	Obtain vital signs							
25	Provide pre-service education/obtain consent	L043A	Mammo Tech	2	2	2	2	2
26	Prepare room, equipment, supplies	L043A	Mammo Tech	2	2	2	2	2
27	Setup scope (non facility setting only)							
28	Prepare and position patient/ monitor patient/ set up IV	L043A	Mammo Tech	1	1	2	2	2
29	Sedate/apply anesthesia							
30	*Other Clinical Activity - specify:							
31	Intra-service							
32	Acquire images	L043A	Mammo Tech	10	10	13	13	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	L043A	Mammo Tech	3	3	3	3	3
37	Clean Scope							
38	Clean Surgical Instrument Package							
39	Complete diagnostic forms, lab & X-ray requisitions							
40	Review/read X-ray, lab, and pathology reports							
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions							
42	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L043A	Mammo Tech	5	2	10	2	5
43	Review examination with interpreting MD	L043A	Mammo Tech		3		3	
44	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L043A	Mammo Tech		1		1	
45	-Accompany MD for discussion of results	L043A	Mammo Tech	2	2	2	2	
46	*Other Clinical Activity - *specify:*							
50	End: Patient leaves office							

	A	B	C	D	E	F	G	H
1	**REVISED AT RUC 4/23/14**			**REFERENCE CODE**		**REFERENCE CODE**		**REFERENCE COD**
2	**more please bold the item name and CMS code.**			**77055**	**77061**	**77056**	**77062**	**77057**
3	**Meeting Date: April 2014** **Tab: 19** **Specialty: ACR**	**CMS Code**	**Staff Type**	Mammography; unilateral **(RUC DB)**	Digital breast tomosynthesis; unilateral **(April 2014 RUC)**	Mammography; bilateral **(RUC DB)**	Digital breast tomosynthesis; bilateral **(April 2014 RUC)**	Screening mammography, bilateral (2-view film study of each breast) **(RUC DB)**
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
51	**POST-SERVICE Period**							
52	**Start: Patient leaves office/facility**							
61	*Other Clinical Activity - *specify:*							
62	-Hang films on the dedicated mammography alternator for interpretation by the physician, with prior films for a comparison (when available)	L043A	Mammo Tech	**3**		**3**		**3**
63	**Federally Mandated MQSA Activities Allocated To Each Mammogram**	**L043A**	**Mammo Tech**	**4**	**4**	**4**	**4**	**4**
64	*MQSA required accreditation applications/updates/completing data logs/FDA inspection specific to mammography service)*							
65	*MQSA required patient notification, patient outcoming monitoring (enter and maintain patient results, outcomes, follow-up and reminders) specific to mammography services*							
66	*Maintain physician qualifications, outcomes and CME*							
67	*Daily, weekly and monthly quality checks mammography units and processors, Daily sensitometry/densitometry performance*							
68	**End: with last office visit before end of global period**							
69	**MEDICAL SUPPLIES****	**CODE**	**UNIT**					
70	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**
71	gloves, non-sterile	SB022	pair	**1**	**1**	**1**	**1**	**1**
72	gown, patient	SB026	item	**1**	**1**	**1**	**1**	**1**
73	towel, professional 13in x 18in	SB043	item	**1**		**1**		**1**
74	gauze, non-sterile 4in x 4in	SG051	item	**2**		**4**		**4**
75	patient education booklet	SK062	item	**1**	**1**	**1**	**1**	**1**
76	skin marking pen, sterile (Skin Skribe)	SK075	item	**1**		**1**		**1**
77	x-ray envelope	SK091	item	**1**		**1**		**1**
78	x-ray ID card (flashcard)	SK093	item	**3**		**6**		**4**
79	film, x-ray, laser print	SK098	item	**3**	**3**	**6**	**6**	**4**
80	cleaner, x-ray cassette-screen	SM009	oz	**0.5**	**0.5**	**0.5**	**0.5**	**0.5**
81	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	**0.5**	**0.5**	**0.5**	**0.5**	**0.5**
82	sanitizing cloth-wipe (patient)	SM021	item	**1**	**1**	**2**	**2**	**2**
83	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**3**	**3**	**6**	**6**	**6**
84	**EQUIPMENT**	**CODE**						
85	room, digital breast tomosynthesis	NEW			**21**		**25**	
86	PACs storage cache	NEW			**21**		**25**	

	A	B	C	I
1	**REVISED AT RUC 4/23/14**		**RDE**	
2	**more please bold the item name and CMS code.**			**77063**
3	**Meeting Date: April 2014** **Tab: 19** **Specialty: ACR**	**CMS Code**	**Staff Type**	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure) **(April 2014 RUC)**
4	**LOCATION**			**Non Fac**
5	**GLOBAL PERIOD**			**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**	**L043A**	**Mammo Tech**	**16.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L043A**	**Mammo Tech**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L043A**	**Mammo Tech**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L043A**	**Mammo Tech**	**4.0**
10	**PRE-SERVICE**			
11	**Start: Following visit when decision for surgery or procedure made**			
12	Complete pre-service diagnostic & referral forms			
13	Coordinate pre-surgery services			
14	Schedule space and equipment in facility			
15	Provide pre-service education/obtain consent			
16	Follow-up phone calls & prescriptions			
17	Availability of prior images confirmed	**L043A**	**Mammo Tech**	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L043A	Mammo Tech	
19	*Other Clinical Activity - *specify:*			
20	**End: When patient enters office/facility for surgery/procedure**			
21	**SERVICE PERIOD**			
22	**Start: When patient enters office/facility for surgery/procedure:**			
23	Greet patient, provide gowning, ensure appropriate medical records are available	L043A	Mammo Tech	
24	Obtain vital signs			
25	Provide pre-service education/obtain consent	L043A	Mammo Tech	**2**
26	Prepare room, equipment, supplies	L043A	Mammo Tech	
27	Setup scope (non facility setting only)			
28	Prepare and position patient/ monitor patient/ set up IV	L043A	Mammo Tech	**2**
29	Sedate/apply anesthesia			
30	*Other Clinical Activity - specify:			
31	**Intra-service**			
32	Acquire images	L043A	Mammo Tech	**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	L043A	Mammo Tech	
37	Clean Scope			
38	Clean Surgical Instrument Package			
39	Complete diagnostic forms, lab & X-ray requisitions			
40	Review/read X-ray, lab, and pathology reports			
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			
42	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L043A	Mammo Tech	**2**
43	Review examination with interpreting MD	**L043A**	**Mammo Tech**	
44	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	**L043A**	**Mammo Tech**	
45	-Accompany MD for discussion of results	L043A	Mammo Tech	
46	*Other Clinical Activity - *specify:*			
50	**End: Patient leaves office**			

	A	B	C	I
1	**REVISED AT RUC 4/23/14**		**RDE**	
2	**more please bold the item name and CMS code.**			**77063**
3	**Meeting Date: April 2014** **Tab: 19** **Specialty: ACR**	**CMS Code**	**Staff Type**	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure) **(April 2014 RUC)**
4	**LOCATION**			**Non Fac**
5	**GLOBAL PERIOD**			**ZZZ**
51	**POST-SERVICE Period**			
52	**Start: Patient leaves office/facility**			
61	*Other Clinical Activity - *specify:*			
62	-Hang films on the dedicated mammography alternator for interpretation by the physician, with prior films for a comparison (when available)	L043A	Mammo Tech	
63	**Federally Mandated MQSA Activities Allocated To Each Mammogram**	**L043A**	**Mammo Tech**	**4**
64	*MQSA required accreditation applications/updates/completing data logs/FDA inspection specific to mammography service)*			
65	*MQSA required patient notification, patient outcoming monitoring (enter and maintain patient results, outcomes, follow-up and reminders) specific to mammography services*			
66	*Maintain physician qualifications, outcomes and CME*			
67	*Daily, weekly and monthly quality checks mammography units and processors, Daily sensitometry/densitometry performance*			
68	**End: with last office visit before end of global period**			
69	**MEDICAL SUPPLIES****	**CODE**	**UNIT**	
70	drape, non-sterile, sheet 40in x 60in	SB006	item	
71	gloves, non-sterile	SB022	pair	
72	gown, patient	SB026	item	
73	towel, professional 13in x 18in	SB043	item	
74	gauze, non-sterile 4in x 4in	SG051	item	
75	patient education booklet	SK062	item	**1**
76	skin marking pen, sterile (Skin Skribe)	SK075	item	
77	x-ray envelope	SK091	item	
78	x-ray ID card (flashcard)	SK093	item	
79	film, x-ray, laser print	SK098	item	**4**
80	cleaner, x-ray cassette-screen	SM009	oz	
81	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	
82	sanitizing cloth-wipe (patient)	SM021	item	
83	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	
84	**EQUIPMENT**	**CODE**		
85	room, digital breast tomosynthesis	NEW		**10**
86	PACs storage cache	NEW		**10**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request – Final Rule for 2016

January 2018

Fine Needle Aspiration

CPT code 10021 was identified as part of the CMS OPPS/ASC cap payment proposal in the CMS Proposed Rule for CY2014. The proposal was to limit the practice expense payment through the physician payment schedule at the lower of two facility payment schedules, either the OPPS or ASC payment schedule. Although the CMS OPPS/ASC cap proposal was not implemented in the final rule for CY2014, the RUC forwarded a number of practice expense only recommendations for CY2015. In the CY2016 Medicare Physician Payment Schedule Final Rule, CMS noted concern about implementing practice expense inputs without the corresponding work being reviewed. The RUC identified CPT code 10021 as one of the services that CMS' request pertained to and requested that the specialties that perform this service submit recommendations for the January 2016 RUC meeting. CPT Code 10022 was identified under the CMS High Expenditure Procedure list in the NPRM for 2016. The specialty societies provided two reasons why these codes need to be referred to the CPT Editorial Panel prior to receiving a RUC survey. First, both codes need clarifying language stating that they should be reported per lesion rather than for every pass on the same lesion. Second, CPT code 10022 is reported with 76942 *Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation* more than 75% of the time together and a bundled code solution will be developed. In June 2017, the CPT Editorial Panel deleted one code, revised one code and created 9 new codes to describe fine needle aspiration procedures with and without imaging. At the October 2017 RUC meeting, 10011 and 10012 did not meet the minimum survey threshold of 30 responses. The specialty society left the survey open and presented recommendations in January 2018. CPT code 77021 was identified as part of the family but was not surveyed for October, so the RUC recommended that it be surveyed for January 2018.

77021 ***Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation***
The RUC reviewed the survey results from 43 diagnostic and interventional radiologists and agreed with the following physician time component: pre-service evaluation time of 15 minutes, intra-service time of 45 minutes, and post-service time of 15 minutes.

The specialty society presented compelling evidence for CPT code 77021. The specialties noted that the patient population has changed since 77021 was last valued, pointing out that the utilization decreased when the guidance was bundled into new MR Guided breast biopsy codes. The specialty also noted potential miscoding for 77021 related to a service that involves using software to fuse pre-existing MR images with real-time ultrasound images of the prostate during a prostate biopsy. The specialty noted that the remaining correctly coded utilization was a more complex patient. The RUC noted that the typical patient used in the survey was the same typical patient that was used in 2000. The RUC did not approve the compelling evidence arguments made by the specialties.

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The RUC determined the current work RVU of 1.50, which is below the survey 25th percentile, must remain givent he lack of compelling evidence. The RUC compared the survey code to CPT code 75710 *Angiography, extremity, unilateral, radiological supervision and interpretation* (work RVU= 1.75, intra-service time of 40 minutes, total time of 70 minutes) and noted that CPT code 77021 includes more intra-service time and total time, however it is slightly less intense to perform. **The RUC recommends maintaining the current RVU of 1.50 for CPT code 77021.**

10011 ***Fine needle aspiration biopsy, including MR guidance; first lesion***
The RUC recommends that CPT code 10011 to be carrier priced until the service is more widely utilized in the US. **The RUC recommends that CPT code 10011 be carrier priced.**

10012 ***Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)***
The RUC recommends that CPT code 10012 to be carrier priced until the service is more widely utilized in the US. **The RUC recommends that CPT code 10012 be carrier priced.**

Potential Miscoding for CPT code 77021
It was noted that there may be some miscoding for MR Guidance code 77021, where this code is inappropriately being reported for a service that involves using software to fuse pre-existing MR images with real-time ultrasound images of the prostate during a prostate biopsy. 42.3 percent of the global reporting for MR Guidance code 77021 is with ultrasound guidance code 76942 per 2015 billed together data. The specialty societies have already submitted an article to the CPT Assistant Board to clarify when to report this service.

Practice Expense
The RUC recommends the direct practice expense inputs without modification, as reviewed and approved by the PE Subcommittee.

New Technology/New Services
Codes 10011, 10012 and 77021 will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Work Neutrality
The RUC's recommendation for this code family will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **General** **Fine Needle Aspiration (FNA) Biopsy** A **fine needle aspiration** (FNA) **biopsy** is performed when material is aspirated with a fine needle and the cells are examined cytologically. A **core needle biopsy** is typically performed with a larger bore needle to obtain a core sample of tissue for histopathologic evaluation. FNA biopsy procedures are performed with or without imaging guidance. Imaging guidance codes (eg, 76942, 77002, 77012, 77021) may not be reported separately with 10021, 10004-10012. Codes 10021, 10004-10012 are reported once per lesion sampled in a single session. When more than one FNA biopsy is performed on separate lesions at the same session, same day, same imaging modality, use the appropriate imaging modality add-on code for the second and subsequent lesion(s). When more than one FNA biopsy is performed on separate lesions, same session, same day, using different imaging modalities, report the corresponding primary code with modifier 59 for each additional imaging modality and corresponding add-on codes for subsequent lesions sampled. This instruction applies regardless of whether the lesions are ipsilateral or contralateral to each other, and/or whether they are in the same or different organs/structures. When FNA biopsy and core needle biopsy both are performed on the same lesion, same session, same day using the same type of imaging guidance, do not separately report the imaging guidance for the core needle biopsy. When FNA biopsy is performed on one lesion and core needle biopsy ~~are~~is performed on ~~different lesions~~a separate lesion, same session, same day using the same type of imaging guidance, both the core needle biopsy and the imaging guidance for the core needle biopsy may be reported separately with modifier 59. When FNA biopsy is performed on one lesion and core needle biopsy ~~are~~is performed on ~~different~~ a separate lesions, same session, same day using different types of imaging guidance, both the core needle biopsy and the imaging guidance for the core needle biopsy may be reported with modifier 59. ~~(For percutaneous image-guided fluid collection drainage by catheter of soft tissue [eg, extremity, abdominal wall, neck], use 10030)~~				
▲10021	G1	Fine needle aspiration biopsy,~~:~~ without imaging guidance; first lesion	XXX	1.20 (Affirmed October 2017 RUC recommendation at the January 2018 RUC meeting)
~~**D** 10022~~	-	~~with imaging guidance~~ (10022 has been deleted. To report, see 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)	XXX	N/A (2018 Work RVU = 1.27)

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●✚10004	G2	each additional lesion (List separately in addition to code for primary procedure) (Use 10004 in conjunction with 10021) (Do not report 10021, 10004 in conjunction with 10005-10012 for the same lesion) (For evaluation of fine needle aspirate, see 88172, 88173, 88177)	ZZZ	0.80 (Affirmed October 2017 RUC recommendation at the January 2018 RUC meeting)
●10005	G3	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	XXX	1.63 (Affirmed October 2017 RUC recommendation at the January 2018 RUC meeting)
●✚10006	G4	each additional lesion (List separately in addition to code for primary procedure) (Use 10006 in conjunction with 10005) (Do not report 10005, 10006 in conjunction with 76942) (For evaluation of fine needle aspirate, see 88172, 88173, 88177)	ZZZ	1.00 (Affirmed October 2017 RUC recommendation at the January 2018 RUC meeting)
●10007	G5	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	XXX	1.81 (Affirmed October 2017 RUC recommendation at the January 2018 RUC meeting)
●✚10008	G6	each additional lesion (List separately in addition to code for primary procedure) (Use 10008 in conjunction with 10007) (Do not report 10007, 10008 in conjunction with 77002) (For evaluation of fine needle aspirate, see 88172, 88173, 88177)	ZZZ	1.18 (Affirmed October 2017 RUC recommendation at the January 2018 RUC meeting)

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●10009	G7	Fine needle aspiration biopsy, including CT guidance; first lesion	XXX	2.43 (Affirmed October 2017 RUC recommendation at the January 2018 RUC meeting)
●✚10010	G8	each additional lesion (List separately in addition to code for primary procedure) (Use 10010 in conjunction with 10009) (Do not report 10009, 10010 in conjunction with 77012) (For evaluation of fine needle aspirate, see 88172, 88173, 88177)	ZZZ	1.65 (Affirmed October 2017 RUC recommendation at the January 2018 RUC meeting)
●10011	G9	Fine needle aspiration biopsy, including MR guidance; first lesion	XXX	Carrier Price
●✚10012	G10	each additional lesion (List separately in addition to code for primary procedure) (Use 10012 in conjunction with 10011) (Do not report 10011, 10012 in conjunction with 77021) (For evaluation of fine needle aspirate, see 88172, 88173, 88177) ~~(For placement of percutaneous localization device[s] [eg, clip, metallic pellet, during breast biopsy], see 19081- 19086)~~ ~~(For radiological supervision and interpretation, see 76942, 77002, 77012, 77021)~~ *(For percutaneous needle biopsy other than fine needle aspiration biopsy, see 19081-19086 for breast, 20206 for muscle, 32400 for pleura, 32405 for lung or mediastinum, 42400 for salivary gland, 47000 for liver, 48102 for pancreas,*	ZZZ	Carrier Price

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		49180 for abdominal or retroperitoneal mass, 50200 for kidney, 54500 for testis, 54800 for epididymis, 60100 for thyroid, 62267 for nucleus pulposus, intervertebral disc, or paravertebral tissue, 62269 for spinal cord) (For percutaneous image-guided fluid collection drainage by catheter of soft tissue [eg, extremity, abdominal wall, neck], use 10030) ~~(For evaluation of fine needle aspirate, see 88172, 88173)~~		

Integumentary System
Breast
Excision

19100 *Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

Musculoskeletal System
General
Excision

20206 *Biopsy, muscle, percutaneous needle*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

Respiratory System
Lungs and Pleura
Excision/Resection

32400 *Biopsy, pleura, percutaneous needle*

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(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

32405 *Biopsy, lung or mediastinum, percutaneous needle*

(For open biopsy of lung, see 32096, 32097. For open biopsy of mediastinum, see 39000 or 39010. For thoracoscopic [VATS] biopsy of lung, pleura, pericardium, or mediastinal space structure, see 32604, 32606, 32607, 32608, 32609)

(For radiological supervision and interpretation, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10022~~ see, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Lymph Nodes and Lymphatic Channels
Excision

38500 *Biopsy or excision of lymph node(s); open, superficial*

38505 *by needle, superficial (eg, cervical, inguinal, axillary)*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

. . .

38530 *open, internal mammary node(s)*

(For percutaneous needle biopsy, retroperitoneal lymph node or mass, use 49180.)

(For fine needle aspiration biopsy, retroperitoneal lymph node or mass, see, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012~~use 10022~~)

Salivary Gland and Ducts
Excision

42400 *Biopsy of salivary gland; needle*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

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Liver
Incision

47000 *Biopsy of liver, needle; percutaneous*

+*47001* *when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)*

(If imaging guidance is performed, see 76942, 77002)

(For fine needle aspiration biopsy in conjunction with 47000, 47001, see ~~10021, 10022~~ 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

Pancreas
Excision

48102 *Biopsy of pancreas, percutaneous needle*

(For radiological supervision and interpretation, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10022~~ see, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Abdomen, Peritoneum, and Omentum
Excision, Destruction

49180 *Biopsy, abdominal or retroperitoneal mass, percutaneous needle*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Urinary System
Kidney
Excision

50200 *Renal biopsy; percutaneous, by trocar or needle*

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(For radiological supervision and interpretation, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10022~~ see, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Male Genital System
Testis
Excision

54500 *Biopsy of testis, needle (separate procedure)*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Epididymis
Excision

54800 *Biopsy of epididymis, needle*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Prostate
Incision

55700 *Biopsy, prostate; needle or punch, single or multiple, any approach*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Endocrine System
Thyroid Gland
Excision

60100 *Biopsy thyroid, percutaneous core needle*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

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Endocrine System
Thyroid Gland
Removal

60300 *Aspiration and/or injection, thyroid cyst*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

Nervous System
Spine and Spinal Cord
Injection, Drainage, or Aspiration

62267 *Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes*

(For imaging, use 77003)

(Do not report 62267 in conjunction with 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012~~10022~~, 20225, 62287, 62290, 62291)

62269 *Biopsy of spinal cord, percutaneous needle*

(For imaging, use 77003)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Diagnostic Ultrasound
Ultrasonic Guidance Procedures

▲76942	G11	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation (Do not report 76942 in conjunction with 10021, 10004, 10005, 10006, 10030, 19083, 19285, 20604, 20606, 20611, 27096, 32554, 32555, 32556, 32557, 37760, 37761, 43232, 43237, 43242, 45341, 45342, 64479-64484, 64490-64495, 76975, 0213T-0218T, 0228T-0231T, 0232T, 0249T, 0301T)	XXX	0.67 (No Change) (Affirmed April 2014 RUC recommendation at October 2017 RUC meeting)

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Radiologic Guidance **Fluoroscopic Guidance** *(Do not report guidance codes 77001, 77002, 77003 for services in which fluoroscopic guidance is included in the descriptor)*				
▲77002	G12	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) *(See appropriate surgical code for procedure and anatomic location)* (Use 77002 in conjunction with ~~10022,~~10160, 20206, 20220, 20225, 20520, 20525, 20526, 20550, 20551, 20552, 20553, 20555, 20600, 20605, 20610, 20612, 20615, 21116, 21550, 23350, 24220, 25246, 27093, 27095, 27370, 27648, 32400, 32405, 32553, 36002, 38220, 38221, 38505, 38794, 41019, 42400, 42405, 47000, 47001, 48102, 49180, 49411, 50200, 50390, 51100, 51101, 51102, 55700, 55876, 60100, 62268, 62269, 64505, 64508, 64600, 64605)	ZZZ	0.54 (No Change) (Affirmed October 2015 RUC recommendation at October 2017 RUC meeting)
Computed Tomography Guidance				
▲77012	G13	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation *(Do not report 77011, 77012 in conjunction with 22586, 0195T, 0196T, 0309T)* (Do not report 77012 in conjunction with 10009, 10010, 10030, 27096, 32554, 32555, 32556, 32557, 64479-64484, 64490-64495, 64633-64636, 0232T)	XXX	1.50 (Affirmed April 2017 RUC recommendation at October 2017 and January 2018 RUC meetings)

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Magnetic Resonance Guidance				
▲77021	G14	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation *(For procedure, see appropriate organ or site)* (Do not report 77021 in conjunction with 10011, 10012, 10030, 19085, 19287, 32554, 32555, 32556, 32557, 0232T)	XXX	1.50 (No Change)

Cytopathology

88164 *Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision*

88167 *with manual screening and computer-assisted rescreening using cell selection and review under physician supervision*

(~~To report~~ For collection of specimen via fine needle aspiration biopsy, see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012 ~~10021, 10022~~)

88172 *Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site*

88173 *interpretation and report*

(Report one unit of 88173 for the interpretation and report from each anatomic site, regardless of the number of passes or evaluation episodes performed during the aspiration procedure)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

Surgical Pathology

88309 *Level VI - Surgical pathology, gross and microscopic examination*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77021 Tracking Number G14 Original Specialty Recommended RVU: **2.85**
Presented Recommended RVU: **2.85**
Global Period: XXX Current Work RVU: **1.50** RUC Recommended RVU: **1.50**

CPT Descriptor: Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old male with known colon cancer is discovered to have a solid mass within the liver, best visualized on MRI. He is being considered for segmental hepatic resection with no other identifiable metastatic disease. He is referred for a percutaneous core biopsy of the mass. Because it is best seen on MRI, this modality is used for guidance of the biopsy (biopsy procedure coded separately, 47000 biopsy of liver, needle; percutaneous).

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 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient order, clinical history, and relevant prior imaging exams. Confirm appropriateness of imaging guidance and determine appropriate protocol and approach. Assess need for contrast administration to assist guidance. Review patient history for contrast allergy, renal insufficiency or other contraindications for receiving contrast as needed. Discuss with the patient (and family) the risks due to use of contrast dye (if needed) relative to other potential imaging modalities. Discuss the equipment being used, the close proximity of the MR gantry and potential for claustrophobia, prolonged immobility and repositioning to ensure optimal imaging for guidance and interpretation.Provide instructions for the radiologic technologists regarding patient positioning and proper settings for the imaging equipment (e.g. best MR pulse sequence for visualization). Confirm patient positioning and imaging setup, ensuring the entire area necessary can be imaged and that equipment and patient can be repositioned as needed during sterile procedure (i.e. the field must be clear of impediments to table motion for movement into and out of the MR gantry). The physician (and staff) go through MR safety check procedures prior to entering the MR suite.

Description of Intra-Service Work: Supervise and interpret localizer images of area to be imaged to select appropriate field of view. Obtain and interpret preliminary MR images acquired to assess appropriate approach to the target(s), evaluate for unexpected findings, interval changes in target lesion(s), and adjust patient positioning or protocol as needed.

The skin entry site is marked and prepped in sterile fashion. Perform intermittent MR guidance to direct needle to target(s) and reposition as necessary. Confirm satisfactory needle placement in the target(s) with repeat MR sequences. Obtain and interpret post-procedural MR sequences to evaluate for complications. Interpret all images resulting from the study including dedicated review of the target(s) as well as all visualized viscera, fascial planes, vasculature, soft tissues, and osseous structures. Assess for complications or other unexpected findings. Compare to all pertinent available prior studies. Dictate report for medical record.

Description of Post-Service Work: Review, edit and sign final report. Communicate findings to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Andrew Moriarity, MD; Michael Hall, MD; Curtis Anderson, MD, PhD		
Specialty(s):	American College of Radiology, Society of Interventional Radiology		
CPT Code:	77021		
Sample Size:	4050	**Resp N:** 43	**Response:** 1.0 %
Description of Sample:	ACR surveyed a random sample of 1375 members, as well as 1375 random members w ho indicated that they perform interventional radiology procedures. SIR randomly surveyed 1300 of their members..		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**9.00**	14.00	75.00
Survey RVW:	0.54	2.25	**2.85**	3.50	6.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	30.00	**45.00**	60.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77021	**Recommended Physician Work RVU: 1.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**0.00**	**15.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**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:	**15.00**	**0.00**	**15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74181	XXX	1.46	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74183	XXX	2.20	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99222	XXX	2.61	**RUC Time**	6,942,280

CPT Descriptor 1 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99205	XXX	3.17	**RUC Time**	2,904,331

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source

0.00

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10 **% of respondents:** 23.2 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 23.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 77021	**Top Key Reference CPT Code:** 74181	**2nd Key Reference CPT Code:** **74183**
Median Pre-Service Time	15.00	5.00	5.00
Median Intra-Service Time	45.00	20.00	30.00
Median Immediate Post-service Time	15.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**75.00**	**30.00**	**40.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	0%	30%	70%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	20%	70%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	10%	90%
Physical effort required	0%	20%	80%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	0%	100%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	30%	70%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	10%	90%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	0%	100%
Physical effort required	0%	30%	70%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	20%	80%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The existing fine needle aspiration biopsy codes, 10021 *(Fine needle aspiration; without imaging guidance)* and 10022 *(Fine needle aspiration; with imaging guidance)* were identified by CMS for review. At the April 2016 RUC meeting, these codes were referred to CPT to clarify parentheticals regarding appropriate utilization and to bundle in the appropriate imaging guidance codes.

The new bundled FNA biopsy procedure family now includes 10 codes. There are 5 base FNA codes with 5 paired add-on codes for each additional lesion when performed with the base codes. These codes were surveyed for the October 2017 RUC meeting. The ultrasound (76942), fluoroscopic (77002), and CT (77012) guidance codes were recently surveyed and the values were reaffirmed by the RUC at the October 2017 meeting. 77021 *(Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation)* has not been recently reviewed and therefore was surveyed for physician work since it is part of this broader family of codes.

Survey Process

The American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) conducted a random survey of members, and assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation:

We recommend a work RVU of 2.85, which corresponds to the median survey value, and is an increased RVU compared with the existing value of 1.50.

Compelling Evidence

The value of 77021 should increase because the population of patients undergoing this procedure is different compared to when it was previously surveyed. After the breast biopsy procedures were bundled with imaging guidance during the 2014 RUC cycle, the utilization of 77021 has decreased significantly from 5,432 claims in 2013 to 2,164 claims in 2016. By removing the MR guided breast biopsy procedures from this patient population, the patients who currently undergo MR guided needle placements typically have deep intra-abdominal or intra-pelvic targets, which are more technically demanding to reach and inherently riskier for the patient and operating physician.

Time Recommendation:

We recommend the median survey times: 15 minutes pre-service, 45 minutes intra-service, and 15 minutes post-service. This is a total time of 75 minutes.

Key Reference Services

Our recommended work RVU and service period times fall between the three most commonly chosen key reference services (KRS):

- 74181 *(Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s))*, chosen by 23% of the respondents,
- 74183 *(Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences)*, chosen by 23% of the respondents, and
- 74712 *(Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation)*, chosen by 19% of the respondents.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	% chosen
74181	MRI Abdomen without contrast	1.46	30	5	20	5	0.062	23%
74183	MRI Abdomen without and with contrast	2.20	40	5	30	5	0.066	23%
77021	**MRI guided needle placement**	**2.85**	**75**	**15**	**45**	**15**	**0.048**	
74712	MRI Fetus; first gestation	3.00	90	15	60	15	0.039	19%

74712 has 15 more minutes of intra-service time and is appropriately valued higher than 77021. These two procedures are among the most difficult MRI exams in radiology. They are both technically demanding on the part of the physician and require coordination with other physicians and detailed assessment of prior patient imaging. Because 77021 is an invasive procedure, the recommended value is proportional to 74712 based on intra-service and total service period times.

77021 has 15 more minutes of intra-service time compared with 74183, and the recommended work RVU is proportionally higher, 2.85 compared with 2.20. Though it seems incongruous, the slightly lower IWPUT for the invasive procedure (77021) is clinically appropriate. As with any procedure, there are periods of lower and higher intensity. The highest intensity of work in 77021 is higher than that of 74183; however, 74183 is a consistent intensity of work throughout the duration of the procedure, while the experienced intensity of 77021 will fluctuate depending upon the stage of the procedure. Overall, these services compare well with each other as 74183 covers the same anatomy as the most common indications for 77021, and most physicians performing 77021 will also be interpreting 74183.

MPC Codes

Our recommended work RVU and service period times fall between two MPC codes:

- 99222 *(Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.)*, and
- 99205 *(Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family..*

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
99222	Initial hospital care, moderate complexity	2.61	75	15	40	20	0.046
77021	**MRI guided needle placement**	**2.85**	**75**	**15**	**45**	**15**	**0.048**
99205	Office visit, new patient, comprehensive	3.17	67	7	45	15	0.060

There are no radiology MPC codes at this high end of the RBRVS, but these comparisons are appropriate based on the service period times in these three codes. Our recommended wRVU for 77021 is evenly spaced between these two services, which either have the same total time (99222) or the same intra-service period time (99205).

Additional Comparison

We believe that the KRS and MPC codes highlighted above support the recommended wRVU for 77021 of 2.85, but we recognize that the absolute increase in value compared to the prior wRVU of 1.50 is uncharacteristically large.

We contend that the prior value for 77021 was inappropriately low, and this is supported by a comparison to other RUC-reviewed radiology and non-radiology codes with similar intra-service period times as shown below. The 25th percentile survey value of 2.25 wRVU would therefore be abnormally low for an invasive procedure and given these survey times, which have not changed significantly compared to the prior survey.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
91110	GI tract capsule endoscopy	2.49	65	5	45	15	0.045
74262	CT colonography with contrast	2.50	57	5	45	7	0.050
75561	Cardiac MRI, morph, with contrast	2.60	65	10	45	10	0.048
95783	Polysomnography, <6 yrs, sleep staging	2.83	85	20	50	15	0.041
77021	**MRI guided needle placement**	**2.85**	**75**	**15**	**45**	**15**	**0.048**
75559	Cardiac MRI with stress imaging	2.95	75	15	50	10	0.048

Conclusion

The compelling evidence, survey results, and comparison with applicable codes support an increase in value for 77021 *(Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation)*.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. CPT code 77021 is billed together with CPT code 55700 88% of the time.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77021

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 6490
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Services reported by CPT code 77021are estimated to be provided 6,490 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 2760 Percentage 42.52 %

Specialty Interventional Radiology Frequency 561 Percentage 8.64 %

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? 2,164
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Services reported by CPT code 77021 are estimated to be provideded 2,164 times to Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 920 Percentage 42.51 %

Specialty Interventional Radiology Frequency 187 Percentage 8.64 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: Brain/Head/Neck

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77021

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: Fine Needle Aspiration & MR Biopsy

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	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REC	10021	Fine needle aspiration biopsy; without imaging guidance; first lesion		0.053			1.20			33	10					15			8					
REC	+10X11	each additional lesion (List separately in addition to code for primary procedure)		0.057			0.80			14						14								
REC	10X12	Fine needle aspiration biopsy, including ultrasound guidance; first lesion		0.060			1.63			39	10					20			9					
REC	+10X13	each additional lesion (List separately in addition to code for primary procedure)		0.067			1.00			15						15								
REC	10X14	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion		0.050			1.81			47	10					27			10					
REC	+10X15	each additional lesion (List separately in addition to code for primary procedure)		0.059			1.18			20						20								
REC	10X16	Fine needle aspiration biopsy, including CT guidance; first lesion		0.052			2.43			62	15					35			12					
REC	+10X17	each additional lesion (List separately in addition to code for primary procedure)		0.066			1.65			25						25								
REC	76942	Ultrasonic guidance for needle placement (eg, biopsy, fine needle aspiration biopsy, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5					
REC	77002	Fluoroscopic guidance for needle placement (eg, biopsy, fine needle aspiration biopsy, injection, localization device) (List separately in addition to code for primary procedure)		0.033			0.54			17	2					15								
REC	77012	Computed tomography guidance for needle placement (eg, biopsy, fine needle aspiration biopsy, injection, localization device), radiological supervision and interpretation		0.030			1.50			55	15					35			5					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	10	0.062			1.46			30	5					20			5					
2nd REF	74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	10	0.066			2.20			40	5					30			5					
3rd REF	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	8	0.039			3.00			90	15					60			15					
Current	77021	Magnetic resonance guidance for needle placement (eg, for biopsy, fine needle aspiration biopsy, injection, or placement of localization device) radiological supervision and interpretation		0.017			1.50			77.5	20					42.5			15					
SVY	77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	43	0.048	0.54	2.25	2.85	3.50	6.00	75	15			10	30	45	60	90	15	0	2	9	14	75
ACR - SVY	77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	33	0.052	0.54	2.25	2.75	3.50	6.00	70	15			10	30	40	55	75	15	0	3	10	20	75
ACR - Subset	77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	26	0.054	1.50	2.21	2.73	3.19	6.00	66	15			10	30	40	59	75	11	0	4	10	24	75
ACR - Random	77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	7	0.058	0.54	3.00	3.30	3.50	4.01	75	15			25	30	45	50	60	15	1	4	8	10	75
SIR	77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	10	0.047	1.45	2.31	3.00	3.75	5.00	82	19			15	33	48	68	90	15	0	0	3	11	20
REC	77021			0.018			1.50			75	15					45			15					

CPT Code 1	Mod 1	CPT Code 2	Mod 2	Same Bene	CPT 1 Count	Billed Together
10021		99213		197	1187	17%
10021		ALONE		195	1187	16%
10021		88173	26	183	1187	15%
10021		88172	26	167	1187	14%
10021		99203		150	1187	13%
10021		99204		117	1187	10%
10021		99214		104	1187	9%
10021		88305	26	101	1187	9%
10021		31575		85	1187	7%
10021		99212		42	1187	4%
10021		88342	26	39	1187	3%
10021		88173		31	1187	3%
10021		88172		30	1187	3%
10021		99205		28	1187	2%
10021		88341	26	27	1187	2%
10021		88177	26	24	1187	2%
10021		99202		19	1187	2%
10021		88305		17	1187	1%
10021		88313	26	15	1187	1%
10021		76536		14	1187	1%
10021		99201		14	1187	1%
10021		99215		14	1187	1%
10021		88360	26	11	1187	1%
10022		19083		77	8174	1%
10022		20206		29	8174	0%
10022		20220		15	8174	0%
10022		20225		16	8174	0%
10022		20552		121	8174	1%
10022		20553		241	8174	3%
10022		20610		17	8174	0%
10022		20611		140	8174	2%
10022		27096		29	8174	0%
10022		29530		15	8174	0%
10022		31575		24	8174	0%
10022		32405		90	8174	1%
10022		32557		18	8174	0%
10022		38505		44	8174	1%
10022		47000		36	8174	0%
10022		49180		35	8174	0%
10022		60100		31	8174	0%
10022		64418		16	8174	0%
10022		64445		27	8174	0%
10022		64450		220	8174	3%
10022		76536		559	8174	7%
10022		76641		37	8174	0%

10022		76642		35	8174	0%
10022		76942		3407	8174	42%
10022		77012		21	8174	0%
10022		88172		248	8174	3%
10022		88173		179	8174	2%
10022		88177		46	8174	1%
10022		88305		102	8174	1%
10022		96372		19	8174	0%
10022		97024		11	8174	0%
10022		97140		25	8174	0%
10022		99144		97	8174	1%
10022		99145		32	8174	0%
10022		99201		67	8174	1%
10022		99202		71	8174	1%
10022		99203		227	8174	3%
10022		99204		281	8174	3%
10022		99205		70	8174	1%
10022		99211		30	8174	0%
10022		99212		293	8174	4%
10022		99213		751	8174	9%
10022		99214		265	8174	3%
10022		99215		54	8174	1%
10022		ALONE		355	8174	4%
10022		G0206		13	8174	0%
10022		G0283		37	8174	0%
10022		71010	26	98	8174	1%
10022		71020	26	12	8174	0%
10022		71035	26	26	8174	0%
10022		76536	26	262	8174	3%
10022		76641	26	15	8174	0%
10022		76642	26	20	8174	0%
10022		76942	26	3195	8174	39%
10022		76942	TC	26	8174	0%
10022		77012	26	570	8174	7%
10022		88172	26	98	8174	1%
10022		88173	26	77	8174	1%
10022		88177	26	23	8174	0%
10022		88305	26	47	8174	1%
10022		G0206	26	38	8174	0%

CPT Code 1	Mod 1	CPT Code 2	Mod 2	Same Bene	CPT 1 Count	Billed Together
10022		76942		3407	8174	42%
10022		76942	26	3195	8174	39%
10022		99213		751	8174	9%
10022		77012	26	570	8174	7%
10022		76536		559	8174	7%
10022		ALONE		355	8174	4%
10022		99212		293	8174	4%
10022		99204		281	8174	3%
10022		99214		265	8174	3%
10022		76536	26	262	8174	3%
10022		88172		248	8174	3%
10022		20553		241	8174	3%
10022		99203		227	8174	3%
10022		64450		220	8174	3%
10022		88173		179	8174	2%
10022		20611		140	8174	2%
10022		20552		121	8174	1%
10022		88305		102	8174	1%
10022		71010	26	98	8174	1%
10022		88172	26	98	8174	1%
10022		99144		97	8174	1%
10022		32405		90	8174	1%
10022		19083		77	8174	1%
10022		88173	26	77	8174	1%
10022		99202		71	8174	1%
10022		99205		70	8174	1%
10022		99201		67	8174	1%
10022		99215		54	8174	1%
10022		88305	26	47	8174	1%
10022		88177		46	8174	1%
10022		38505		44	8174	1%
10022		G0206	26	38	8174	0%
10022		76641		37	8174	0%
10022		G0283		37	8174	0%
10022		47000		36	8174	0%
10022		49180		35	8174	0%
10022		76642		35	8174	0%
10022		99145		32	8174	0%
10022		60100		31	8174	0%
10022		99211		30	8174	0%
10022		20206		29	8174	0%
10022		27096		29	8174	0%
10022		64445		27	8174	0%
10022		71035	26	26	8174	0%
10022		76942	TC	26	8174	0%
10022		97140		25	8174	0%

10022		31575		24	8174	0%
10022		88177	26	23	8174	0%
10022		77012		21	8174	0%
10022		76642	26	20	8174	0%
10022		96372		19	8174	0%
10022		32557		18	8174	0%
10022		20610		17	8174	0%
10022		20225		16	8174	0%
10022		64418		16	8174	0%
10022		20220		15	8174	0%
10022		29530		15	8174	0%
10022		76641	26	15	8174	0%
10022		G0206		13	8174	0%
10022		71020	26	12	8174	0%
10022		97024		11	8174	0%

CPT Code: 77021
Specialty Society: ACR and SIR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

Meeting Date: October 2017

Global Period: XXX and ZZZ

CPT Long Descriptors:

- 77021 Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation

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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 RVS Committee Expert Panel:**

   ACR and SIR convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for 10X18, 10X19, and 77021.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:**

   The ACR and SIR included the existing direct practice expense inputs for the underlying CPT Codes, as well as the RUC-approved PE inputs for the other imaging FNA codes from the October 2017 cycle.

3. **Is this code(s) typically billed with an E/M service?**

   The "with imaging" services are NOT typically billed with an E/M service.

4. **What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)**

   Current 10022 "with imaging" – all data 52% radiology, NF data only 41% endocrinology
   New coding "with imaging" FL, CT and MR, radiology will be dominant provider

5. **If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:**

   We have included an extra minute of positioning time for 77021 and X18. The extra positioning time is needed to position the patient to ensure the imaging equipment will work appropriately with their positioning (e.g. avoid entrapment with moving MRI table, avoid artifacts from leads or wires).

6. **If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:**

   The specialty societies are recommending supplies for the new FNA codes that are not in the existing/predecessor codes. Below is a detailed description of the supplies needed for these new FNA procedures. The specialties believe there is compelling evidence to change the direct inputs for the newly created codes based on change in technique, change in knowledge/technology and change from previous code-specific PE to newly applicable IR standards. See below:

PE Compelling Evidence for Fine Needle Aspiration

Components of PE Compelling Evidence	10X18	10X19
• Evidence that patient poulation has changed.	**Yes**	**Yes**
• Evidence that technology has changed clinical staff time.	**Yes**	**Yes**
• Evidence that previous practice expense inputs were based on one specialty, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data.	**No**	**No**

The increases in total clinical time are based on (1) physician work time and (2) the addition of a second clinical staff person to the flouro, CT and MR procedures to assist with imaging acquisition. The inclusion of a second clinical staff person to assist with image based intervention procedures is typical. That second person assists with the image acquisition. The existing model is to allocate 75% of a tech (specific type depending on procedure) and 25% at the lower rate of a nurse blend.

Based on the typical vignettes for these newly created codes, the specialties are requesting 3 needles/syringes (not 2). The typical number of passes will be 3-5.

MR Code – Radiology/IR Dominant in NF setting. Sterile procedure.

SA061 tray, biopsy procedure

SB026 gown, patient – Patient must be changed out of their clothes and placed in a gown for interventions in the chest. E/M is not typically billed with this procedure.
SB004 cover, thermometer probe. For vital signs prior to the procedure. E/M is not typically billed with this procedure.

SB001 cap, surgical: For surgeon, hip-to-hip assistant, and nurse blend circulating in room.
SB027 gown, staff, impervious: For surgeon and hip-to-hip assistant.
SB022 gloves, non-sterile: for nurse blend circulator
SB024 gloves, sterile: For surgeon and hip-to-hip assistant.
SB034 mask, surgical, with face shield: For surgeon and hip-to-hip assistant.
SB039 shoe covers, surgical: For surgeon, hip-to-hip assistant, and nurse blend circulating in room.

SB044 underpad 2ft x 3ft (Chux): For beneath patient to protect table and bedsheets,
SB012 drape, sterile, for Mayo stand: Working area where sterile biopsy supplies are arranged during procedure.
SB014 drape, sterile, three-quarter sheet: Additional sterile coverage of the patient's body. Fenestrated drape in biopsy kit is very small and doesn't allow for a large enough working space.
SB019 drape-towel, sterile 18in x 26in: Sterile towels for marking off sterile prepped area.

*NEW ITEM: MREYE CHIBA Biopsy Needle – This is a new item specifically for MR guided needle biopsy. This needle is MRI compatible and non-ferromagnetic. A typical steel Chiba needle is not MRI safe and cannot be used.
SC051 syringe 10-12ml: For aspirating through the needles during biopsy (2 additional, 1 on tray)
*SC022 mammotome probe guide – Cutaneous marker/guide which allows for marking the skin

entry site and passively supporting/guiding the needle during repeated imaging acquisition/needle repositioning cycles.
SJ053 swab-pad, alcohol: For wiping top of multiuse drug vials prior to drawing up medication (lidocaine).
SM012 disinfectant spray (transeptic) 10 ml

SA061 tray, biopsy procedure
0.9% Sodium Chloride, 5mL: for flushing samples out of needles as needed.
Specimen tubes and caps (2): for samples in formalin, RPMI or phosphate buffered saline
Slides, fully frosted (2): for touch preps and smears
frosted end (2): for touch preps and smears
25 Ga x 5/8" needle: local anesthesia (superficial)
22 Ga x 1-1/2" needle: local anesthesia (deep)
18 Ga x 2" blunt needle: drawing up medications
10 cc Plastic Syringes, Luer Lock (2): (lidocaine or other solution delivery)
No. 11 scalpel assembly: skin nick for biopsy site
Needle stop: sharps management
PVP Swabsticks (triples): sterile prep
Alcohol Wipe: wiping medication vials before drawing up
1% Lidocaine HCl, 5 mL (2 ampules): local anesthesia
3" x 3" Gauze (3): cleaning small blood droplets
Disposable Towel: cleaning Povidone off skin post procedure
Fenestrated drape: site drape for biopsy
Puncture site bandage:
8" paper ruler: for measuring and planning puncture site.
Sterile indicator: the strip that comes in the pack confirming sterility
Hospital wrap: packaging

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

N/A

8. **Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:***

**activities related to "with imaging" procedures*

Pre-Service Clinical Labor Activities:
*Confirm availability of prior images/studies
*Review patient clinical extant information and questionnaire

Intra-Service Clinical Labor Activities:
Prepare room, equipment, supplies after consulting with MD
Patient is greeted, gowned and escorted into procedure room
Prepare and position patient on table
Clean prep performed and draping of target site
Ensure proper patient position for use of equipment
Assist physician (100% - hip to hip)

*Perform procedure (75% - related to imaging)
*Perform procedure (25% - floater)
Clean room/equipment by physician staff
Complete post-procedure diagnostic forms, lab and x-ray requisitions
Review/read post-procedure x-ray, lab and pathology reports
*Technologist archives and QC's images to/in PACS, checking for all images and dose page
*Review examination with interpreting MD
*Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue
Review home care instructions, coordinate visits/prescriptions

Post-Service Clinical Labor Activities:
N/A

9. **If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.**

   For the fluoroscopy, CT and MR codes we have included a tech at 75% of the physician work time to perform the imaging acquisition portion of the procedure and a nurse blend at 25% of the physician work time as the floater.

10. **If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:**

    N/A

11. **If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.**

    N/A

12. **If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    CPT Code 10X18 MR FNA will need a MREYE CHIBA BIOPSY NEEDLE. The Chiba needle for MRI guided biopsy must be safe for the high magnetic field environment. In particular, it must not be ferromagnetic and therefore cannot be made from stainless steel. The MRI safe Chiba needle is made from a nonferromagnetic alloy. Copy of a paid invoice is attached. The use of three needles to acquire three separate samples is typical; each needle is $37.

13. **If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    N/A

14. **List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:**

EF015 Mayo Stand – default formula
EL008 MR room – highly technical formula
ED050 PACS workstation proxy – PACS formula
ED053 Professional PACS – linked to physician work *(half of pre and all of intra)*

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

N/A

16. If there is any other item on your spreadsheet that needs further explanation please include here:

	A	B	D	E	F	S	U	W
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**76942**	**10005**	**10006**
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4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**29**	**41**	**15**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*2*	*4*	*0*
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical Sonographer*	*0.51*	*0*	*0*	*0*
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*	*0*	*0*	*0*
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*	*0*	*0*	*0*
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*	*0*	*0*	*0*
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*27*	*37*	*15*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical Sonographer*	*0.51*	*0*	*0*	*0*
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*	*0*	*0*	*0*
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*	*0*	*0*	*0*
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*	*0*	*0*	*0*
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*0*	*0*	*0*
22		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 10.73**	**$ 15.17**	**$ 5.55**
23		**PRE-SERVICE PERIOD**				**29**	**41**	**15**
24		**Start: Following visit when decision for surgery or procedure made**						
25	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37			
26	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37			
27	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37			
28	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37			
29	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37			
30	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37	2	2	
31	CA006	Confirm availability of prior images/studies	L051B	RN/Diagnostic Medical Sonographer	0.51			
32	CA006	Confirm availability of prior images/studies	L041B	Radiologic Technologist	0.41			
33	CA006	Confirm availability of prior images/studies	L046A	CT Technologist	0.46			
34	CA006	Confirm availability of prior images/studies	L047A	MRI Technologist	0.47			
35	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37		2	
36	CA007	Review patient clinical extant information and questionnaire	L046A	CT Technologist	0.46			
37	CA007	Review patient clinical extant information and questionnaire	L047A	MRI Technologist	0.47			
38	CA007	Review patient clinical extant information and questionnaire	L041B	Radiologic Technologist	0.41			

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6		**GLOBAL PERIOD**				**XXX**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**29**	**41**	**15**
39	CA007	Review patient clinical extant information and questionnaire	L041B	Radiologic Technologist	0.41			
40	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37			
47		**End: When patient enters office/facility for surgery/procedure**						

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6		**GLOBAL PERIOD**				**XXX**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**29**	**41**	**15**
48		**SERVICE PERIOD**						
49		**Start: When patient enters office/facility for surgery/procedure:**						
50		**Pre-Service (of service period)**						
51	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	0.37		2	
52	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37		3	
53	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37		2	
54	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37			
55	CA013	Prepare room, equipment and supplies	L051B	RN/Diagnostic Medical Sonographer	0.51			
56	CA013	Prepare room, equipment and supplies	L041B	Radiologic Technologist	0.41			
57	CA013	Prepare room, equipment and supplies	L046A	CT Technologist	0.46			
58	CA013	Prepare room, equipment and supplies	L047A	MRI Technologist	0.47			
59	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37	2	2	
60	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37			
61	CA014	Confirm order, protocol exam	L041B	Radiologic Technologist	0.41			
62	CA014	Confirm order, protocol exam	L047A	MRI Technologist	0.47			
63	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37			
64	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L051B	RN/Diagnostic Medical Sonographer	0.51			
65	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37	2	2	
66	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041B	Radiologic Technologist	0.41			
67	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L046A	CT Technologist	0.46			
68	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L047A	MRI Technologist	0.47			
69	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37			
73		**Intra-service (of service period)**						
74	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L037D	RN/LPN/MTA	0.37		20	15
75	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L051B	RN/Diagnostic Medical Sonographer	0.51			
76	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L041B	Radiologic Technologist	0.41			
77	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L046A	CT Technologist	0.46			
78	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L047A	MRI Technologist	0.47			
79	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	L037D	RN/LPN/MTA	0.37			
80	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L037D	RN/LPN/MTA	0.37			
81	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L041B	Radiologic Technologist	0.41			
82	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L046A	CT Technologist	0.46			

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7		**TOTAL CLINICAL STAFF TIME**				**29**	**41**	**15**
83	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L047A	MRI Technologist	0.47			
84	CA021	Perform procedure/service---NOT directly related to physician work time	L041B	Radiologic Technologist	0.41			
85	CA021	Perform procedure/service---NOT directly related to physician work time	L047A	MRI Technologist	0.47			
86	CA021	Perform procedure/service---NOT directly related to physician work time	L051B	RN/Diagnostic Medical Sonographer	0.51			
87	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37	15		
91		**Post-Service (of service period)**						
92	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37			
93	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37			
94	CA024	Clean room/equipment by clinical staff	L051B	RN/Diagnostic Medical Sonographer	0.51			
95	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	3	3	
96	CA024	Clean room/equipment by clinical staff	L041B	Radiologic Technologist	0.41			
97	CA024	Clean room/equipment by clinical staff	L047A	MRI Technologist	0.47			
100	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37			
101	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37			
102	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37		1	
103	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA	0.37	2		
104	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L051B	RN/Diagnostic Medical Sonographer	0.51			
105	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L046A	CT Technologist	0.46			
106	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L047A	MRI Technologist	0.47			
107	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Radiologic Technologist	0.41			
108	CA031	Review examination with interpreting MD/DO	L046A	CT Technologist	0.46			
109	CA031	Review examination with interpreting MD/DO	L047A	MRI Technologist	0.47			
110	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37	2		
111	CA031	Review examination with interpreting MD/DO	L051B	RN/Diagnostic Medical Sonographer	0.51			
112	CA031	Review examination with interpreting MD/DO	L041B	Radiologic Technologist	0.41			
113	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L037D	RN/LPN/MTA	0.37	1		
114	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L046A	CT Technologist	0.46			
115	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L051B	RN/Diagnostic Medical Sonographer	0.51			
116	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L047A	MRI Technologist	0.47			
117	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L041B	Radiologic Technologist	0.41			
118	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37			

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6		**GLOBAL PERIOD**				**XXX**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**29**	**41**	**15**
119	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA	0.37			
120	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37		2	
121	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**	**n/a**	**n/a**
128		**End: Patient leaves office**						
129		**POST-SERVICE PERIOD**						
130		**Start: Patient leaves office/facility**						
131	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37			
132	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37			
146		**End: with last office visit before end of global period**						
147	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**				
148		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 2.71**	**$ 21.80**	**$ 0.86**
149	SA048	pack, minimum multi-specialty visit	1.143	pack			1	
150	SA061	tray, biopsy procedure	14.65	tray			1	
151	SB001	cap, surgical	0.209	item				
152	SB004	cover, thermometer probe	0.038	item				
153	SB005	cover-condom, transducer or ultrasound probe	0.35	item		1	1	
154	SB008	drape, sterile, c-arm, fluoro	4.504	item				
155	SB012	drape, sterile, for Mayo stand	1.688	item				
156	SB014	drape, sterile, three-quarter sheet	3.83	item				
157	SB019	drape-towel, sterile 18in x 26in	0.282	item				
158	SB022	gloves, non-sterile	0.084	pair				
159	SB024	gloves, sterile	0.84	pair			2	
160	SB026	gown, patient	0.533	item				
161	SB027	gown, staff, impervious	1.186	item				
162	SB030	lab coat, staff	4.522	item				
163	SB033	mask, surgical	0.196	item				
164	SB034	mask, surgical, with face shield	1.199	item			1	
165	SB039	shoe covers, surgical	0.338	pair				
166	SB044	underpad 2ft x 3ft (Chux)	0.23	item			1	
167	SC022	Mammotome probe guide	7	item				
168	SC029	needle, 18-27g	0.089	item			2	3
169	SC101	ultrasound needle	12.81	item				
170	SC035	needle, Chiba	8.477	item				
171	SC051	syringe 10-12ml	0.184	item			2	3
172	SD086	grids	0.11	item				
173	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.043	item				1
174	SG037	dressing, 4in x 4.75in (Tegaderm)	1.771	item				
175	SG056	gauze, sterile 4in x 4in (10 pack uou)	0.798	item				
176	SH030	Emla cream	2.089	gm				
177	SJ029	ice pack, instant	1.06	item				
178	SJ033	lubricating jelly (Surgilube)	0.501	oz		4		
179	SJ041	povidone soln (Betadine)	0.008	ml				
180	SJ053	swab-pad, alcohol	0.013	item			1	
181	SJ089	ultrasound transmission gel, sterile (single use)	1.71				1	
182	SK062	patient education booklet	1.55	item				
183	SL036	cup, biopsy-specimen sterile 4oz	0.173	item				
184	SL071	fixative spray	0.047	ml				
185	SL120	slide container (for 20 microscope slides)	6.652	item				
186	SL122	slide, microscope	0.055	item				
187	SL154	alcohol ethyl 100%	0.028	ml				
188	SL180	phosphate buffered saline (PBS)	0.025	ml				
189	SM012	disinfectant spray (Transeptic)	0.028	ml		10	10	
190	SM013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz				
191	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	0.165	oz				
192	SM021	sanitizing cloth-wipe (patient)	0.037	item		2		
193	NEW	MREYE CHIBA BIOPSY NEEDLE	37.00	item				
194								

	A	B	D	E	F	S	U	W
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**76942**	**10005**	**10006**
3		***RUC Collaboration Website***				Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation **(Oct 2017 RUC)**	Fine needle aspiration biopsy, including ultrasound guidance; first lesion **(Oct 2017 RUC)**	each additional lesion (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**29**	**41**	**15**
197	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**			
198		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 4.22**	**$ 4.46**	**$ 1.81**
199	EF023	table, exam	1338.17	Default	0.002976617		37	15
200	ED050	PACS Workstation Proxy	5557	PACS	0.022017924	15		
201	ED053	Professional PACS Workstation	14616.93	Other Formula	0.057915145	19		
202	EL007	room, CT	1284000	Highly Technical	4.865100588			
203	EL008	room, MR	1605000	Highly Technical	6.081375734			
204	EL014	room, radiographic-fluoroscopic	367664	Default	1.393085936			
205	EQ250	ultrasound unit, portable	29999	Default	0.11624994	24	37	15
206	EF015	mayo stand	530.76	Default	0.001180619		37	15
207								
208		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*						

	A	B	D	E	F	AC	AE	AG
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**77002**	**10007**	**10008**
3		***RUC Collaboration Website***				Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion **(Oct 2017 RUC)**	each additional lesion (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**RECOMMENDED**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**ZZZ**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**29**	**82**	**45**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*0*	*0*	*0*
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical Sonographer*	*0.51*	*0*	*0*	*0*
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*	*0*	*0*	*0*
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*	*0*	*0*	*0*
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*	*4*	*4*	*0*
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*0*	*22*	*5*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical Sonographer*	*0.51*	*0*	*0*	*0*
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*	*0*	*0*	*0*
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*	*0*	*0*	*0*
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*	*25*	*56*	*40*
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*0*	*0*	*0*
22		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 11.89**	**$ 32.75**	**$ 18.25**
23		**PRE-SERVICE PERIOD**				**29**	**82**	**45**
24		**Start: Following visit when decision for surgery or procedure made**						
25	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37			
26	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37			
27	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37			
28	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37			
29	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37			
30	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37			
31	CA006	Confirm availability of prior images/studies	L051B	RN/Diagnostic Medical Sonographer	0.51			
32	CA006	Confirm availability of prior images/studies	L041B	Radiologic Technologist	0.41	2	2	
33	CA006	Confirm availability of prior images/studies	L046A	CT Technologist	0.46			
34	CA006	Confirm availability of prior images/studies	L047A	MRI Technologist	0.47			
35	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37			
36	CA007	Review patient clinical extant information and questionnaire	L046A	CT Technologist	0.46			
37	CA007	Review patient clinical extant information and questionnaire	L047A	MRI Technologist	0.47			
38	CA007	Review patient clinical extant information and questionnaire	L041B	Radiologic Technologist	0.41	2	2	

	A	B	D	E	F	AC	AE	AG
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**77002**	**10007**	**10008**
3		***RUC Collaboration Website***				Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion **(Oct 2017 RUC)**	each additional lesion (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**RECOMMENDED**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**ZZZ**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**29**	**82**	**45**
39	CA007	Review patient clinical extant information and questionnaire	L041B	Radiologic Technologist	0.41			
40	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37			
47		**End: When patient enters office/facility for surgery/procedure**						

	A	B	D	E	F	AC	AE	AG
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**77002**	**10007**	**10008**
3		***RUC Collaboration Website***				Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion **(Oct 2017 RUC)**	each additional lesion (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**RECOMMENDED**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**ZZZ**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**29**	**82**	**45**
48		**SERVICE PERIOD**						
49		**Start: When patient enters office/facility for surgery/procedure:**						
50		**Pre-Service (of service period)**						
51	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	0.37		2	
52	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37		3	
53	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37		2	
54	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37			
55	CA013	Prepare room, equipment and supplies	L051B	RN/Diagnostic Medical Sonographer	0.51			
56	CA013	Prepare room, equipment and supplies	L041B	Radiologic Technologist	0.41	2	2	
57	CA013	Prepare room, equipment and supplies	L046A	CT Technologist	0.46			
58	CA013	Prepare room, equipment and supplies	L047A	MRI Technologist	0.47			
59	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37			
60	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37			
61	CA014	Confirm order, protocol exam	L041B	Radiologic Technologist	0.41			
62	CA014	Confirm order, protocol exam	L047A	MRI Technologist	0.47			
63	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37			
64	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L051B	RN/Diagnostic Medical Sonographer	0.51			
65	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37			
66	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041B	Radiologic Technologist	0.41	2	2	
67	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L046A	CT Technologist	0.46			
68	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L047A	MRI Technologist	0.47			
69	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37			
73		**Intra-service (of service period)**						
74	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L037D	RN/LPN/MTA	0.37			
75	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L051B	RN/Diagnostic Medical Sonographer	0.51			
76	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L041B	Radiologic Technologist	0.41		27	20
77	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L046A	CT Technologist	0.46			
78	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L047A	MRI Technologist	0.47			
79	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	L037D	RN/LPN/MTA	0.37			
80	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L037D	RN/LPN/MTA	0.37		7	5
81	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L041B	Radiologic Technologist	0.41		20	15
82	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L046A	CT Technologist	0.46			

	A	B	D	E	F	AC	AE	AG
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**77002**	**10007**	**10008**
3		***RUC Collaboration Website***				Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion **(Oct 2017 RUC)**	each additional lesion (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**RECOMMENDED**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**ZZZ**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**29**	**82**	**45**
83	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L047A	MRI Technologist	0.47			
84	CA021	Perform procedure/service---NOT directly related to physician work time	L041B	Radiologic Technologist	0.41	15		
85	CA021	Perform procedure/service---NOT directly related to physician work time	L047A	MRI Technologist	0.47			
86	CA021	Perform procedure/service---NOT directly related to physician work time	L051B	RN/Diagnostic Medical Sonographer	0.51			
87	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37			
91		**Post-Service (of service period)**						
92	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37			
93	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37			
94	CA024	Clean room/equipment by clinical staff	L051B	RN/Diagnostic Medical Sonographer	0.51			
95	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37		3	
96	CA024	Clean room/equipment by clinical staff	L041B	Radiologic Technologist	0.41	3		
97	CA024	Clean room/equipment by clinical staff	L047A	MRI Technologist	0.47			
100	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37			
101	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37		2	
102	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37		1	
103	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA	0.37			
104	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L051B	RN/Diagnostic Medical Sonographer	0.51			
105	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L046A	CT Technologist	0.46			
106	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L047A	MRI Technologist	0.47			
107	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Radiologic Technologist	0.41	2	2	2
108	CA031	Review examination with interpreting MD/DO	L046A	CT Technologist	0.46			
109	CA031	Review examination with interpreting MD/DO	L047A	MRI Technologist	0.47			
110	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37			
111	CA031	Review examination with interpreting MD/DO	L051B	RN/Diagnostic Medical Sonographer	0.51			
112	CA031	Review examination with interpreting MD/DO	L041B	Radiologic Technologist	0.41		2	2
113	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L037D	RN/LPN/MTA	0.37			
114	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L046A	CT Technologist	0.46			
115	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L051B	RN/Diagnostic Medical Sonographer	0.51			
116	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L047A	MRI Technologist	0.47			
117	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L041B	Radiologic Technologist	0.41	1	1	1
118	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37			

	A	B	D	E	F	AC	AE	AG
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**77002**	**10007**	**10008**
3		***RUC Collaboration Website***				Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion **(Oct 2017 RUC)**	each additional lesion (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**RECOMMENDED**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**ZZZ**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**29**	**82**	**45**
119	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA	0.37			
120	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37		2	
121	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**	**n/a**	**n/a**
128		**End: Patient leaves office**						
129		**POST-SERVICE PERIOD**						
130		**Start: Patient leaves office/facility**						
131	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37			
132	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37			
146		**End: with last office visit before end of global period**						
147	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**				
148		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 4.75**	**$ 60.30**	**$ 26.11**
149	SA048	pack, minimum multi-specialty visit	1.143	pack				
150	SA061	tray, biopsy procedure	14.65	tray			1	
151	SB001	cap, surgical	0.209	item			3	
152	SB004	cover, thermometer probe	0.038	item			1	
153	SB005	cover-condom, transducer or ultrasound probe	0.35	item				
154	SB008	drape, sterile, c-arm, fluoro	4.504	item		1	1	
155	SB012	drape, sterile, for Mayo stand	1.688	item			1	
156	SB014	drape, sterile, three-quarter sheet	3.83	item			1	
157	SB019	drape-towel, sterile 18in x 26in	0.282	item			2	
158	SB022	gloves, non-sterile	0.084	pair		1	1	
159	SB024	gloves, sterile	0.84	pair			2	
160	SB026	gown, patient	0.533	item			1	
161	SB027	gown, staff, impervious	1.186	item			2	
162	SB030	lab coat, staff	4.522	item				
163	SB033	mask, surgical	0.196	item				
164	SB034	mask, surgical, with face shield	1.199	item			2	
165	SB039	shoe covers, surgical	0.338	pair			3	
166	SB044	underpad 2ft x 3ft (Chux)	0.23	item			1	
167	SC022	Mammotome probe guide	7	item				
168	SC029	needle, 18-27g	0.089	item				
169	SC101	ultrasound needle	12.81	item				
170	SC035	needle, Chiba	8.477	item			3	3
171	SC051	syringe 10-12ml	0.184	item			2	3
172	SD086	grids	0.11	item				
173	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.043	item				1
174	SG037	dressing, 4in x 4.75in (Tegaderm)	1.771	item				
175	SG056	gauze, sterile 4in x 4in (10 pack uou)	0.798	item				
176	SH030	Emla cream	2.089	gm				
177	SJ029	ice pack, instant	1.06	item				
178	SJ033	lubricating jelly (Surgilube)	0.501	oz				
179	SJ041	povidone soln (Betadine)	0.008	ml				10
180	SJ053	swab-pad, alcohol	0.013	item			1	
181	SJ089	ultrasound transmission gel, sterile (single use)	1.71					
182	SK062	patient education booklet	1.55	item				
183	SL036	cup, biopsy-specimen sterile 4oz	0.173	item				
184	SL071	fixative spray	0.047	ml				
185	SL120	slide container (for 20 microscope slides)	6.652	item				
186	SL122	slide, microscope	0.055	item				
187	SL154	alcohol ethyl 100%	0.028	ml				
188	SL180	phosphate buffered saline (PBS)	0.025	ml				
189	SM012	disinfectant spray (Transeptic)	0.028	ml			10	
190	SM013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz		1		
191	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	0.165	oz				
192	SM021	sanitizing cloth-wipe (patient)	0.037	item				
193	NEW	MREYE CHIBA BIOPSY NEEDLE	37.00	item				
194								

	A	B	D	E	F	AC	AE	AG
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**77002**	**10007**	**10008**
3		***RUC Collaboration Website***				Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion **(Oct 2017 RUC)**	each additional lesion (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**RECOMMEND ED**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**ZZZ**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**29**	**82**	**45**
197	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**			
198		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 31.20**	**$ 64.28**	**$ 29.59**
199	EF023	table, exam	1338.17	Default	0.002976617			
200	ED050	PACS Workstation Proxy	5557	PACS	0.022017924	25	49	25
201	ED053	Professional PACS Workstation	14616.93	Other Formula	0.057915145		32	20
202	EL007	room, CT	1284000	Highly Technical	4.865100588			
203	EL008	room, MR	1605000	Highly Technical	6.081375734			
204	EL014	room, radiographic-fluoroscopic	367664	Default	1.393085936	22	44	20
205	EQ250	ultrasound unit, portable	29999	Default	0.11624994			
206	EF015	mayo stand	530.76	Default	0.001180619		44	20
207								
208		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*						

	A	B	D	E	F	AM	AO	AQ
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**77012**	**10009**	**10010**
3		***RUC Collaboration Website***				Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation **(Oct 2017 RUC)**	Fine needle aspiration biopsy, including CT guidance; first lesion **(Oct 2017 RUC)**	each additional lesion (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**36**	**98**	**50**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*0*	*0*	*0*
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical Sonographer*	*0.51*	*0*	*0*	*0*
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*	*0*	*4*	*0*
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*	*0*	*0*	*0*
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*	*3*	*0*	*0*
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*1*	*26*	*6*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical Sonographer*	*0.51*	*0*	*0*	*0*
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*	*0*	*68*	*44*
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*	*0*	*0*	*0*
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*	*32*	*0*	*0*
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*0*	*0*	*0*
22		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 14.72**	**$ 42.76**	**$ 22.44**
23		**PRE-SERVICE PERIOD**				**36**	**98**	**50**
24		**Start: Following visit when decision for surgery or procedure made**						
25	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37			
26	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37			
27	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37			
28	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37			
29	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37			
30	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37			
31	CA006	Confirm availability of prior images/studies	L051B	RN/Diagnostic Medical Sonographer	0.51			
32	CA006	Confirm availability of prior images/studies	L041B	Radiologic Technologist	0.41	3		
33	CA006	Confirm availability of prior images/studies	L046A	CT Technologist	0.46		2	
34	CA006	Confirm availability of prior images/studies	L047A	MRI Technologist	0.47			
35	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37			
36	CA007	Review patient clinical extant information and questionnaire	L046A	CT Technologist	0.46		2	
37	CA007	Review patient clinical extant information and questionnaire	L047A	MRI Technologist	0.47			
38	CA007	Review patient clinical extant information and questionnaire	L041B	Radiologic Technologist	0.41			

	A	B	D	E	F	AM	AO	AQ
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**77012**	**10009**	**10010**
3		***RUC Collaboration Website***				Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation **(Oct 2017 RUC)**	Fine needle aspiration biopsy, including CT guidance; first lesion **(Oct 2017 RUC)**	each additional lesion (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**36**	**98**	**50**
39	CA007	Review patient clinical extant information and questionnaire	L041B	Radiologic Technologist	0.41			
40	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37			
47		**End: When patient enters office/facility for surgery/procedure**						

	A	B	D	E	F	AM	AO	AQ
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**77012**	**10009**	**10010**
3		***RUC Collaboration Website***				Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation **(Oct 2017 RUC)**	Fine needle aspiration biopsy, including CT guidance; first lesion **(Oct 2017 RUC)**	each additional lesion (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**36**	**98**	**50**
48		**SERVICE PERIOD**						
49		**Start: When patient enters office/facility for surgery/procedure:**						
50		**Pre-Service (of service period)**						
51	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	0.37		2	
52	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37		3	
53	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37	1	2	
54	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37			
55	CA013	Prepare room, equipment and supplies	L051B	RN/Diagnostic Medical Sonographer	0.51			
56	CA013	Prepare room, equipment and supplies	L041B	Radiologic Technologist	0.41	2		
57	CA013	Prepare room, equipment and supplies	L046A	CT Technologist	0.46		2	
58	CA013	Prepare room, equipment and supplies	L047A	MRI Technologist	0.47			
59	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37			
60	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37			
61	CA014	Confirm order, protocol exam	L041B	Radiologic Technologist	0.41	1		
62	CA014	Confirm order, protocol exam	L047A	MRI Technologist	0.47			
63	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37			
64	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L051B	RN/Diagnostic Medical Sonographer	0.51			
65	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37		2	
66	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041B	Radiologic Technologist	0.41	2		
67	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L046A	CT Technologist	0.46			
68	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L047A	MRI Technologist	0.47			
69	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37			
73		**Intra-service (of service period)**						
74	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L037D	RN/LPN/MTA	0.37			
75	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L051B	RN/Diagnostic Medical Sonographer	0.51			
76	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L041B	Radiologic Technologist	0.41			
77	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L046A	CT Technologist	0.46		35	25
78	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L047A	MRI Technologist	0.47			
79	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	L037D	RN/LPN/MTA	0.37			
80	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L037D	RN/LPN/MTA	0.37		9	6
81	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L041B	Radiologic Technologist	0.41			
82	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L046A	CT Technologist	0.46		26	19

	A	B	D	E	F	AM	AO	AQ
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**77012**	**10009**	**10010**
3		***RUC Collaboration Website***				Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation **(Oct 2017 RUC)**	Fine needle aspiration biopsy, including CT guidance; first lesion **(Oct 2017 RUC)**	each additional lesion (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**36**	**98**	**50**
83	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L047A	MRI Technologist	0.47			
84	CA021	Perform procedure/service---NOT directly related to physician work time	L041B	Radiologic Technologist	0.41	18		
85	CA021	Perform procedure/service---NOT directly related to physician work time	L047A	MRI Technologist	0.47			
86	CA021	Perform procedure/service---NOT directly related to physician work time	L051B	RN/Diagnostic Medical Sonographer	0.51			
87	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37			
91		**Post-Service (of service period)**						
92	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37			
93	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37			
94	CA024	Clean room/equipment by clinical staff	L051B	RN/Diagnostic Medical Sonographer	0.51			
95	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37		3	
96	CA024	Clean room/equipment by clinical staff	L041B	Radiologic Technologist	0.41	3		
97	CA024	Clean room/equipment by clinical staff	L047A	MRI Technologist	0.47			
100	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37			
101	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37		2	
102	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37		1	
103	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA	0.37			
104	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L051B	RN/Diagnostic Medical Sonographer	0.51			
105	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L046A	CT Technologist	0.46		2	
106	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L047A	MRI Technologist	0.47			
107	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Radiologic Technologist	0.41	3		
108	CA031	Review examination with interpreting MD/DO	L046A	CT Technologist	0.46		2	
109	CA031	Review examination with interpreting MD/DO	L047A	MRI Technologist	0.47			
110	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37			
111	CA031	Review examination with interpreting MD/DO	L051B	RN/Diagnostic Medical Sonographer	0.51			
112	CA031	Review examination with interpreting MD/DO	L041B	Radiologic Technologist	0.41	2		
113	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L037D	RN/LPN/MTA	0.37			
114	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L046A	CT Technologist	0.46		1	
115	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L051B	RN/Diagnostic Medical Sonographer	0.51			
116	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L047A	MRI Technologist	0.47			
117	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L041B	Radiologic Technologist	0.41	1		
118	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37			

	A	B	D	E	F	AM	AO	AQ
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**77012**	**10009**	**10010**
3		***RUC Collaboration Website***				Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation **(Oct 2017 RUC)**	Fine needle aspiration biopsy, including CT guidance; first lesion **(Oct 2017 RUC)**	each additional lesion (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**36**	**98**	**50**
119	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA	0.37			
120	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37		2	
121	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**	**n/a**	**n/a**
128		**End: Patient leaves office**						
129		**POST-SERVICE PERIOD**						
130		**Start: Patient leaves office/facility**						
131	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37			
132	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37			
146		**End: with last office visit before end of global period**						
147	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**				
148		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 4.67**	**$ 55.91**	**$ 26.11**
149	SA048	pack, minimum multi-specialty visit	1.143	pack				
150	SA061	tray, biopsy procedure	14.65	tray			1	
151	SB001	cap, surgical	0.209	item			3	
152	SB004	cover, thermometer probe	0.038	item			1	
153	SB005	cover-condom, transducer or ultrasound probe	0.35	item				
154	SB008	drape, sterile, c-arm, fluoro	4.504	item		1		
155	SB012	drape, sterile, for Mayo stand	1.688	item			1	
156	SB014	drape, sterile, three-quarter sheet	3.83	item			1	
157	SB019	drape-towel, sterile 18in x 26in	0.282	item			2	
158	SB022	gloves, non-sterile	0.084	pair			1	
159	SB024	gloves, sterile	0.84	pair			2	
160	SB026	gown, patient	0.533	item			1	
161	SB027	gown, staff, impervious	1.186	item			2	
162	SB030	lab coat, staff	4.522	item				
163	SB033	mask, surgical	0.196	item				
164	SB034	mask, surgical, with face shield	1.199	item			2	
165	SB039	shoe covers, surgical	0.338	pair			3	
166	SB044	underpad 2ft x 3ft (Chux)	0.23	item			1	
167	SC022	Mammotome probe guide	7	item				
168	SC029	needle, 18-27g	0.089	item				
169	SC101	ultrasound needle	12.81	item				
170	SC035	needle, Chiba	8.477	item			3	3
171	SC051	syringe 10-12ml	0.184	item			2	3
172	SD086	grids	0.11	item			1	
173	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.043	item				1
174	SG037	dressing, 4in x 4.75in (Tegaderm)	1.771	item				
175	SG056	gauze, sterile 4in x 4in (10 pack uou)	0.798	item				
176	SH030	Emla cream	2.089	gm				
177	SJ029	ice pack, instant	1.06	item				
178	SJ033	lubricating jelly (Surgilube)	0.501	oz				
179	SJ041	povidone soln (Betadine)	0.008	ml				10
180	SJ053	swab-pad, alcohol	0.013	item			1	
181	SJ089	ultrasound transmission gel, sterile (single use)	1.71					
182	SK062	patient education booklet	1.55	item				
183	SL036	cup, biopsy-specimen sterile 4oz	0.173	item				
184	SL071	fixative spray	0.047	ml				
185	SL120	slide container (for 20 microscope slides)	6.652	item				
186	SL122	slide, microscope	0.055	item				
187	SL154	alcohol ethyl 100%	0.028	ml				
188	SL180	phosphate buffered saline (PBS)	0.025	ml				
189	SM012	disinfectant spray (Transeptic)	0.028	ml			10	
190	SM013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz		1		
191	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	0.165	oz				
192	SM021	sanitizing cloth-wipe (patient)	0.037	item				
193	NEW	MREYE CHIBA BIOPSY NEEDLE	37.00	item				
194								

	A	B	D	E	F	AM	AO	AQ
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**77012**	**10009**	**10010**
3		***RUC Collaboration Website***				Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation **(Oct 2017 RUC)**	Fine needle aspiration biopsy, including CT guidance; first lesion **(Oct 2017 RUC)**	each additional lesion (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**36**	**98**	**50**
197	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**			
198		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 139.42**	**$ 208.04**	**$ 123.66**
199	EF023	table, exam	1338.17	Default	0.002976617			
200	ED050	PACS Workstation Proxy	5557	PACS	0.022017924	32	55	25
201	ED053	Professional PACS Workstation	14616.93	Other Formula	0.057915145	43	42	25
202	EL007	room, CT	1284000	Highly Technical	4.865100588	28	42	25
203	EL008	room, MR	1605000	Highly Technical	6.081375734			
204	EL014	room, radiographic-fluoroscopic	367664	Default	1.393085936			
205	EQ250	ultrasound unit, portable	29999	Default	0.11624994			
206	EF015	mayo stand	530.76	Default	0.001180619		52	25
207								
208		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*						

	A	B	D	E	F	AS	AU	AW
1	**RUC Practice Expense Spreadsheet**					**CURRENT**	**CURRENT**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**10022**	**77021**	**77021**
3		***RUC Collaboration Website***				Fine needle aspiration; with imaging guidance **(Feb 2001 RUC)**	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation **(April 2011)**	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation **(Jan 2018 RUC)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**				**47**	**52**	**67**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*0*	*0*	*0*
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical Sonographer*	*0.51*	*0*	*0*	*0*
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*	*0*	*0*	*0*
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*	*0*	*0*	*2*
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*	*0*	*0*	*0*
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*47*	*0*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical Sonographer*	*0.51*	*0*	*0*	*0*
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*	*0*	*0*	*0*
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*	*0*	*52*	*65*
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*	*0*	*0*	*0*
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*0*	*0*	*0*
22		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 17.39**	**$ 24.44**	**$ 31.49**
23		**PRE-SERVICE PERIOD**				**47**	**52**	**67**
24		**Start: Following visit when decision for surgery or procedure made**						
25	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37			
26	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37			
27	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37			
28	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37			
29	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37			
30	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37			
31	CA006	Confirm availability of prior images/studies	L051B	RN/Diagnostic Medical Sonographer	0.51			
32	CA006	Confirm availability of prior images/studies	L041B	Radiologic Technologist	0.41			
33	CA006	Confirm availability of prior images/studies	L046A	CT Technologist	0.46			
34	CA006	Confirm availability of prior images/studies	L047A	MRI Technologist	0.47			2
35	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37			
36	CA007	Review patient clinical extant information and questionnaire	L046A	CT Technologist	0.46			
37	CA007	Review patient clinical extant information and questionnaire	L047A	MRI Technologist	0.47			
38	CA007	Review patient clinical extant information and questionnaire	L041B	Radiologic Technologist	0.41			

	A	B	D	E	F	AS	AU	AW
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4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**				**47**	**52**	**67**
39	CA007	Review patient clinical extant information and questionnaire	L041B	Radiologic Technologist	0.41			
40	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37			
47		**End: When patient enters office/facility for surgery/procedure**						

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6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**				**47**	**52**	**67**
48		**SERVICE PERIOD**						
49		**Start: When patient enters office/facility for surgery/procedure:**						
50		**Pre-Service (of service period)**						
51	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	0.37	2		
52	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37	3		
53	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37	2		
54	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37			
55	CA013	Prepare room, equipment and supplies	L051B	RN/Diagnostic Medical Sonographer	0.51			
56	CA013	Prepare room, equipment and supplies	L041B	Radiologic Technologist	0.41			
57	CA013	Prepare room, equipment and supplies	L046A	CT Technologist	0.46			
58	CA013	Prepare room, equipment and supplies	L047A	MRI Technologist	0.47		2	2
59	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37	5		
60	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37			
61	CA014	Confirm order, protocol exam	L041B	Radiologic Technologist	0.41			
62	CA014	Confirm order, protocol exam	L047A	MRI Technologist	0.47			1
63	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37			
64	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L051B	RN/Diagnostic Medical Sonographer	0.51			
65	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37	2		
66	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041B	Radiologic Technologist	0.41			
67	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L046A	CT Technologist	0.46			
68	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L047A	MRI Technologist	0.47		2	3
69	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37			
73		**Intra-service (of service period)**						
74	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L037D	RN/LPN/MTA	0.37	20		
75	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L051B	RN/Diagnostic Medical Sonographer	0.51			
76	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L041B	Radiologic Technologist	0.41			
77	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L046A	CT Technologist	0.46			
78	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L047A	MRI Technologist	0.47			
79	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	L037D	RN/LPN/MTA	0.37			
80	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L037D	RN/LPN/MTA	0.37			
81	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L041B	Radiologic Technologist	0.41			
82	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L046A	CT Technologist	0.46			

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6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**				**47**	**52**	**67**
83	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L047A	MRI Technologist	0.47			
84	CA021	Perform procedure/service---NOT directly related to physician work time	L041B	Radiologic Technologist	0.41			
85	CA021	Perform procedure/service---NOT directly related to physician work time	L047A	MRI Technologist	0.47		45	50
86	CA021	Perform procedure/service---NOT directly related to physician work time	L051B	RN/Diagnostic Medical Sonographer	0.51			
87	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37			
91		**Post-Service (of service period)**						
92	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37			
93	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37			
94	CA024	Clean room/equipment by clinical staff	L051B	RN/Diagnostic Medical Sonographer	0.51			
95	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	3		
96	CA024	Clean room/equipment by clinical staff	L041B	Radiologic Technologist	0.41			
97	CA024	Clean room/equipment by clinical staff	L047A	MRI Technologist	0.47		3	3
100	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37			
101	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37	2		
102	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37	2		
103	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA	0.37			
104	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L051B	RN/Diagnostic Medical Sonographer	0.51			
105	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L046A	CT Technologist	0.46			
106	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L047A	MRI Technologist	0.47			3
107	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Radiologic Technologist	0.41			
108	CA031	Review examination with interpreting MD/DO	L046A	CT Technologist	0.46			
109	CA031	Review examination with interpreting MD/DO	L047A	MRI Technologist	0.47			2
110	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37			
111	CA031	Review examination with interpreting MD/DO	L051B	RN/Diagnostic Medical Sonographer	0.51			
112	CA031	Review examination with interpreting MD/DO	L041B	Radiologic Technologist	0.41			
113	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L037D	RN/LPN/MTA	0.37			
114	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L046A	CT Technologist	0.46			
115	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L051B	RN/Diagnostic Medical Sonographer	0.51			
116	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L047A	MRI Technologist	0.47			1
117	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L041B	Radiologic Technologist	0.41			
118	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37			

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6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**				**47**	**52**	**67**
119	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA	0.37			
120	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37	6		
121	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**	**n/a**	**n/a**
128		**End: Patient leaves office**						
129		**POST-SERVICE PERIOD**						
130		**Start: Patient leaves office/facility**						
131	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37			
132	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37			
146		**End: with last office visit before end of global period**						
147	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**				
148		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 45.47**	**$ -**	**$ -**
149	SA048	pack, minimum multi-specialty visit	1.143	pack				
150	SA061	tray, biopsy procedure	14.65	tray		1		
151	SB001	cap, surgical	0.209	item				
152	SB004	cover, thermometer probe	0.038	item		1		
153	SB005	cover-condom, transducer or ultrasound probe	0.35	item				
154	SB008	drape, sterile, c-arm, fluoro	4.504	item				
155	SB012	drape, sterile, for Mayo stand	1.688	item				
156	SB014	drape, sterile, three-quarter sheet	3.83	item				
157	SB019	drape-towel, sterile 18in x 26in	0.282	item				
158	SB022	gloves, non-sterile	0.084	pair		1		
159	SB024	gloves, sterile	0.84	pair		2		
160	SB026	gown, patient	0.533	item		1		
161	SB027	gown, staff, impervious	1.186	item				
162	SB030	lab coat, staff	4.522	item		2		
163	SB033	mask, surgical	0.196	item		1		
164	SB034	mask, surgical, with face shield	1.199	item				
165	SB039	shoe covers, surgical	0.338	pair				
166	SB044	underpad 2ft x 3ft (Chux)	0.23	item				
167	SC022	Mammotome probe guide	7	item				
168	SC029	needle, 18-27g	0.089	item				
169	SC101	ultrasound needle	12.81	item				
170	SC035	needle, Chiba	8.477	item		2		
171	SC051	syringe 10-12ml	0.184	item		3		
172	SD086	grids	0.11	item				
173	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.043	item				
174	SG037	dressing, 4in x 4.75in (Tegaderm)	1.771	item				
175	SG056	gauze, sterile 4in x 4in (10 pack uou)	0.798	item				
176	SH030	Emla cream	2.089	gm				
177	SJ029	ice pack, instant	1.06	item				
178	SJ033	lubricating jelly (Surgilube)	0.501	oz				
179	SJ041	povidone soln (Betadine)	0.008	ml		10		
180	SJ053	swab-pad, alcohol	0.013	item		4		
181	SJ089	ultrasound transmission gel, sterile (single use)	1.71					
182	SK062	patient education booklet	1.55	item		1		
183	SL036	cup, biopsy-specimen sterile 4oz	0.173	item				
184	SL071	fixative spray	0.047	ml				
185	SL120	slide container (for 20 microscope slides)	6.652	item				
186	SL122	slide, microscope	0.055	item				
187	SL154	alcohol ethyl 100%	0.028	ml				
188	SL180	phosphate buffered saline (PBS)	0.025	ml				
189	SM012	disinfectant spray (Transeptic)	0.028	ml				
190	SM013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz				
191	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	0.165	oz		0		
192	SM021	sanitizing cloth-wipe (patient)	0.037	item				
193	NEW	MREYE CHIBA BIOPSY NEEDLE	37.00	item				
194								

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7		**TOTAL CLINICAL STAFF TIME**				**47**	**52**	**67**
197	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**			
198		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 0.06**	**$ 277.72**	**$ 363.21**
199	EF023	table, exam	1338.17	Default	0.002976617			
200	ED050	PACS Workstation Proxy	5557	PACS	0.022017924		45	62
201	ED053	Professional PACS Workstation	14616.93	Other Formula	0.057915145		53	53
202	EL007	room, CT	1284000	Highly Technical	4.865100588			
203	EL008	room, MR	1605000	Highly Technical	6.081375734		45	59
204	EL014	room, radiographic-fluoroscopic	367664	Default	1.393085936			
205	EQ250	ultrasound unit, portable	29999	Default	0.11624994			
206	EF015	mayo stand	530.76	Default	0.001180619	47		
207								
208		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*						

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request – Final Rule for 2016

October 2017

Fine Needle Aspiration

CPT code 10021 was identified as part of the CMS OPPS/ASC cap payment proposal in the CMS Proposed Rule for CY2014. The proposal was to limit the practice expense payment through the physician payment schedule at the lower of two facility payment schedules, either the OPPS or ASC payment schedule. Although the CMS OPPS/ASC cap proposal was not implemented in the final rule for CY2014, the RUC forwarded a number of practice expense only recommendations for CY2015. In the CY2016 Medicare Physician Payment Schedule Final Rule, CMS noted concern about implementing practice expense inputs without the corresponding work being reviewed. The RUC identified CPT code 10021 as one of the services that CMS' request pertained to and requested that the specialties that perform this service submit recommendations for the January 2016 RUC meeting. The specialty societies provided two reasons why these codes need to be referred to the CPT Editorial Panel prior to receiving a RUC survey. First, both codes need clarifying language stating that they should be reported per lesion rather than for every pass on the same lesion. Second, CPT code 10022 is reported with 76942 *Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation* more than 75% of the time together and a bundled code solution will be developed. In June 2017, the CPT Editorial Panel deleted one code, revised one code and created 9 new codes to describe fine needle aspiration procedures with and without imaging.

10021 ***Fine needle aspiration biopsy, without imaging guidance; first lesion***
The RUC reviewed the survey results from 158 physicians and agreed with the societies on the following physician time components: 10 minutes of pre-service time, 15 minutes of intra-service time and 8 minutes of post-service time. The RUC noted that the current times in the RUC database were from 1995 and resulted in an inappropriately low IWPUT of 0.034. Therefore, the drop in total time did not warrant a proportional change in work RVU as the previous times were not appropriate.

This service is typically performed with an Evaluation and Management (E/M) service. The specialties noted, and the RUC agreed, that although this service is typically performed with an E/M visit, the pre-service and post-service time is appropriate to account for the work that is distinct from what is performed during the E/M visit. The 10 minutes of pre-service time is appropriate to explain the procedure to the patient, including potential complications, obtain informed consent, position and prep the patient, and clean the biopsy site with disinfectant and inject local anesthesia and wait for it to take effect. The 8 minutes of post-service time is necessary to prepare a report of the procedure for the medical record. The slides and cell block solution are checked to insure proper sealing and transportability to pathology (either locally or via mail). The appropriate clinical history documents, labeling, and requisition forms are packaged in the sealed, transportable packaging and sent to the appropriate pathology agency. The patient is monitored for any evidence of hematoma, bleeding, drug reaction, or other complication(s).

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The RUC reviewed the survey 25th percentile work RVU of 1.20 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 1.20, the RUC compared the survey code to MPC code 70470 *Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections* (work RVU= 1.27, intra-service time of 15 minutes, total time of 25 minutes) and noted that both service involve a similar amount of physician work and have identical intra-service times. The RUC also compared the survey code to MPC code 99283 *Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity* (work RVU= 1.34, intra-service time of 18 minutes, total time of 30 minutes) and noted that the reference code has somewhat more intra-service and total time and that it was appropriate to value the survey code somewhat less than the reference code. **The RUC recommends a work RVU of 1.20 for CPT code 10021.**

10004 ***Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 125 physicians and agreed with the specialty societies on the following physician time components: 14 minutes of intra-service time. The RUC reviewed the survey 25th percentile work RVU of 0.80 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.80, the RUC compared the survey code to the 2nd key reference code 10036 *Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)* (work RVU=0.85, intra-service time of 14 minutes) and noted that both services have identical intra-service and total times involve a similar amount of physician work. The RUC also compared the survey code to MPC code 51797 *Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)* (work RVU=0.80, intra-service time of 15 minutes) and noted that both services have very similar times and involve a similar amount of physician work. **The RUC recommends a work RVU of 0.80 for CPT code 10004.**

10005 ***Fine needle aspiration biopsy, including ultrasound guidance; first lesion***

The RUC reviewed the survey results from 203 physicians and agreed with the societies on the following physician time components: 10 minutes of pre-service time, 20 minutes of intra-service time and 9 minutes of post-service time. The RUC reviewed the billed together data for deleted code 10022 *Fine needle aspiration; with imaging guidance* and confirmed that it was not typically reported with an E/M service. Deleted code 10022 was bundled into new CPT codes 10005-10012.

The RUC reviewed the survey 25th percentile work RVU of 1.63 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 1.63, the RUC compared the survey code to MPC code 93351 *Echocardiography, transthoracic, real-time*

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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 (work RVU= 1.75, intra-service time of 20 minutes total time of 35 minutes) and noted that both services have identical intra-service time, whereas the survey code involves 4 minutes more total time. The RUC also compared the survey code to CPT code 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)* (work RVU= 1.75, intra-service time of 20 minutes, total time of 40 minutes) and noted that both codes have identical intra-service times, very similar total times and involve a similar amount of physician work. **The RUC recommends a work RVU of 1.63 for CPT code 10005.**

10006 ***Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 200 physicians and agreed with the societies on the following physician time components: 15 minutes of intra-service time. The RUC reviewed the billed together data for deleted code 10022 *Fine needle aspiration; with imaging guidance* and confirmed that it was not typically reported with an E/M service. Deleted code 10022 was bundled into new CPT codes 10005-10012.

The RUC reviewed the survey 25th percentile work RVU of 1.00 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 1.00, the RUC compared the survey code to top key reference code 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* (work RVU= 1.55, intra-service time of 20 minutes, total time of 25 minutes) and noted that given the longer intra-service, and total time and increased physician work of performing both an image guided biopsy then an image guided localization device placement, 19084 is appropriately valued higher than 10006 with a slightly higher physician work intensity. The RUC also compared the survey code to MPC code 64480 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level* (work RVU 1.20, intra-service time of 15 minutes) and noted that both add-on codes have identical times, whereas the reference code is somewhat more technically demanding than the typical case for 10006, supporting the relative valuation between the two services. **The RUC recommends a work RVU of 1.00 for CPT code 10006.**

10007 ***Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion***

The RUC reviewed the survey results from 31 physicians and agreed with the societies on the following physician time components: 10 minutes of pre-service time, 27 minutes of intra-service time and 10 minutes of post-service time. The RUC reviewed the billed together data for deleted code 10022 *Fine needle aspiration; with imaging guidance* and confirmed that it was not typically reported with an E/M service. Deleted code 10022 was bundled into new CPT codes 10005-10012.

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The RUC reviewed the survey 25th percentile work RVU of 2.23 and agreed that this value somewhat overvalues the physician work involved in performing this service. To determine an appropriate value for this service, the RUC noted that this service is currently reported with codes 10022 *Fine needle aspiration; with imaging guidance* (work RVU = 1.27) and 77002 *Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)* (work RVU = 0.54), which have a combined work RVU of 1.81. The RUC agreed that this value is appropriate for code 10007. To justify a work RVU of 1.81, the RUC compared the survey code to MPC code 99221 *Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other 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 problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit* (work RVU= 1.92, intra-service time of 30 minutes, total time of 50 minutes) and noted that the reference code involves slightly more intra-service time and total time, supporting a somewhat lower valuation for the survey code. The RUC also compared the survey code to MPC code 92004 *Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits* (work RVU= 1.82, intra-service time of 25 minutes, total time 40 minutes) and noted that the survey code involves more intra-service time and more total time. **The RUC recommends a work RVU of 1.81 for CPT code 10007.**

10008 *Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)*

The RUC reviewed the survey results from 31 physicians and agreed with the societies on the following physician time components: 20 minutes of intra-service time. The RUC reviewed the billed together data for deleted code 10022 *Fine needle aspiration; with imaging guidance* and confirmed that it was not typically reported with an evaluation and management service. Deleted code 10022 was bundled into new CPT codes 10005-10012.

The RUC reviewed the survey 25th percentile work RVU of 1.50 and agreed that this value somewhat overvalues the physician work involved in performing this service. To determine an appropriate value for this service, the RUC reviewed how this service is currently reported with codes 10022 and 77002 which have a combined work RVU of 1.81. Although Medicare does not apply the multiple procedure reduction to this service currently, the specialties based their proposed value on if the multiple procedure reduction was applied to deleted code 10022, which would produce a combined work RVU with 77002 of 1.18 (0.64+0.54 = 1.18). To justify a work RVU of 1.18, the RUC compared the survey code to MPC code 64480 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)* (work RVU= 1.20, intra-service time of 15 minutes) and noted that the survey code involves more intra-service and total time, whereas the reference code involves a bit more complexity, and would value the codes appropriately to each other. The RUC also compared the survey code to top key reference code 19082 *Biopsy, breast, with*

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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 (work RVU=1.65, intra-service time of 25 minutes, total time of 30 minutes) and noted that given the longer total time and increased work of doing both an image guided biopsy then image guided localization device placement, 19082 is appropriately valued higher than 10008 with a slightly higher physician work intensity. **The RUC recommends a work RVU of 1.18 for CPT code 10008.**

10009 ***Fine needle aspiration biopsy, including CT guidance; first lesion***
The RUC reviewed the survey results from 91 physicians and agreed with the societies on the following physician time components: 15 minutes of pre-service time, 35 minutes of intra-service time and 12 minutes of post-service time. The RUC reviewed the billed together data for deleted code 10022 *Fine needle aspiration; with imaging guidance* and confirmed that it was not typically reported with an E/M service. Deleted code 10022 was bundled into new CPT codes 10005-10012.

The RUC reviewed the survey 25th percentile work RVU of 2.43 and agreed that this value appropriately accounts for the physician work involved. The RUC also noted that this is the aggregate work value for the two CPT codes that are being bundled into this new code. To justify a work RVU of 2.43, the RUC compared the survey code to CPT code 99204 *Office or other outpatient visit for the evaluation and management of a new patient…*(work RVU= 2.43, intra-service time of 30 minutes, total time of 45 minutes) and noted that the survey code involves more intra-service time and total time. The RUC also compared the survey code to CPT code 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)* (work RVU= 2.40, intra-service time of 30 minutes, total time of 50 minutes) and noted that the survey code involves more intra-service and total time. **The RUC recommends a work RVU of 2.43 for CPT code 10009.**

10010 ***Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 91 physicians and agreed with the societies on the following physician time components: 25 minutes of intra-service time. The RUC reviewed the billed together data for deleted code 10022 *Fine needle aspiration; with imaging guidance* and confirmed that it was not typically reported with an E/M service. Deleted code 10022 was bundled into new CPT codes 10005-10012.

The RUC reviewed the survey 25th percentile work RVU of 1.65 and agreed that this value appropriately accounts for the physician work involved. The RUC noted that this is a much lower valuation than current reporting. To justify a work RVU of 1.65, the RUC compared the survey code to the 2nd key reference code 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)* (work RVU= 1.65, intra-service time of 25 minutes) and noted that both services have identical intra-service time. Although the reference code has somewhat more total time, 67 percent of the

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survey respondents that selected 19082 as their key reference code indicated the survey code was a more intense and complex service to perform, supporting a slightly higher IWPUT for the survey code. **The RUC recommends a work RVU of 1.65 for CPT code 10010.**

10011 ***Fine needle aspiration biopsy, including MR guidance; first lesion***
The RUC reviewed the survey results from 13 physicians and noted that the number of survey responses collected did not reach the minimum threshold. The specialties noted that this service is projected to have very low utilization and based on AMA staff recommendation, have kept their survey open to collect more responses. For the January meeting, the ACR requested Research Subcommittee approval to perform a targeted survey for MR-guided FNA, CPT codes 10011-10012. ACR has reached out to the Society of Abdominal Radiology (SAR) as a potential sample pool and is hoping to coordinate with them. The Research Subcommittee approved for the specialty to use a random sample of SAR membership along with a random sample of ACR membership. **The RUC recommends an interim designation to contractor price CPT code 10011.**

10012 ***Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 13 physicians and noted that the number of survey responses collected did not reach the minimum threshold. The specialties noted that this service is projected to have very low utilization and based on AMA staff recommendation, have kept their survey open to collect more responses. For the January meeting, the ACR requested Research Subcommittee approval to perform a targeted survey for MR-guided FNA, CPT codes 10011-10012. ACR has reached out to the Society of Abdominal Radiology (SAR) as a potential sample pool and is hoping to coordinate with them. The Research Subcommittee approved for the specialty to use a random sample of SAR membership along with a random sample of ACR membership. **The RUC recommends an interim designation to contractor price CPT code 10012.**

Affirmation of RUC Recommendations
The RUC affirmed the recent RUC recommendations for CPT codes 76942, 77002 and 77012. The relativity within the family remains correct.

77021 ***Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation***
For CPT code 77021, the RUC recommends for the specialty to survey this code, as the RUC had last reviewed this service in the year 2000. It was noted that Urology is one of the top providers for 77021 and should be involved in the valuation of this service.

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Potential Miscoding for CPT code 77021
It was noted that there may be some miscoding for MR Guidance code 77021, where this code is inappropriately being reported for a service that involves using software to fuse pre-existing MR images with real-time ultrasound images of the prostate during a prostate biopsy. 42.3 percent of the global reporting for mr guidance code 77021 is with ultrasound guidance code 76942 per 2015 billed together data.

Practice Expense
The Practice Expense Subcommittee reviewed the proposed compelling evidence arguments and accepted them as follows:

	PE Compelling Evidence for Fine Needle Aspiration									
Components of PE Compelling Evidence	**10021**	**10004**	**10005**	**10006**	**10007**	**10008**	**10009**	**10010**	**10011**	**10012**
• Evidence that patient population has changed.	**No**	**No**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
• Evidence that technology has changed clinical staff time.	**No**	**No**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
• Evidence that previous practice expense inputs were based on one specialty, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data.	**No**	**No**	**Yes**	**Yes**	**No**	**No**	**No**	**No**	**No**	**No**

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Summary of revisions made by the Practice Expense Subcommittee relative to the original proposal from the specialties:

- Added additional time to the clinical staff time to reflect the typical amount of time for preparing supplies
- Verified the top specialty for each service in the office setting, including, in the office setting, that ENT was top provider for 10021, endocrinology for 10022 and rehab medicine for 77002 and urology for 76942 and 77021.
- Extensively deleted supplies that were duplicative of the biopsy tray, excessive personal protection gear, eliminated microscope slides that were already included in the pathology codes for reviewing the biopsy specimens
- Deleted additional ultrasound needles that were not typical
- Eliminated the PACS from the appropriate specialties where a PACS system was not present in the physician's office.
- Increase from 2 to 3 is now typical for the number of needle passes also changes the supplies for several of the codes

The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

Work Neutrality

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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Surgery
General
Fine Needle Aspiration (FNA) Biopsy
A **fine needle aspiration** (FNA) **biopsy** is performed when material is aspirated with a fine needle and the cells are examined cytologically.
A **core needle biopsy** is typically performed with a larger bore needle to obtain a core sample of tissue for histopathologic evaluation. FNA biopsy procedures are performed with or without imaging guidance. Imaging guidance codes (eg, 76942, 77002, 77012, 77021) may not be reported separately with 10021, 10004-10012. Codes 10021, 10004-10012 are reported once per lesion sampled in a single session. When more than one FNA biopsy is performed on separate lesions at the same session, same day, same imaging modality, use the appropriate imaging modality add-on code for the second and subsequent lesion(s). When more than one FNA biopsy is performed on separate lesions, same session, same day, using different imaging modalities, report the corresponding primary code with modifier 59 for each additional imaging modality and corresponding add-on codes for subsequent lesions sampled. This instruction applies regardless of whether the lesions are ipsilateral or contralateral to each other, and/or whether they are in the same or different organs/structures. When FNA biopsy and core needle biopsy both are performed on the same lesion, same session, same day using the same type of imaging guidance, do not separately report the imaging guidance for the core needle biopsy. When FNA biopsy is performed on one lesion and core needle biopsy ~~are~~is performed on ~~different lesions~~a separate lesion, same session, same day using the same type of imaging guidance, both the core needle biopsy and the imaging guidance for the core needle biopsy may be reported separately with modifier 59. When FNA biopsy is performed on one lesion and core needle biopsy ~~are~~is performed on ~~different~~ a separate lesions, same session, same day using different types of imaging guidance, both the core needle biopsy and the imaging guidance for the core needle biopsy may be reported with modifier 59.

~~(For percutaneous image-guided fluid collection drainage by catheter of soft tissue [eg, extremity, abdominal wall, neck], use 10030)~~

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲10021	G1	Fine needle aspiration biopsy,~~;~~ without imaging guidance; first lesion	XXX	1.20

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
~~D~~ ~~10022~~	-	~~with imaging guidance~~ (10022 has been deleted. To report, see 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)	XXX	N/A (2017 Work RVU = 1.27)
●✚10004	G2	each additional lesion (List separately in addition to code for primary procedure) (Use 10004 in conjunction with 10021) (Do not report 10021, 10004 in conjunction with 10005-10012 for the same lesion) (For evaluation of fine needle aspirate, see 88172, 88173, 88177)	ZZZ	0.80
●10005	G3	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	XXX	1.63
●✚10006	G4	each additional lesion (List separately in addition to code for primary procedure) (Use 10006 in conjunction with 10005) (Do not report 10005, 10006 in conjunction with 76942) (For evaluation of fine needle aspirate, see 88172, 88173, 88177)	ZZZ	1.00
●10007	G5	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	XXX	1.81

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●✚10008	G6	each additional lesion (List separately in addition to code for primary procedure) (Use 10008 in conjunction with 10007) (Do not report 10007, 10008 in conjunction with 77002) (For evaluation of fine needle aspirate, see 88172, 88173, 88177)	ZZZ	1.18
●10009	G7	Fine needle aspiration biopsy, including CT guidance; first lesion	XXX	2.43
●✚10010	G8	each additional lesion (List separately in addition to code for primary procedure) (Use 10010 in conjunction with 10009) (Do not report 10009, 10010 in conjunction with 77012) (For evaluation of fine needle aspirate, see 88172, 88173, 88177)	ZZZ	1.65
●10011	G9	Fine needle aspiration biopsy, including MR guidance; first lesion	XXX	Interim Recommendation of Contractor Price Continue survey for January 2018
●✚10012	G10	each additional lesion (List separately in addition to code for primary procedure) (Use 10012 in conjunction with 10011) (Do not report 10011, 10012 in conjunction with 77021) (For evaluation of fine needle aspirate, see 88172, 88173,	ZZZ	Interim Recommendation of Contractor Price Continue survey for January 2018

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		88177) ~~(For placement of percutaneous localization device[s] [eg, clip, metallic pellet, during breast biopsy], see 19081- 19086)~~ ~~(For radiological supervision and interpretation, see 76942, 77002, 77012, 77021)~~ *(For percutaneous needle biopsy other than fine needle aspiration biopsy, see 19081-19086 for breast, 20206 for muscle, 32400 for pleura, 32405 for lung or mediastinum, 42400 for salivary gland, 47000 for liver, 48102 for pancreas, 49180 for abdominal or retroperitoneal mass, 50200 for kidney, 54500 for testis, 54800 for epididymis, 60100 for thyroid, 62267 for nucleus pulposus, intervertebral disc, or paravertebral tissue, 62269 for spinal cord)* (For percutaneous image-guided fluid collection drainage by catheter of soft tissue [eg, extremity, abdominal wall, neck], use 10030) ~~(For evaluation of fine needle aspirate, see 88172, 88173)~~		

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Integumentary System
Breast
Excision

19100 *Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

Musculoskeletal System
General
Excision

20206 *Biopsy, muscle, percutaneous needle*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

Respiratory System
Lungs and Pleura
Excision/Resection

32400 *Biopsy, pleura, percutaneous needle*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

32405 *Biopsy, lung or mediastinum, percutaneous needle*

(For open biopsy of lung, see 32096, 32097. For open biopsy of mediastinum, see 39000 or 39010. For thoracoscopic [VATS] biopsy of lung, pleura, pericardium, or mediastinal space structure, see 32604, 32606, 32607, 32608, 32609)

(For radiological supervision and interpretation, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10022~~ see, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

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Hemic and Lymphatic Systems
Lymph Nodes and Lymphatic Channels
Excision

38500 *Biopsy or excision of lymph node(s); open, superficial*

38505 *by needle, superficial (eg, cervical, inguinal, axillary)*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

. . .

38530 *open, internal mammary node(s)*

(For percutaneous needle biopsy, retroperitoneal lymph node or mass, use 49180.)

(For fine needle aspiration biopsy, retroperitoneal lymph node or mass, see, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012~~use 10022~~)

Salivary Gland and Ducts
Excision

42400 *Biopsy of salivary gland; needle*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Liver
Incision

47000 *Biopsy of liver, needle; percutaneous*

✚*47001* *when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)*

(If imaging guidance is performed, see 76942, 77002)

(For fine needle aspiration biopsy in conjunction with 47000, 47001, see ~~10021, 10022~~ 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

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Pancreas
Excision

48102 *Biopsy of pancreas, percutaneous needle*

(For radiological supervision and interpretation, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10022~~ see, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Abdomen, Peritoneum, and Omentum
Excision, Destruction

49180 *Biopsy, abdominal or retroperitoneal mass, percutaneous needle*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Urinary System
Kidney
Excision

50200 *Renal biopsy; percutaneous, by trocar or needle*

(For radiological supervision and interpretation, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10022~~ see, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Male Genital System
Testis
Excision

54500 *Biopsy of testis, needle (separate procedure)*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

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Epididymis
Excision

54800 *Biopsy of epididymis, needle*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Prostate
Incision

55700 *Biopsy, prostate; needle or punch, single or multiple, any approach*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Endocrine System
Thyroid Gland
Excision

60100 *Biopsy thyroid, percutaneous core needle*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Endocrine System
Thyroid Gland
Removal

60300 *Aspiration and/or injection, thyroid cyst*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

Nervous System
Spine and Spinal Cord
Injection, Drainage, or Aspiration

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62267 *Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes*

(For imaging, use 77003)

(Do not report 62267 in conjunction with 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012~~10022~~, 20225, 62287, 62290, 62291)

62269 *Biopsy of spinal cord, percutaneous needle*

(For imaging, use 77003)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Radiology
Diagnostic Ultrasound
Ultrasonic Guidance Procedures

▲76942	G11	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation (Do not report 76942 in conjunction with 10021, 10004, 10005, 10006, 10030, 19083, 19285, 20604, 20606, 20611, 27096, 32554, 32555, 32556, 32557, 37760, 37761, 43232, 43237, 43242, 45341, 45342, 64479-64484, 64490-64495, 76975, 0213T-0218T, 0228T-0231T, 0232T, 0249T, 0301T)	XXX	0.67 (Affirm April 2014 RUC recommendation) (2017 Work RVU = 0.67)

Radiologic Guidance
Fluoroscopic Guidance

(Do not report guidance codes 77001, 77002, 77003 for services in which fluoroscopic guidance is included in the descriptor)

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▲77002	G12	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) *(See appropriate surgical code for procedure and anatomic location)* (Use 77002 in conjunction with ~~10022,~~10160, 20206, 20220, 20225, 20520, 20525, 20526, 20550, 20551, 20552, 20553, 20555, 20600, 20605, 20610, 20612, 20615, 21116, 21550, 23350, 24220, 25246, 27093, 27095, 27370, 27648, 32400, 32405, 32553, 36002, 38220, 38221, 38505, 38794, 41019, 42400, 42405, 47000, 47001, 48102, 49180, 49411, 50200, 50390, 51100, 51101, 51102, 55700, 55876, 60100, 62268, 62269, 64505, 64508, 64600, 64605)	ZZZ	0.54 (Affirmed October 2015 RUC recommendation)
Computed Tomography Guidance				
▲77012	G13	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation *(Do not report 77011, 77012 in conjunction with 22586, 0195T, 0196T, 0309T)* (Do not report 77012 in conjunction with 10009, 10010, 10030, 27096, 32554, 32555, 32556, 32557, 64479-64484, 64490-64495, 64633-64636, 0232T)	XXX	1.50 (Affirmed April 2017 RUC recommendation)

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Magnetic Resonance Guidance				
▲77021	G14	Magnetic resonance guidance for needle placement (eg, for biopsy, ~~needle~~ aspiration, injection, or placement of localization device) radiological supervision and interpretation *(For procedure, see appropriate organ or site)* (Do not report 77021 in conjunction with 10011, 10012, 10030, 19085, 19287, 32554, 32555, 32556, 32557, 0232T)	XXX	Survey for January 2018

Cytopathology

88164 *Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision*

88167 *with manual screening and computer-assisted rescreening using cell selection and review under physician supervision*

(~~To report~~ For collection of specimen via fine needle aspiration biopsy, see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012 ~~10021, 10022~~)

88172 *Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site*

88173 *interpretation and report*

(Report one unit of 88173 for the interpretation and report from each anatomic site, regardless of the number of passes or evaluation episodes performed during the aspiration procedure)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

Surgical Pathology

88309 *Level VI - Surgical pathology, gross and microscopic examination*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

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July 11, 2017

Peter K. Smith, MD, Chair
AMA/RVS Update Committee (RUC)
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

Subject: ACR Request to Reaffirm Code Value Recommendations for FNA Guidance codes

Dear Dr. Smith,

As depicted on the New and Revised Status Summary LOI for the October 2017 RUC meeting, the ACR along with several other specialty societies have indicated interest in surveying some or all codes from the Fine Needle Aspiration (FNA) code family. Along with the new FNA biopsy codes (10021, 10X11-10X19), there are other guidance codes that were included on the LOI, but are not part of this family.

We recognize that these needle guidance codes (77002, 77012, 76942, and 77021) are components of the bundled, imaging guidance for the FNA codes. However, we do not consider them within the same family as the FNA biopsy codes. Two of these codes would have been included on the RSL, but they were either recently surveyed (77012 *(CT guidance for needle placement)* at the April 2017 RUC meeting) or are currently on the RAW list pending an Action Plan (76942 *(US guidance for needle placement)*, which has a declining utilization and was surveyed in April 2014). Additionally, 77002 *(Fluoroscopic guidance for needle placement)* was recently surveyed in April 2015.

CPT code 77021*(MR guidance for needle placement)* also has a decreasing utilization and is a very low volume code. We do not believe this code is misvalued and considering current trends, we believe it is most likely being undervalued, especially given the recent valuation recommended for 77012.

With respect to utilization of 77021 with FNA guidance, the participating specialties expect this to be a very low volume service overall. We did not want to unintentionally orphan the MRI modality with respect to imaging guidance for FNA procedures and chose to mirror this family based on the breast biopsy codes. This is with the understanding that this bundled code will be used infrequently.

Therefore the ACR would like to request removal of these codes from the LOI and that the RUC reaffirm the previous or pending value recommendations for these guidance codes.

HEADQUARTERS
1891 Preston White Dr.
Reston, VA 20191-4326
703-648-8900

GOVERNMENT RELATIONS
505 Ninth St. N.W., Suite 910
Washington, DC 20004-2173
202-223-1670

CLINICAL RESEARCH
1818 Market St., Suite 1600
Philadelphia, PA 19103-3609
215-574-3150

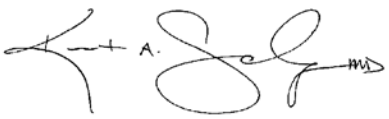
Fine Needle Guidance Codes:

CPT Code	Descriptor	RUC Review Year
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	October 2015
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	April 2017
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	April 2014
77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	April 2000

Please contact ACR staff person Christy Buranaamorn at (703) 648-8900, ext. 5653 if you have any questions.

Thank you for your consideration of this request.

Sincerely,



Kurt A. Schoppe, MD
ACR RUC Advisor



Gregory Nicola, MD
ASNR RUC Advisor



Michael Hall, MD
SIR RUC Advisor

ACR® AMERICAN COLLEGE OF RADIOLOGY
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September 5, 2017

Peter K. Smith, MD, Chair
AMA/RVS Update Committee (RUC)
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

Subject: ACR and SIR to Keep Modified FNA Survey Open To Collect Responses

Dear Dr. Smith,

Several specialties, including the American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) surveyed the Fine Needle Aspiration (FNA) codes for the October 2017 RUC Meeting. There are ten new or revised codes in the family (10021, 10X11-10X19). Most of the specialties only surveyed the first four codes; however, the ACR and SIR surveyed the eight codes that include imaging guidance, 10X12-10X19 (ultrasound, fluoroscopic, CT, or MR).

After several weeks of survey, expanded survey samples, and multiple reminders, the ACR and the SIR continued to struggle to obtain surveys for 10X18 and 10X19 (FNA with MR guidance). In mid-August, when we only had about 10 surveys combined for those codes and were not optimistic that we would obtain the required minimum of 30 surveys in time for the September 2017 RUC submission deadline, we reached out to the AMA for guidance.

The AMA staff advised the ACR and SIR to modify our survey instruments to only collect for those codes that were in need of responses and to keep our surveys open until we had obtained 30 surveys. We were informed that we needed to present recommendations for the FNA family at the October 2017 meeting. Codes that did not meet the minimum 30 surveys would be assigned interim values, and the codes would have to be presented again at the January meeting for valuation.

At this time, the ACR and SIR's surveys are still open and collecting data for the MR-guided FNA codes, 10X18 and 10X19. Please contact ACR staff person Stephanie Le at (703) 648-8900, ext. 4584 if you have any questions.

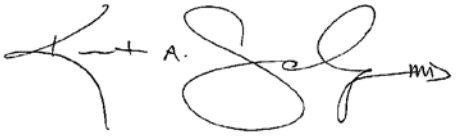
Thank you for your consideration of this request.

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215-574-3150

Sincerely,



Kurt A. Schoppe, MD
ACR RUC Advisor



Michael Hall, MD
SIR RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10021 Tracking Number G1 Original Specialty Recommended RVU: **1.20**
Presented Recommended RVU: **1.20**
Global Period: XXX Current Work RVU: **1.27** RUC Recommended RVU: **1.20**

CPT Descriptor: Fine needle aspiration, without imaging guidance; first lesion

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male presents with a palpable lesion in the submandibular region. A FNA biopsy of the lesion is performed without imaging guidance.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The procedure and its purpose are explained to the patient, including potential complications. Informed consent is obtained. Current medications and allergies are again reviewed with the patient. Slides are prepared and labeled with all patient and specimen information. Pathology requisition forms are filled out and confirmed with respective patient, provider, and referring physician information. The mayo stand is prepared and draped. Medications are drawn, labeled, and reviewed. The physician and assistant put on appropriate barrier protection and sterile gloves. Topical anesthesia is applied. The patient is positioned and prepped. The biopsy site is cleaned with disinfectant. The site is draped. A timeout is then performed. Local anesthesia is injected. Time is then allotted for anesthetic onset and patient is monitored for evidence of local or systemic reactions to medications given.

Description of Intra-Service Work: A needle with attached syringe is inserted into the lesion. An FNA biopsy without imaging guidance of the lesion is performed by making multiple passes with the same needle under suction with the syringe. The needle is withdrawn and material expressed onto slides The slides are smeared and inspected for adequacy, and slide fixative is applied. The appropriate solution is aspirated into the syringe and needle and expressed in cell block fixative solution for purposes of cell block preparation. The previous process is repeated in the same lesion (typically repeated two additional times). Between each aspiration, compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). A dressing is applied and compression is then held for several minutes.

Description of Post-Service Work: A report of the procedure is documented for the medical record. The slides and cell block solution are checked to insure proper sealing and transportabililty to pathology (either locally or via mail). The appropriate clinical history documents, labeling, and requisition forms are packaged in the sealed, transportable packaging and sent to the appropriate pathology agency. The patient is monitored for any evidence of hematoma, bleeding, drug reaction, or other complication(s).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017		
Presenter(s):	Peter Manes, MD; Allan Glass, MD; Swati Mehrotra, MD; Jonathan Myles, MD, Roger McLendon, MD;Felice A Caldarella, MD, FACP, CDE, FACE		
Specialty(s):	AAOHNS, AACE, ASC, CAP, ES		
CPT Code:	10021		
Sample Size:	9736	**Resp N:** 158	**Response:** 1.6 %
Description of Sample:	AAOHNS used a targeted random sample of members identifying as general otolaryngologists and head and neck sub-specialty designations. The Endocrine societies utilized a targeted random survey of all members who specialized in thyroid, and the Pathology specialties utilized a random survey of all members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**20.00**	48.00	450.00
Survey RVW:	0.25	1.20	**1.50**	2.00	5.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	8.00	**15.00**	20.00	60.00

Immediate Post Service-Time:	**8.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	10021	**Recommended Physician Work RVU: 1.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**8.00**	**0.00**	**8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32554	XXX	1.82	**RUC Time**

CPT Descriptor Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	1.50	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99283	XXX	1.34	**RUC Time**	3,480,113

CPT Descriptor 1 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74170	XXX	1.50	**RUC Time**	107,597

CPT Descriptor 2 Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

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

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RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 43 **% of respondents:** 27.2 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 7.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 10021	**Top Key Reference CPT Code:** 32554	**2nd Key Reference CPT Code:** **99214**
Median Pre-Service Time	10.00	21.00	5.00
Median Intra-Service Time	15.00	20.00	25.00
Median Immediate Post-service Time	8.00	15.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**33.00**	**56.00**	**40.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	19%	56%	21%	4%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	9%	45%	43%

• Urgency of medical decision making	

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	16%	61%	20%
Physical effort required	25%	68%	5%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	43%	48%	7%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	33%	50%	17%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	42%	42%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	58%	42%
Physical effort required	33%	58%	8%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	25%	33%	42%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey: Following publication of the 2014 Final Rule, the RUC solicited feedback from specialty societies regarding CPT codes potentially impacted by the OPPS/ASC payment cap proposal. Specialty societies looked over the list of 211 codes identified by the proposal and indicated which services they have an interest in reviewing. The RUC recommended developing practice expense (PE) inputs only for the subset of codes identified by specialty societies, grouped by specialty, at the April 2014 RUC meeting. In the 2016 Final Rule, CMS noted their concerns about implementing PE inputs without the corresponding work being reviewed. The RAW analyzed the 58 services that the RUC submitted PE recommendations for and determined that one or more of the following is true of many of the codes: frequency less than 10,000; reviewed for work within the last five years; included in the list of proposed potentially misvalued codes identified through high expenditure by specialty screen that CMS included in the proposed rule for 2016. If you apply these criteria only 6 codes remained, including codes 10021 and 10022.

The specialty societies provided two reasons why these codes need to be referred to the CPT Editorial Panel prior to conducting a RUC survey. First, both codes need clarifying language stating that they should be reported per lesion rather than for every pass on the same lesion. Second, CPT code 10022 is reported with 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 75% of the time together and a bundled code solution was necessary. This family of codes was reviewed during the June 2017 CPT meeting where the CPT Editorial Panel approved the addition of 8 codes to report fine needle aspiration biopsy, with and without various methods of image guidance. They are now being presented for valuation by the RUC.

Survey Sample:
The survey data and recommendations are based upon a Random Sample of Applicable Subsets (general oto and head and neck surgeons) of American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), The Endocrine societies utilized targeted random surveys of their members who specialize in thyroid and the Pathology societies utilized a random survey of all members. The total sample size was 9736 physicians.

Physician Time:
Pre-Service Time
This is an XXX code and therefore, does not require a preservice package. Our expert panel felt the survey's median pre-service time of 10 minutes for evaluation was appropriate to allow time to explain the procedure to the patient, including potential complications, obtain informed consent, position and prep the patient, clean the biopsy site with disinfectant, and inject local anesthesia. **Therefore, we recommend a total pretime of 10 minutes.**

Intra-Service Time
We are recommending our median survey time of 15 minutes for intra service work.

Post-Service Time
Again, this is an XXX code and does not require a post-operative package. **We are recommending the median time from the survey of 8 minutes for post service work.** This includes time to develop a report of the procedure to document in the medical record.

Physician Work RVU
Upon review of the survey results, the expert panel **recommends the survey 25th percentile of 1.20 RVUs with a total time of 33 minutes**

Key Reference Services:
Our recommended work RVU and service period times fall are supported by the two most commonly chosen key reference services (KRS):

- 32554 *(Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance),* chosen by 27% of respondents, and
- 99214 *(Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or*

family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.), chosen by 8% of respondents.

The difference between the chosen key reference services and the surveyed code reflect the multiple specialties participating in the survey and the limitations of the reference service list. Specifically, there are few appropriate XXX global procedure codes to compare with this newly bundled service.

Even with the wide time and RVU ranges spanned by these comparisons, the relativity of the values is appropriately reflected. The surveyed code, 10021, has less intra-service time than both KRS codes, more pre-time than the E/M but less than the thoracentesis, less post-time than both procedures, and less total time than both procedures. These differences are appropriately reflected in the recommended wRVU. Accordingly, 10021 has a lower recommended wRVU.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10021	Fine needle aspiration biopsy, without imaging guidance	**1.20**	**33**	**10**	**15**	**8**	**0.053**	**XXX**
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components	1.50	40	5	25	10	0.047	XXX
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	1.82	56	21	20	15	0.054	XXX

MPC Codes:

The surveyed code (10021) is supported by two MPC codes with XXX global periods:

- 99283 *(Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity*.), which has slight more intra-service time and slightly shorter total time, and
- 74170 *(Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections*), which has a higher wRVU, slightly longer intra-service time, and less total time.

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10021	Fine needle aspiration biopsy, without imaging guidance	**1.20**	**33**	**10**	**15**	**8**	**0.053**	**XXX**
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	1.34	30	5	18	7	0.059	XXX
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	1.40	28	5	18	5	0.065	XXX

Family of FNA Codes:
Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10021	**Fine needle aspiration biopsy, without imaging guidance; first lesion**	**1.20**	**33**	**10**	**15**	**8**	**0.053**	**XXX**
10X11	Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	0.80	14		14		0.057	ZZZ
10X12	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	1.63	39	10	20	9	0.060	XXX
10X13	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion	1.00	15		15		0.067	ZZZ
10X14	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	1.81	47	10	27	10	0.050	XXX
10X15	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion	1.18	20		20		0.059	ZZZ
10X16	Fine needle aspiration biopsy, including CT guidance; first lesion	2.43	62	15	35	12	0.052	XXX
10X17	Fine needle aspiration biopsy, including CT guidance; each additional lesion	1.65	25		25		0.066	ZZZ
10X18	Fine needle aspiration biopsy, including MR guidance; first lesion	2.77	60	10	40	10	0.058	XXX
10X19	Fine needle aspiration biopsy, including MR guidance; each additional lesion	2.14	30		30		0.071	ZZZ

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) 10021 is reported with an E/M service 58% of the time.

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) 10021

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 AAOHNS How often? Commonly

Specialty Pathology (CAP, ASC) How often? Commonly

Specialty Endocrinology (ES, AACE) How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 74274
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This volume represents the annual Medicare volume multiplied by three to account for non-medicare patients who receive the service.

Specialty Otolaryngology Frequency 33423 Percentage 44.99 %

Specialty Pathology Frequency 14285 Percentage 19.23 %

Specialty Endocrine Frequency 2970 Percentage 3.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 24,758
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This volume is based on the Medicare database volume for CY 2016.

Specialty Otolaryngology Frequency 11141 Percentage 44.99 %

Specialty Pathology Frequency 4952 Percentage 20.00 %

Specialty Endocrinology Frequency 990 Percentage 3.99 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 10021

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:10004 Tracking Number G2 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.80**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **0.80**

CPT Descriptor: Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male presents with a palpable lesion in the submandibular region and second palpable lesion in the contralateral lower neck. After a FNA biopsy of the first lesion is performed (reported separately), a FNA biopsy without imaging guidance is performed on the second lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 64%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: A needle with attached syringe is inserted into the lesion. An FNA biopsy without imaging guidance of the lesion is performed by making multiple passes with the same needle under suction with the syringe. The needle is withdrawn and material expressed onto slides The slides are smeared and inspected for adequacy, and slide fixative is applied. The appropriate solution is aspirated into the syringe and needle and expressed in cell block fixative solution for purposes of cell block preparation. The previous process is repeated in the same lesion (typically repeated two additional times). Between each aspiration, compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). A dressing is applied and compression is then held for several minutes. A report of the procedure is documented for the medical record.The patient is monitored for any evidence of hematoma.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017		
Presenter(s):	Peter Manes, MD; Allan Glass, MD; Swati Mehrotra, MD; Jonathan Myles, MD, Roger McLendon, MD;Felice A Caldarella, MD, FACP, CDE, FACE		
Specialty(s):	AAOHNS, AACE, ASC, CAP, ES		
CPT Code:	10004		
Sample Size:	9736	**Resp N:** 125	**Response:** 1.2 %
Description of Sample:	AAOHNS used a targeted random sample of members identifying as general otolaryngologists and head and neck sub-specialty designations. The Endocrine societies utilized a targeted random sample of members who specialized in thyroid, and the Pathology societies utilized random surveys of all of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	20.00	200.00
Survey RVW:	0.20	0.80	**1.15**	1.50	10.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	9.00	**14.00**	20.00	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)

ZZZ Global Code

CPT Code:	10004	**Recommended Physician Work RVU: 0.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**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:		**14.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88331	ZZZ	1.19	**RUC Time**

CPT Descriptor Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
10036	ZZZ	0.85	**RUC Time**

CPT Descriptor Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (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
51797	ZZZ	0.80	**RUC Time**	131,261

CPT Descriptor 1 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64484	ZZZ	1.00	**RUC Time**	480,712

CPT Descriptor 2 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)

Other Reference CPT Code	Global	Work RVU	Time Source
19286	ZZZ	0.85	**RUC Time**

CPT Descriptor
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)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 21 **% of respondents:** 16.8 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 9.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 10004	Top Key Reference CPT Code: 88331	2nd Key Reference CPT Code: **10036**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	14.00	25.00	14.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**14.00**	**25.00**	**14.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	19%	33%	38%	10%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	24%	33%	43%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	38%	57%
Physical effort required	19%	48%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	38%	48%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	8%	33%	42%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	42%	42%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	58%	42%
Physical effort required	17%	33%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	25%	25%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey: Following publication of the 2014 Final Rule, the RUC solicited feedback from specialty societies regarding CPT codes potentially impacted by the OPPS/ASC payment cap proposal. Specialty societies looked over the list of 211 codes identified by the proposal and indicated which services they have an interest in reviewing. The RUC recommended developing practice expense (PE) inputs only for the subset of codes identified by specialty societies, grouped by specialty, at the April 2014 RUC meeting. In the 2016 Final Rule, CMS noted their concerns about implementing PE inputs without the corresponding work being reviewed. The RAW analyzed the 58 services that the RUC submitted PE recommendations for and determined that one or more of the following is true of many of the codes: frequency less than 10,000; reviewed for work within the last five years; included in the list of proposed potentially misvalued codes identified through high expenditure by specialty screen that CMS included in the proposed rule for 2016. If you apply these criteria only 6 codes remained, including codes 10021 and 10022.

The specialty societies provided two reasons why these codes need to be referred to the CPT Editorial Panel prior to conducting a RUC survey. First, both codes need clarifying language stating that they should be reported per lesion rather than for every pass on the same lesion. Second, CPT code 10022 is reported with 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 75% of the time together and a bundled code solution was necessary. This family of codes was reviewed during the June 2017 CPT meeting where the CPT Editorial Panel approved the addition of 8 codes to report fine needle aspiration biopsy, with and without various methods of image guidance. They are now being presented for valuation by the RUC.

Survey Sample:
The survey data and recommendations are based upon a Random Sample of Applicable Subsets (general oto and head and neck surgeons) of American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), The Endocrine societies utilized targeted random surveys of their members who specialize in thyroid and the Pathology societies utilized a random survey of all members. The total sample size was 9736 physicians.

Physician Time:
This is a ZZZ add-on code and therefore, does not have any pre or post procedure time.

Intra-Service Time
We are recommending our median survey time of 14 minutes for intra service work.

Physician Work RVU
Upon review of the survey results, the expert panel **recommends the survey 25th percentile of 0.80 RVUs with a total time of 14 minutes.** We believe this recommendation is consistent with the requested value of the base code 10021, as the intra time is almost identical, and when the value of the pre and post minutes of 18 total minutes are backed out of 10021, the remaining value for that service is exactly .80 work RVUs which matches our survey's 25th percentile identically. We feel this demonstrates how strong our survey is, and reflects overall consistency in valuation from our survey respondents.

Key Reference Services:
The two most commonly chosen key reference services (KRS) are below:

- 88331 (*Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen*), chosen by 17% of respondents, and
- 10036 *(Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)),* chosen by 10% of respondents.

The difference between the chosen key reference services and the surveyed code reflect the multiple specialties participating in the survey and the limitations of the reference service list. Specifically, there are few appropriate ZZZ global procedure codes to compare with this newly bundled service.

Even with the wide time and RVU ranges spanned by these comparisons, the relativity of the values is appropriately reflected. The surveyed code, 10004, has identical intra-service time of the second most selected KRS and much less than the first. These differences are appropriately reflected in the recommended wRVU. Accordingly, 10004 has a lower recommended wRVU.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10004	**Fine needle aspiration; without**	0.80	14		14		0.057	**ZZZ**

	imaging guidance each additional lesion (List separately in addition to code for primary procedure)							
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	0.85	14		14		0.061	ZZZ
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	1.19	25		25		0.048	XXX

MPC Codes:
The surveyed code (10004) is bracketed by two MPC codes with ZZZ global periods:

- 51797 *(Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)*), which has identical wRVU and almost identical intra-service time, and
- 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)*), which has a higher wRVU, but slightly less intra-service time.

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
51797	*Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure*	0.80	15		15		0.053	ZZZ
10004	**Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)**	**0.80**	**14**		**14**		**0.057**	**ZZZ**
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*	1.00	10		10		0.100	ZZZ

Family of FNA Codes:
Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	1.20	33	10	15	8	0.053	XXX
10004	**Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)**	**0.80**	**14**		**14**		**0.057**	**ZZZ**
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	1.63	39	10	20	9	0.060	XXX
10006	Fine needle aspiration biopsy, including	1.00	15		15		0.067	ZZZ

	ultrasound guidance; each additional lesion							
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	1.81	47	10	27	10	0.050	XXX
10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion	1.18	20		20		0.059	ZZZ
10009	Fine needle aspiration biopsy, including CT guidance; first lesion	2.43	62	15	35	12	0.052	XXX
10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion	1.65	25		25		0.066	ZZZ
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	2.77	60	10	40	10	0.058	XXX
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion	2.14	30		30		0.071	ZZZ

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. Recommended 10021 - XXX - 1.20 RVUs, 10 pre, 15 intra, 8 post, total time 33 minutes. Add on code X11 - ZZZ - .80 RVUs, 14 intra, 14 total minutes. When billed together the base code would be reimbursed in full and the MPPR will apply to the add on code, reducing it down to .40 RVUs, for a total of 1.60 RVUs when billed together.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 10021

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Commonly

Specialty Pathology How often? Commonly

Specialty Endocrinology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? Please see our recommendations for 10021 volume, we anticipate that 100% of existing volume of 10021 will be captured by 10021 and 10004 jointly, but the percentage breakdown between how often only one lesion is done versus one or more is unknown at this time.
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? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Please see our recommendations for 10021 volume, we anticipate that 100% of existing volume of 10021 will be captured by 10021 and X11 jointly, but the percentage breakdown between how often only one lesion is done versus one or more is unknown at this time.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency 0	Percentage 0.00	%

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 10021

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10005 Tracking Number G3 Original Specialty Recommended RVU: **1.63**
Presented Recommended RVU: **1.63**
Global Period: XXX Current Work RVU: **n/a** RUC Recommended RVU: **1.63**

CPT Descriptor: Fine needle aspiration biopsy, including ultrasound guidance; first lesion

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 59 year old female presents with a non-palpable thyroid nodule previously identified with diagnostic ultrasound. The patient undergoes an ultrasound-guided FNA biopsy of the lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The procedure and its purpose are explained to the patient, including potential complications. Informed consent is obtained.

Description of Intra-Service Work: A preliminary ultrasound is performed to identify the appropriate approach for the initial needle placement. Ultrasound is used to confirm the correct trajectory for needle advancement to the target anatomic lesion, and to avoid vascular structures and non-target organs. Site is marked.
The patient is positioned and prepped. The biopsy site is cleaned with disinfectant. Local anesthesia is injected.
Using concurrent real-time ultrasound visualization, a needle with attached syringe is inserted into the lesion. A FNA biopsy of the lesion is performed. Intermittent ultrasound visualization may take place during the intervention which necessitated the needle placement. The needle is withdrawn and material expressed onto slides, into fixative, and/or the appropriate solution for the pathology workup. The previous process is repeated in the same lesion (typically a total of 3 or 4 samples are acquired). Sample evaluated by pathology representative (pathologist or cytotechnologist) to assess adequacy. Additional FNA biopsy samples are obtained as needed.
Compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). Permanent image(s) are recorded.

Description of Post-Service Work: A report of the procedure is dictated for the medical record. An addendum to the report is dictated when the final pathology results are received. The referring physician or QHP is called and the report provided if the test results are significant or if final pathology is discordant with imaging.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Greg Nicola, MD, FACR; Michael Hall, MD; Curtis Anderson, MD, PhD; Swati Mehrotra, MD; Jonathan Myles, MD; Roger McLendon, MD; Felice A. Caldarella, MD FACP, CDE, FACE; Allan Glass, MD				
Specialty(s):	American College of Radiology; Society of Interventional Radiology; American Society of Cytopathology; College of American Pathologists; American Association of Clinical Endocrinologists; The Endocrine Society				
CPT Code:	10005				
Sample Size:	8718	**Resp N:**	203	**Response:** 2.3 %	
Description of Sample:	ACR - random sample of 2750, SIR - random sample of 1000, ASC - random sample of 1000, CAP - random sample of 2500 and AACE - random sample of 468; ES - random sample of 1000.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	25.00	**70.00**	150.00	4500.00
Survey RVW:	0.25	1.63	**2.25**	2.50	5.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	15.00	**20.00**	30.00	90.00

Immediate Post Service-Time:	**9.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 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:	10005	**Recommended Physician Work RVU: 1.63**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**9.00**	**0.00**	**9.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32555	000	2.27	**RUC Time**

CPT Descriptor Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76536	XXX	0.56	**RUC Time**

CPT Descriptor Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99203	XXX	1.42	**RUC Time**	11,464,762

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93351	XXX	1.75	**RUC Time**	261,035

CPT Descriptor 2 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional

Other Reference CPT Code	Global	Work RVU	Time Source

0.00

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 91 **% of respondents:** 44.8 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 9.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 10005	**Top Key Reference CPT Code:** 32555	**2nd Key Reference CPT Code:** **76536**
Median Pre-Service Time	10.00	22.00	4.00
Median Intra-Service Time	20.00	20.00	10.00
Median Immediate Post-service Time	9.00	15.00	4.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**39.00**	**57.00**	**18.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	1%	4%	37%	45%	12%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	44%	46%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	35%	62%
Physical effort required	7%	54%	40%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	30%	40%	31%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	26%	37%	26%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	53%	47%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	21%	79%
Physical effort required	0%	32%	68%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	26%	63%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
The existing fine needle aspiration biopsy codes, 10021 *(Fine needle aspiration; without imaging guidance)* and 10022 *(Fine needle aspiration; with imaging guidance)* were identified by CMS for review. CPT code 10021 had recently updated practice expense inputs without the physician work being reviewed, and code 10022 was identified on the CMS High Expenditure Procedure list. At the April 2016 RUC meeting, these codes were referred to CPT to clarify parentheticals regarding appropriate utilization and to bundle in the appropriate imaging guidance codes.

The new bundled FNA biopsy procedure family now includes 10 codes structured as follows. There are 5 base FNA codes with 5 paired add-on codes for each additional lesion when performed with the base codes.

Ultrasound Guided FNA Codes:
Two new codes to describe fine needle aspiration biopsy with ultrasound guidance were created by CPT.

- 10005 *(Fine needle aspiration biopsy, including ultrasound guidance; first lesion)* is an XXX global code, and
- 10006 *(Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure))* is the corresponding ZZZ add-on.

These codes will be used in place of 10022 *(Fine needle aspiration; with imaging guidance)* and 76942 *(Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation).*

Survey Process:
The American College of Radiology (ACR), Society of Interventional Radiology (SIR), American Society of Cytopathology (ASC), College of American Pathologists (CAP), American Association of Clinical Endocrinologists (AACE), and The Endocrine Society (ES) conducted a random survey of members. The ACR also surveyed a random subset of members who have indicated that they perform interventional radiology. These societies assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendations:
We recommend a work RVU of 1.63, which is the 25th percentile survey value and a decrease from the current combined code values of 1.94 wRVU.

Time Recommendation:
We recommend the median survey times of 10 minutes pre-service, 20 minutes intra-service, and 9 minutes post-service, for a total time of 39 minutes.

Key Reference Services:
Our recommended work RVU and service period times fall between the two most commonly chosen key reference services (KRS):

- 32555 *(Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance),* chosen by 45% of respondents, and
- 76536 *(Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation),* chosen by 9% of respondents.

The difference between the chosen key reference services and the surveyed code reflect the multiple specialties participating in the survey and the limitations of the reference service list. Specifically, there are few appropriate XXX global procedure codes to compare with this newly bundled service. Additionally, since the imaging guidance was bundled into these new codes, it was unavailable as a comparison for the survey respondents.

Even with the wide time and RVU ranges spanned by these comparisons, the relativity of the values is appropriately reflected. The surveyed code, 10X12, has twice the intra-service time of 76536, more pre- and post-time, and is an invasive procedure as opposed to a diagnostic imaging study. These differences are appropriately reflected in the recommended wRVU. While 10X12 has the same intra-service time as 32555, it has much less pre- and post-service time, as well as being a relatively safer invasive procedure. Accordingly, 10X12 has a lower recommended wRVU.

MPC Codes:

The surveyed code (10X12) is bracketed by two non-radiology MPC codes with XXX global periods:

- 99203 *(Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.)*, which has identical intra-service time and slightly shorter total time, and
- 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)*, which has a higher wRVU, identical intra-service time, and slightly less total time.

The surveyed code (10X12) has 10 more minutes of pre- and post-service time than 99203, which itself accounts for the wRVU difference of 0.21 wRVU's. As well, 10X12 has the same intra-service time as 93351, as well as more pre-service time, but a lower wRVU recommendation. We believe 10X12 is appropriately positioned in the RBRVS at the recommended value given these comparisons.

The surveyed code and the two MPC codes are listed in the table below for comparison.

Family of FNA Codes:

Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below.

We would like to directly quantify the relationship between two Ultrasound guided codes, 10005 and 10006. When the pre- and post-time is removed from the add-on code, 10006, at the 0.0224 RVU/minute rate, the expected value of this code would be 1.20 wRVU compared to the recommended wRVU and 25th percentile survey value of 1.00. We think this appropriately reflects any efficiencies gained in performing a biopsy of an additional lesion while recognizing all of the work that goes into beginning an entirely separate biopsy procedure at a new site on the patient.

Conclusion:

The survey results and comparisons with applicable codes support the recommended values for 10X12.

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) 10022, 76942

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Endocrinology	How often? Commonly
Specialty Radiology	How often? Commonly
Specialty Pathology	How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 413148
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 10005 provided nationally in a one-year period is estimated to be 413,148.

Specialty Endocrinology	Frequency 144602	Percentage 35.00 %
Specialty Radiology	Frequency 123944	Percentage 29.99 %
Specialty Pathology	Frequency 20657	Percentage 4.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 137,716 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The specialities estimates that CPT code 10005 is billed approximately 137,716 times in total for Medicare patients nationally in a one-year period

Specialty Endocrinology	Frequency 48200	Percentage 34.99 %

Specialty Radiology	Frequency 41315	Percentage 30.00 %
Specialty Pathology	Frequency 6886	Percentage 5.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

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. 19083

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10006 Tracking Number G4 Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **1.00**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **1.00**

CPT Descriptor: Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 59-year-old male presents with non-palpable nodules in both the left and right lobes of the thyroid previously identified by diagnostic ultrasound. After a FNA biopsy of the first lesion is performed (reported separately) using ultrasound guidance, an ultrasound-guided FNA biopsy is performed on the second lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The additional procedure and its purpose are explained to the patient, including potential complications. The differences between the subsequent procedure and the first FNA biopsy procedure are clarified for the patient. Informed consent is obtained.

A preliminary ultrasound is performed to identify the appropriate approach for the initial needle placement. Ultrasound is used to confirm the correct trajectory for needle advancement to the target anatomic lesion, and to avoid vascular structures and non-target organs. Site is marked.

The patient is repositioned and reprepped. The biopsy site is cleansed with disinfectant. Local anesthesia is injected.

Using concurrent real-time ultrasound visualization, a needle with attached syringe is inserted into the lesion. A FNA biopsy of the lesion is performed. Intermittent ultrasound visualization may take place during the intervention which necessitated the needle placement. The needle is withdrawn and material expressed onto slides, into fixative, and/or the appropriate solution. The previous process is repeated in the same lesion (typically a total of 3 or 4 samples are acquired). Sample evaluated by cytopathologist to assess adequacy. Additional FNA biopsy samples obtained as needed.

Compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). Permanent image(s) are recorded.

A report of the additional procedure is dictated for the medical record (which may be included in the report for 10X12). An addendum to the report is dictated when the final pathology results are received (which may be included in the report for 10X12). The referring physician or QHP is called and the report provided if the test results are significant or if final pathology is discordant with imaging

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Greg Nicola, MD, FACR; Michael Hall, MD; Curtis Anderson, MD, PhD; Swati Mehrotra, MD; Jonathan Myles, MD; Roger McLendon, MD; Felice A. Caldarella, MD FACP, CDE, FACE; Allan Glass, MD		
Specialty(s):	American College of Radiology; Society of Interventional Radiology; American Society of Cytopathology; College of American Pathologists; American Association of Clinical Endocrinologists; The Endocrine Society		
CPT Code:	10006		
Sample Size:	8718	**Resp N:** 200	**Response:** 2.2 %
Description of Sample:	ACR - random sample of 2750, SIR - random sample of 1000, ASC - random sample of 1000, CAP - random sample of 2500 and AACE - random sample of 468, ES - random sample of 1000.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**25.00**	59.00	4500.00
Survey RVW:	0.25	1.00	**1.50**	2.00	5.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	10.00	**15.00**	24.00	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)

ZZZ Global Code

CPT Code:	10006	**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**	**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:		**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:	**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

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19084	ZZZ	1.55	**RUC Time**

CPT Descriptor 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
10036	ZZZ	0.85	**RUC Time**

CPT Descriptor Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (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
51797	ZZZ	0.80	**RUC Time**	131,261

CPT Descriptor 1 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.20	**RUC Time**	23,439

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
19082	ZZZ	1.65	**RUC Time**

CPT Descriptor 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)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 23.0 **%**

Number of respondents who choose 2nd Key Reference Code: 30 **% of respondents:** 15.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 10006	**Top Key Reference CPT Code:** 19084	**2nd Key Reference CPT Code:** **10036**
Median Pre-Service Time	0.00	5.00	0.00
Median Intra-Service Time	15.00	20.00	14.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**25.00**	**14.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	13%	52%	35%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	22%	63%	15%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	61%	35%
Physical effort required	9%	72%	20%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	17%	59%	24%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	60%	27%	7%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	63%	27%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	57%	40%
Physical effort required	7%	60%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	50%	37%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
The existing fine needle aspiration biopsy codes, 10021 *(Fine needle aspiration; without imaging guidance)* and 10022 *(Fine needle aspiration; with imaging guidance)* were identified by CMS for review. CPT code 10021 had recently updated practice expense inputs without the physician work being reviewed, and code 10022 was identified on the CMS High Expenditure Procedure list. At the April 2016 RUC meeting, these codes were referred to CPT to clarify parentheticals regarding appropriate utilization and to bundle in the appropriate imaging guidance codes.

The new bundled FNA biopsy procedure family now includes 10 codes structured as follows. There are 5 base FNA codes with 5 paired add-on codes for each additional lesion when performed with the base codes.

Ultrasound Guided FNA Codes:
Two new codes to describe fine needle aspiration biopsy with ultrasound guidance were created by CPT.

- 10004 *(Fine needle aspiration biopsy, including ultrasound guidance; first lesion)* is an XXX global code, and
- 10006 *(Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure))* is the corresponding ZZZ add-on.

These codes will be used in place of 10022 *(Fine needle aspiration; with imaging guidance)* and 76942 *(Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation).*

Survey Process:
The American College of Radiology (ACR), Society of Interventional Radiology (SIR), American Society of Cytopathology (ASC), College of American Pathologists (CAP), American Association of Clinical Endocrinologists (AACE), and The Endocrine Society (ES) conducted a random survey of members. The ACR also surveyed a random subset of members who have indicated that they perform interventional radiology. These societies assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation:
We recommend a work RVU of 1.00, which is the 25th percentile survey value and a decrease from the current code value of 1.31 wRVU.

Time Recommendation:
We recommend the median survey time of 15 minutes for the intra-service period.

Key Reference Services:
Our recommended work RVU and service period times fall between the three most commonly chosen key reference services (KRS):

- 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))*, chosen by 23% of respondents,
- 10036 *(Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure))*, chosen by 15% of respondents, and
- 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)), chosen by 15% of respondents.

The recommended time and work RVU for 10006 are best compared with 19084, an ultrasound guided breast lesion biopsy with placement of a localization device. Given the longer time and increased work of doing both an image guided biopsy then image guided localization device placement, 19084 is appropriately valued higher than 10006 with a slightly higher intensity.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion	0.85	14		14		0.061	ZZZ
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion	**1.00**	**15**		**15**		**0.067**	**ZZZ**
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	1.55	25	5	20		0.075	ZZZ
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	1.65	30	5	25		0.064	ZZZ

MPC Codes:

The surveyed code (10006) is bracketed by two other MPC codes with ZZZ global periods:

- 51797 *(Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure))* and
- 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)).*

Both MPC codes have 15 minutes of intra-service time as does the surveyed code, 10006. 51797 has a lower wRVU than the recommendation for the surveyed code; however, while it is an invasive procedure, there is no removal of tissue and so correspondingly less risk and complexity. Similarly, 64480 is also an invasive procedure, but is more technically demanding than the typical 10006 and so has an appropriately higher wRVU.

Family of FNA Codes:

Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below. We would like to directly quantify the relationship between the two Ultrasound guided codes, 10005 and 10006. When the pre- and post-time is removed from the add-on code, 10005, at the 0.0224 RVU/minute rate, the expected value of this code would be 1.20 wRVU compared to the recommended wRVU and 25th percentile survey value of 1.00. We think this appropriately reflects any efficiencies gained in performing a biopsy of an additional lesion while recognizing all of the work that goes into beginning an entirely separate biopsy procedure at a new site on the patient.

Conclusion:
The survey results and comparisons with applicable codes support the recommended values for 10X13.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This code is typically reported with 10X12.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 10022, 76942

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Endocrinology How often? Commonly

Specialty Radiology How often? Commonly

Specialty Pathology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 45906
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 10X13 provided nationally in a one-year period is estimated to be 45,906.

Specialty Endocrinology Frequency 16067 Percentage 34.99 %

Specialty Radiology Frequency 13772 Percentage 30.00 %

Specialty Pathology Frequency 2295 Percentage 4.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 15,302
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The specialities estimates that CPT code 10X13 is billed approximately 15,302 times in total for Medicare patients nationally in a one-year period

Specialty Endocrinology Frequency 5356 Percentage 35.00 %

Specialty Radiology Frequency 4590 Percentage 29.99 %

Specialty Pathology Frequency 765 Percentage 4.99 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

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. 19084

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10007 Tracking Number G5 Original Specialty Recommended RVU: **1.81**
Presented Recommended RVU: **1.81**
Global Period: XXX Current Work RVU: **n/a** RUC Recommended RVU: **1.81**

CPT Descriptor: Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old female presents with a lung lesion visible on chest radiographs. The patient undergoes a fluoroscopic-guided FNA biopsy of the lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The procedure and its purpose are explained to the patient, including potential complications. Informed consent is obtained.

Description of Intra-Service Work: The patient is placed on a fluoroscopy table and positioned appropriately. Targeted fluoroscopy, including angulation of the image intensifier, is performed in order to identify the appropriate level and approach for the initial needle placement. The skin entry site is prepped and marked, and sterile drapes are applied. Determine approach to the lesion. Local anesthesia is injected with fluoroscopic guidance. During needle placement, intermittent fluoroscopy and angulation of the image intensifier are used to confirm the correct approach and the need for needle repositioning or realignment. If the position is not correct, additional fluoroscopy is used to guide repositioning until the proper position is achieved. Intermittent contrast material injection is performed as needed.

Using fluoroscopic guidance, a needle with attached syringe is inserted into the lesion. A FNA biopsy of the lesion is performed. Intermittent fluoroscopic visualization may take place during the intervention which necessitated the needle placement. The needle is withdrawn and material expressed onto slides, into fixative, and/or the appropriate solution for further pathology workup. The previous process is repeated in the same lesion (typically three or four samples are acquired). Sample evaluated by pathology representative (pathologist or cytotechnologist) to assess adequacy. Additional FNA biopsy samples obtained as needed.

Compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). Permanent image(s) are recorded.

Description of Post-Service Work: A report of the procedure is dictated for the medical record. An addendum to the report is dictated when the final pathology results are received. The referring physician or QHP is called and the report provided if the test results are significant or if final pathology is discordant with imaging.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Greg Nicola, MD, FACR; Michael Hall, MD; Curtis Anderson, MD, PhD				
Specialty(s):	American College of Radiology; Society of Interventional Radiology				
CPT Code:	10007				
Sample Size:	3750	**Resp N:**	31	**Response:** 0.8 %	
Description of Sample:	ACR - random sample of 2750, SIR - random sample of 1000				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.00	**10.00**	23.00	100.00
Survey RVW:	1.70	2.23	**2.50**	3.05	4.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	8.00	20.00	**27.00**	35.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	10007	**Recommended Physician Work RVU: 1.81**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**27.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32555	000	2.27	**RUC Time**

CPT Descriptor Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

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
99318	XXX	1.71	**RUC Time**	116,304

CPT Descriptor 1 Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99221	XXX	1.92	**RUC Time**	1,879,723

CPT Descriptor 2 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other 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 problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 45.1 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 25.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 10007	**Top Key Reference CPT Code:** 32555	**2nd Key Reference CPT Code:** **99205**
Median Pre-Service Time	10.00	22.00	7.00
Median Intra-Service Time	27.00	20.00	45.00
Median Immediate Post-service Time	10.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**47.00**	**57.00**	**67.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	29%	36%	36%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	21%	64%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	29%	64%
Physical effort required	0%	36%	64%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	29%	71%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	13%	25%	25%	38%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	25%	63%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	25%	75%
Physical effort required	0%	50%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	13%	88%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
The existing fine needle aspiration biopsy codes, 10021 *(Fine needle aspiration; without imaging guidance)* and 10022 *(Fine needle aspiration; with imaging guidance)* were identified by CMS for review. CPT code 10021 had recently updated practice expense inputs without the physician work being reviewed, and code 10022 was identified on the CMS High Expenditure Procedure list. At the April 2016 RUC meeting, these codes were referred to CPT to clarify parentheticals regarding appropriate utilization and to bundle in the appropriate imaging guidance codes.

The new bundled FNA biopsy procedure family now includes 10 codes structured as follows. There are 5 base FNA codes with 5 paired add-on codes for each additional lesion when performed with the base codes.

Fluoroscopy Guided FNA Codes:
Two new codes to describe fine needle aspiration biopsy with fluoroscopic guidance were created by CPT.

- 10007 *(Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion)* is an XXX global code, and
- 10008 *(Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure))* is the corresponding ZZZ add-on.

These codes will be used in place of 10022 *(Fine needle aspiration; with imaging guidance)* and 77002 *(Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)).*

Survey Process:
The American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) conducted a random survey of members. The ACR also surveyed a random subset of members who have indicated that they perform interventional radiology. The societies assembled an expert panel to review the data and develop the following recommendations.

10007

Work RVU Recommendations:
We recommend a work RVU of 1.81, which is the current value, and far below the 25th percentile survey value of 2.23 wRVU.

Time Recommendation:
We recommend the median survey times of 10 minutes pre-service, 27 minutes intra-service, and 10 minutes post-service, for a total time of 47 minutes.

Key Reference Services:
Our recommended work RVU and service period times fall between the two most commonly chosen key reference services (KRS):

- 32555 *(Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance),* chosen by 45% of respondents, and
- 99205 *(Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family),* chosen by 26% of respondents.

The difference between the chosen key reference services and the surveyed code reflect the multiple specialties participating in the survey and the limitations of the reference service list. Specifically, there are few appropriate XXX global procedure codes to compare with this newly bundled service. Additionally, since the imaging guidance was bundled into these new codes, it was unavailable as a comparison for the survey respondents.

The survey respondents' selection of 32555 as the most appropriate KRS is also reflected in the 25th percentile and median wRVU values from the survey, which were 2.23 and 2.50, respectively. In the absence of compelling evidence, we feel that recommending the current value is the most appropriate action. Though this value is lower than the survey responses indicated, it maintains relativity with the other FNA biopsy family codes and MPC codes as detailed below.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	2.27	57	22	20	15	0.076	000
10007	**Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion**	**1.81**	**47**	**10**	**27**	**10**	**0.050**	**XXX**
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	3.17	67	7	45	15	0.059	XXX

MPC Codes:

The surveyed code (10007) is compares favorably to two non-radiology MPC codes with XXX global periods:

- 99318 *(Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the*

nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.), and

- 99221 *(Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other 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 problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.).*

Both of the MPC codes are evaluation and management codes. 99221 has a higher intra-service period time of 30 minutes compared with 27 minutes for the surveyed code, 10007. 99318 has the same intra-service period and total times as the surveyed code. Given that 10007 is an invasive procedure, we feel it is appropriately valued slightly higher than 99318 and slightly lower than 99221 given the longer intra-service time for 99221.

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision	1.71	47	10	27	10	0.047	XXX

	making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.							
10007	**Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion**	**1.81**	**47**	**10**	**27**	**10**	**0.050**	**XXX**
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other 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 problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	1.92	50	10	30	10	0.049	XXX

Family of FNA Codes:
Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below.

We would like to directly quantify the relationship between two Fluoroscopic guided codes, 10007 and 10008. When the pre- and post-time is removed from the add-on code, 10008, at the 0.0224 RVU/minute rate, the expected value of this code would be 1.36 wRVU compared to the recommended wRVU and current value of 1.18. We think this appropriately reflects any efficiencies gained in performing a biopsy of an additional lesion while recognizing all of the work that goes into beginning an entirely separate biopsy procedure at a new site on the patient.

Conclusion:
The survey results and comparisons with applicable codes support the recommended values for 10007.

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) 10022, 77002

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 10329
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 10X14 provided nationally in a one-year period is estimated to be 10,329.

Specialty Diagnostic Radiology Frequency 5164 Percentage 49.99 %

Specialty Interventional Radiology Frequency 3099 Percentage 30.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,443
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The specialities estimates that CPT code 10X14 is billed approximately 3,443 times in total for Medicare patients nationally in a one-year period

Specialty Diagnostic Radiology Frequency 1721 Percentage 49.98 %

Specialty Interventional radiology Frequency 1033 Percentage 30.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 19081

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10008 Tracking Number G6 Original Specialty Recommended RVU: **1.18**
Presented Recommended RVU: **1.18**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **1.18**

CPT Descriptor: Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 79-year-old male is found to have two lung lesions on chest radiographs.
After a fluoroscopic-guided FNA biopsy of the first lesion is performed (reported separately), a fluoroscopic-guided FNA biopsy is performed on the second lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 77%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The additional procedure and its purpose are explained to the patient, including potential complications. The differences between the subsequent procedure and the first FNA biopsy procedure are clarified for the patient. Informed consent is obtained.

The patient is repositioned on the fluoroscopy table. Targeted fluoroscopy, including angulation of the image intensifier, is performed in order to identify the appropriate level and approach for the initial needle placement. The skin entry site is prepped and marked, and sterile drapes are applied. Determine approach to the lesion. Local anesthesia is injected with fluoroscopic guidance. During needle placement, intermittent fluoroscopy and angulation of the image intensifier are used to confirm the correct approach and the need for needle repositioning or realignment. If the position is not correct, additional fluoroscopy is used to guide repositioning until the proper position is achieved. Intermittent contrast material injection is performed as needed.

Using fluoroscopic guidance, a needle with attached syringe is inserted into the lesion. A FNA biopsy of the lesion is performed. Intermittent fluoroscopic visualization may take place during the intervention which necessitated the needle placement. The needle is withdrawn and material expressed onto slides, into fixative, and/or the appropriate solution. The previous process is repeated in the same lesion (typically three or four samples are acquired). Sample evaluated by pathology representative (pathologist or cytotechnologist) to assess adequacy. Additional FNA biopsy samples obtained as needed.

Compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). Permanent image(s) are recorded.

A report of the additional procedure is dictated for the medical record (which may be included in the report for 10X14). An addendum to the report is dictated when the final pathology results are received (which may be included in the report for

10X14). The referring physician or QHP is called and the report provided if the test results are significant or if final pathology is discordant with imaging.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Greg Nicola, MD, FACR; Michael Hall, MD; Curtis Anderson, MD, PhD				
Specialty(s):	American College of Radiology; Society of Interventional Radiology				
CPT Code:	10X15				
Sample Size:	3750	**Resp N:**	31	**Response:** 0.8 %	
Description of Sample:	ACR - random sample of 2750, SIR - random sample of 1000				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**2.00**	15.00	200.00
Survey RVW:	1.00	1.50	**1.80**	2.14	4.00
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	15.00	**20.00**	25.00	36.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	10X15	**Recommended Physician Work RVU: 1.18**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	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

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19082	ZZZ	1.65	**RUC Time**

CPT Descriptor 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19084	ZZZ	1.55	**RUC Time**

CPT Descriptor 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)

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
52442	ZZZ	1.20	**RUC Time**	19,726

CPT Descriptor 1 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.20	**RUC Time**	23,439

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
19086	ZZZ	1.82	**RUC Time**

CPT Descriptor 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)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 6 **% of respondents:** 19.3 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 19.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 10X15	**Top Key Reference CPT Code:** 19082	**2nd Key Reference CPT Code:** **19084**
Median Pre-Service Time	0.00	5.00	5.00
Median Intra-Service Time	20.00	25.00	20.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**30.00**	**25.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	50%	50%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	33%	50%	17%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	50%	50%
Physical effort required	0%	50%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	50%	50%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	17%	83%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	50%	17%	33%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	50%	50%
Physical effort required	0%	50%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	17%	83%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
The existing fine needle aspiration biopsy codes, 10021 *(Fine needle aspiration; without imaging guidance)* and 10022 *(Fine needle aspiration; with imaging guidance)* were identified by CMS for review. CPT code 10021 had recently updated practice expense inputs without the physician work being reviewed, and code 10022 was identified on the CMS High Expenditure Procedure list. At the April 2016 RUC meeting, these codes were referred to CPT to clarify parentheticals regarding appropriate utilization and to bundle in the appropriate imaging guidance codes.

The new bundled FNA biopsy procedure family now includes 10 codes structured as follows. There are 5 base FNA codes with 5 paired add-on codes for each additional lesion when performed with the base codes.

Fluoroscopy Guided FNA Codes:
Two new codes to describe fine needle aspiration biopsy with fluoroscopic guidance were created by CPT.

- 10007 *(Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion)* is an XXX global code, and
- 10008 *(Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure))* is the corresponding ZZZ add-on.

These codes will be used in place of 10022 *(Fine needle aspiration; with imaging guidance)* and 77002 *(Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)).*

Survey Process:
The American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) conducted a random survey of members. The ACR also surveyed a random subset of members who have indicated that they perform interventional radiology. The societies assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendations:
We recommend a work RVU of 1.18, which is the current value, and far below the 25th percentile survey value of 1.50 wRVU.

Time Recommendation:
We recommend the median survey time of 20 minutes for the intra-service period.

Key Reference Services:
Our recommended work RVU and service period times fall between the three most commonly chosen key reference services (KRS):

- 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)),* chosen by 19% of respondents,
- 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)),* chosen by 19% of respondents, and
- 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)), chosen by 16% of respondents.

The recommended time and work RVUs for 10008 are best compared with 19082, a stereotactic guided breast lesion biopsy with placement of a localization device. Given the longer time and increased work of doing both an image guided biopsy and then image guided localization device placement, 19082 is appropriately valued higher than 10008 with a slightly higher intensity.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10008	**Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion**	**1.18**	**20**		**20**		**0.059**	**ZZZ**
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	1.55	25	5	20		0.075	ZZZ
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	1.65	30	5	25		0.064	ZZZ
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	1.82	43	5	38		0.046	ZZZ

MPC Codes:

The surveyed code (10008) compares well with two other MPC codes with ZZZ global periods:

- 52442 (*Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure))*; and
- 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)).*

The surveyed code, 10008, has a recommended value below both MPC codes, which are valued at 1.20 wRVU. 64480 has a higher wRVU than the recommendation for the surveyed code, but a lower intra-service time of only 15 minutes compared to 20 minutes for 10008. This is appropriate given the higher complexity, technical difficulty, and more intense work of performing 64480 compared to the typical 10008.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10008	**Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion**	**1.18**	**20**		**20**		**0.059**	**ZZZ**
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level	1.20	15		15		0.080	ZZZ
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant	1.20	25		25		0.048	ZZZ

Family of FNA Codes:
Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below.

We would like to directly quantify the relationship between two Fluoroscopic guided codes, 10X14 and 10008. When the pre- and post-time is removed from the add-on code, 10008, at the 0.0224 RVU/minute rate, the expected value of this code would be 1.36 wRVU compared to the recommended wRVU and current value of 1.18. We think this appropriately reflects any efficiencies gained in performing a biopsy of an additional lesion while recognizing all of the work that goes into beginning an entirely separate biopsy procedure at a new site on the patient.

Conclusion:
The survey results and comparisons with applicable codes support the recommended values for 10008.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.

- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This code is typically reported with 10X14.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 10022, 77002

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1149
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 10X15 provided nationally in a one-year period is estimated to be 1,149.

Specialty Diagnostic Radiology Frequency 575 Percentage 50.04 %

Specialty Interventional Radiology Frequency 345 Percentage 30.02 %

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? 383 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The specialities estimates that CPT code 10X15 is billed approximately 383 times in total for Medicare patients nationally in a one-year period

Specialty Diagnostic Radiology Frequency 192 Percentage 50.13 %

Specialty Interventional Radiology Frequency 115 Percentage 30.02 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

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. 19082

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10009 Tracking Number G7 Original Specialty Recommended RVU: **2.43**
Presented Recommended RVU: **2.43**
Global Period: XXX Current Work RVU: **n/a** RUC Recommended RVU: **2.43**

CPT Descriptor: Fine needle aspiration biopsy, including CT guidance; first lesion

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old male presents with a lesion in the left lung on prior chest CT. The patient undergoes a CT-guided FNA biopsy of the lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The procedure and its purpose are explained to the patient, including potential complications. Informed consent is obtained.

Description of Intra-Service Work: Targeted CT is performed to identify the appropriate approach for the initial needle placement. The patient is repositioned as necessary to facilitate the safest CT guided access to the lesion. The skin entry site is prepped and marked, and sterile drapes are applied. Determine approach to the lesion. Local anesthesia is injected with CT guidance. CT guidance is used to confirm the correct trajectory for needle advancement to the target anatomic lesion, avoiding vascular structures and non-target organs. During needle placement, intermittent CT is used to confirm the correct approach and the need for needle repositioning or realignment. If the position is not correct, additional CT guidance is used to facilitate repositioning until the proper position is achieved. Intermittent contrast material injection is performed as needed.

Using CT guidance, a needle with attached syringe is inserted into the lesion. A FNA biopsy of the lesion is performed. Intermittent CT visualization may take place during the intervention which necessitated the needle placement. The needle is withdrawn and material expressed onto slides, into fixative, and/or the appropriate solution. The previous process is repeated in the same lesion (typically three or four samples are acquired). Sample evaluated by pathology representative (pathologist or cytotechnologist) to assess adequacy. Additional FNA biopsy samples obtained as needed.

Compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). Permanent image(s) are recorded.

Obtain and interpret post-procedural CT to evaluate for complications. Interpret all images resulting from the study including dedicated review of the target(s) as well as all visualized viscera, fascial planes, vasculature, soft tissues, and osseous structures. Assess for complications or other unexpected findings. Compare to all pertinent available prior studies.

Description of Post-Service Work: A report of the procedure is dictated for the medical record. An addendum to the report is dictated when the final pathology results are received. The referring physician or QHP is called and the report provided if the test results are significant or if final pathology is discordant with imaging.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Greg Nicola, MD, FACR; Michael Hall, MD; Curtis Anderson, MD, PhD				
Specialty(s):	American College of Radiology; Society of Interventional Radiology;				
CPT Code:	10X16				
Sample Size:	3750	**Resp N:**	91	**Response:** 2.4 %	
Description of Sample:	ACR - random sample of 2750, SIR - random sample of 1000				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	20.00	**40.00**	80.00	300.00
Survey RVW:	1.20	2.43	**2.85**	3.23	8.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	25.00	**35.00**	45.00	90.00

Immediate Post Service-Time:	**12.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**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:	10X16	**Recommended Physician Work RVU: 2.43**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**0.00**	**15.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**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:	**12.00**	**0.00**	**12.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32555	000	2.27	**RUC Time**

CPT Descriptor Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

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
99204	XXX	2.43	**RUC Time**	10,162,554

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95810	XXX	2.50	**RUC Time**	308,090

CPT Descriptor 2 Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 33 **% of respondents:** 36.2 **%**

Number of respondents who choose 2nd Key Reference Code: 25 **% of respondents:** 27.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 10X16	**Top Key Reference CPT Code:** 32555	**2nd Key Reference CPT Code:** **99205**
Median Pre-Service Time	15.00	22.00	7.00
Median Intra-Service Time	35.00	20.00	45.00
Median Immediate Post-service Time	12.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**62.00**	**57.00**	**67.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	3%	6%	42%	48%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	18%	79%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	6%	91%
Physical effort required	3%	21%	76%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	3%	15%	82%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	8%	16%	36%	40%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	24%	36%	40%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	12%	88%
Physical effort required	4%	36%	60%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	8%	92%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
The existing fine needle aspiration biopsy codes, 10021 *(Fine needle aspiration; without imaging guidance)* and 10022 *(Fine needle aspiration; with imaging guidance)* were identified by CMS for review. CPT code 10021 had recently updated practice expense inputs without the physician work being reviewed, and code 10022 was identified on the CMS High Expenditure Procedure list. At the April 2016 RUC meeting, these codes were referred to CPT to clarify parentheticals regarding appropriate utilization and to bundle in the appropriate imaging guidance codes.

The new bundled FNA biopsy procedure family now includes 10 codes structured as follows. There are 5 base FNA codes with 5 paired add-on codes for each additional lesion when performed with the base codes.

CT Guided FNA Codes:
Two new codes to describe fine needle aspiration biopsy with CT guidance were created by CPT.

- 10009 *(Fine needle aspiration biopsy, including CT guidance; first lesion)* is an XXX global code, and
- 10010 *(Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure))* is the corresponding ZZZ add-on.

These codes will be used in place of 10022 *(Fine needle aspiration; with imaging guidance)* and 77012 *(Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation).*

Survey Process:
The American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) conducted a random survey of members. The ACR also surveyed a random subset of members who have indicated that they perform interventional radiology. The societies assembled an expert panel to review the data and develop the following recommendations.

10009

Work RVU Recommendations:
We recommend a work RVU of 2.43, which is the current value, and equal to the 25th percentile survey value.

However, 77012, the CT guidance code, was just valued at the April 2017 RUC meeting at 1.50 wRVU compared with the current value of 1.16. This recommendation therefore reflects a discount of 0.34 wRVU over what would have been the combined values of 10022 (FNA biopsy) and the new value for 77012 (CT guidance for needle placement) pending CMS review.

Time Recommendation:
We recommend the median survey times of 15 minutes pre-service, 35 minutes intra-service, and 12 minutes post-service, for a total time of 62 minutes.

Key Reference Services:
Our recommended work RVU and service period times fall between the two most commonly chosen key reference services (KRS):

- 32555 *(Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance),* chosen by 36% of respondents, and
- 99205 *(Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high*

severity. Typically, 60 minutes are spent face-to-face with the patient and/or family), chosen by 27% of respondents.

32555 has 15 fewer minutes of intra-service period time, but longer pre- and post-service period times than the surveyed code, 10009. We believe the recommendation for 10009 is appropriately valued higher than 32555 based on the surveyed times and the fact that the most commonly performed procedures with 10009 will be more complex and technically demanding than 32555. This is also reflected by the recent increase of wRVU for 77012, the CT imaging guidance code bundled into 10009. 77012 was recently increased from 1.16 to 1.50 at the April 2017 RUC meeting due to the change in patients and the complexity of procedures now performed with 77012.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	2.27	57	22	20	15	0.076	000
10009	**Fine needle aspiration biopsy, including CT guidance; first lesion**	**2.43**	**62**	**15**	**35**	**12**	**0.052**	**XXX**
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	3.17	67	7	45	15	0.060	XXX

MPC Codes:
The surveyed code (10009) is compares favorably to two non-radiology MPC codes with XXX global periods:

- 99204 *(Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.),* and
- 95810 *(Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist).*

The surveyed code, 10009, has the same recommended value as 99204, but has 5 more minutes of intra-service time and 12 total minutes more pre- and post-service period time. The recommended value of 10009 is slightly lower than 95810, which is appropriate given the 4.5 more minutes of intra- and post-service time in 95810.

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	2.43	45	5	30	10	0.070	XXX
10009	**Fine needle aspiration biopsy, including CT guidance; first lesion**	**2.43**	**62**	**15**	**35**	**12**	**0.052**	**XXX**
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	2.50	66.5	15	36.5	15	0.050	XXX

Family of FNA Codes:
Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below.

We would like to directly quantify the relationship between two CT guided codes, 10009 and 10010. When the pre- and post-time is removed from the add-on code, 10009, at the 0.0224 RVU/minute rate, the expected value of 10X17, the add-on code, would be 1.83 wRVU compared to the recommended wRVU of 1.65. We think this appropriately reflects any efficiencies gained in performing a biopsy of an additional lesion while recognizing all of the work that goes into beginning an entirely separate biopsy procedure at a new site on the patient.

Conclusion:
The survey results and comparisons with applicable codes support the recommended values for 10009.

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) 10022, 77012

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 92958
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 10X16 provided nationally in a one-year period is estimated to be 92,958.

Specialty Interventional Radiology Frequency 46480 Percentage 50.00 %

Specialty Diagnostic Radiolgoy Frequency 27887 Percentage 29.99 %

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? 30,986
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please

explain the rationale for this estimate. The specialities estimates that CPT code 10X16 is billed approximately 30, 986 times in total for Medicare patients nationally in a one-year period

Specialty Interventional Radiology Frequency 15493 Percentage 50.00 %

Specialty Diagnostic Radiology Frequency 9296 Percentage 30.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 19081

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10010 Tracking Number G8 Original Specialty Recommended RVU: **1.65**
Presented Recommended RVU: **1.65**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **1.65**

CPT Descriptor: Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male is found to have two lung lesions on prior chest CT.
After a CT-guided FNA biopsy of the first lesion is performed (reported separately), a CT-guided FNA biopsy is performed on the second lesion.

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%

Description of Pre-Service Work:

Description of Intra-Service Work: The additional procedure and its purpose are explained to the patient, including potential complications. The differences between the subsequent procedure and the first FNA biopsy procedure are clarified for the patient. Informed consent is obtained.

The patient is repositioned on the CT scanner as needed. Targeted CT is performed in order to identify the appropriate level and approach for the initial needle placement. The patient is repositioned as necessary to facilitate the safest CT guided access to the lesion. The skin entry site is prepped and marked, and sterile drapes are applied. Determine approach to the lesion. Local anesthesia is injected with CT guidance. CT guidance is used to confirm the correct trajectory for needle advancement to the target anatomic lesion, avoiding vascular structures and non-target organs. During needle placement, intermittent CT is used to confirm the correct approach and the need for needle repositioning or realignment. If the position is not correct, additional CT guidance is used to facilitate repositioning until the proper position is achieved. Intermittent contrast material injection is performed as needed.

Using CT guidance, a needle with attached syringe is inserted into the lesion. A FNA biopsy of the lesion is performed. Intermittent CT visualization may take place during the intervention which necessitated the needle placement. The needle is withdrawn and material expressed onto slides, into fixative, and/or the appropriate solution. The previous process is repeated in the same lesion (typically three or four samples are acquired). Sample evaluated by pathology representative (pathologist or cytotechnologist) to assess adequacy. Additional FNA biopsy samples obtained as needed.

Compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). Permanent image(s) are recorded.

Obtain and interpret post-procedural CT to evaluate for complications. Interpret all images resulting from the study including dedicated review of the target(s) as well as all visualized viscera, fascial planes, vasculature, soft tissues, and osseous structures. Assess for complications or other unexpected findings. Compare to all pertinent available prior studies.

A report of the additional procedure is dictated for the medical record (which may be included in the report for 10X16). An addendum to the report is dictated when the final pathology results are received (which may be included in the report for 10X16). The referring physician or QHP is called and the report provided if the test results are significant or if final pathology is discordant with imaging.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Greg Nicola, MD, FACR; Michael Hall, MD; Curtis Anderson, MD, PhD				
Specialty(s):	American College of Radiology; Society of Interventional Radiology				
CPT Code:	10010				
Sample Size:	3750	**Resp N:**	91	**Response:** 2.4 %	
Description of Sample:	ACR - random sample of 2750, SIR - random sample of 1000				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	2.00	**8.00**	15.00	100.00
Survey RVW:	0.70	1.65	**2.00**	2.73	8.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	8.00	18.00	**25.00**	30.00	95.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	10010	**Recommended Physician Work RVU: 1.65**		
		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)

Select Post-Service Package

	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

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19086	ZZZ	1.82	**RUC Time**

CPT Descriptor 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19082	ZZZ	1.65	**RUC Time**

CPT Descriptor 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)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.20	**RUC Time**	23,439

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	507,119

CPT Descriptor 2 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 25.2 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 16.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 10010	Top Key Reference CPT Code: 19086	2nd Key Reference CPT Code: **19082**
Median Pre-Service Time	0.00	5.00	5.00
Median Intra-Service Time	25.00	38.00	25.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**43.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	48%	35%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	52%	48%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	43%	57%

Physical effort required	0%	48%	52%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	35%	65%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	7%	27%	47%	20%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	33%	47%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	7%	40%	53%
Physical effort required	7%	60%	33%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	27%	60%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

The existing fine needle aspiration biopsy codes, 10021 *(Fine needle aspiration; without imaging guidance)* and 10022 *(Fine needle aspiration; with imaging guidance)* were identified by CMS for review. CPT code 10021 had

recently updated practice expense inputs without the physician work being reviewed, and code 10022 was identified on the CMS High Expenditure Procedure list. At the April 2016 RUC meeting, these codes were referred to CPT to clarify parentheticals regarding appropriate utilization and to bundle in the appropriate imaging guidance codes.

The new bundled FNA biopsy procedure family now includes 10 codes structured as follows. There are 5 base FNA codes with 5 paired add-on codes for each additional lesion when performed with the base codes.

CT Guided FNA Codes:
Two new codes to describe fine needle aspiration biopsy with CT guidance were created by CPT.

- 10009 *(Fine needle aspiration biopsy, including CT guidance; first lesion)* is an XXX global code, and
- 10010 *(Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure))* is the corresponding ZZZ add-on.

These codes will be used in place of 10022 *(Fine needle aspiration; with imaging guidance)* and 77012 *(Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation).*

Survey Process:
The American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) conducted a random survey of members. The ACR also surveyed a random subset of members who have indicated that they perform interventional radiology. The societies assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendations:
We recommend a work RVU of 1.65, which is equal to the 25th percentile survey value.

Time Recommendation:
We recommend the median survey time of 25 minutes for the intra-service period.

Key Reference Services:
Our recommended work RVU and service period times fall between the two most commonly chosen key reference services (KRS):

- 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)),* chosen by 25% of respondents.
- 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)),* chosen by 16% of respondents

The recommended time and work RVU for 10010 are best compared with 19082, a stereotactic guided breast lesion biopsy with placement of a localization device, which has identical intra service time, similar total time, and an identical RVU.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10010	**Fine needle aspiration biopsy, including CT guidance; each additional lesion**	**1.65**	**25**		**25**		**0.066**	**ZZZ**
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	1.65	30	5	25		0.064	ZZZ
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	1.82	43	5	38		0.046	ZZZ

MPC Codes:
The surveyed code (10010) is between two other MPC codes with ZZZ global periods:

- 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))*, and
- 99292 *(Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service))*.

There is a broad range of value between 64480 and 99292, from 1.20 to 2.25. The recommended value for 10010 is closer to 64480, but at 25 minutes of intra-service time, the time spent on 10010 is closer to 99292, which has a much higher wRVU.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
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)	1.20	15		15		0.080	ZZZ
10010	**Fine needle aspiration biopsy, including CT guidance; each additional lesion**	**1.65**	**25**		**25**		**0.066**	**ZZZ**
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	2.25	30		30		0.075	ZZZ

Family of FNA Codes:
Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below.

We would like to directly quantify the relationship between two CT guided codes, 10009 and 10010. When the pre- and post-time is removed from the base code, 10009, at the 0.0224 RVU/minute rate, the expected value of 10010, the add-on code, would be 1.83 wRVU compared to the recommended wRVU of 1.65. We think this appropriately reflects any efficiencies gained in performing a biopsy of an additional lesion while recognizing all of the work that goes into beginning an entirely separate biopsy procedure at a new site on the patient.

Conclusion:
The survey results and comparisons with applicable codes support the recommended values for 10010.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This code is typically reported with 10X16.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 10022, 77012

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 10329
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 10010 provided nationally in a one-year period is estimated to be 10,329.

Specialty Interventional Radiology Frequency 5165 Percentage 50.00 %

Specialty Diagnostic Radiology Frequency 3099 Percentage 30.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,443
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The specialities estimates that CPT code 10010 is billed approximately 3,443 times in total for Medicare patients nationally in a one-year period

Specialty Interventional Radiology Frequency 1722 Percentage 50.01 %

Specialty Diagnostic Radiology Frequency 1033 Percentage 30.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 19082

SS Rec Summary

ISSUE: Fine Needle Aspiration

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	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	43	0.054			1.82			56	13	3	5			20			15					
2nd REF	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A	12	0.047			1.50			40	5					25			10					
Aug-95	10021	Fine needle aspiration; without imaging guidance		0.034			1.27			48	21					17			10					
SVY	10021	Fine needle aspiration biopsy; without imaging guidance; first lesion	158	0.073	0.25	1.20	1.50	2.00	5.00	33	10			2	8	15	20	60	8	0	10	20	48	450
AAOHNS	10021	Fine needle aspiration biopsy; without imaging guidance; first lesion	85	0.116	0.40	1.20	1.50	1.90	5.00	25	10			2	5	10	15	30	5	0	10	20	25	200
AACE	10021	Fine needle aspiration biopsy; without imaging guidance; first lesion	12	0.081	0.25	1.16	1.67	2.03	2.50	35	10			7	13	15	20	30	10	0	0	4	9	100
ES	10021	Fine needle aspiration biopsy; without imaging guidance; first lesion	5	0.070	0.56	1.50	1.80	1.82	2.40	38	8			5	15	20	20	45	10	1	3	4	5	12
ASC	10021	Fine needle aspiration biopsy; without imaging guidance; first lesion	38	0.047	0.75	1.21	1.68	2.00	4.22	46	10			8	16	26	35	60	10	4	14	28	100	450
CAP	10021	Fine needle aspiration biopsy; without imaging guidance; first lesion	18	0.047	0.60	1.50	1.70	2.15	3.00	48	10			10	17	25	34	55	13	10	12	20	50	300
REC				0.053			1.20			33	10					15			8					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	91	0.076			2.27			57	13	3	6			20			15					
2nd REF	76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	19	0.038			0.56			18	4					10			4					
Aug-95	10022	Fine needle aspiration; with imaging guidance		0.040			1.27			41	11					20			10					
Apr-14	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5					
SVY	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	203	0.091	0.25	1.63	2.25	2.50	5.00	39	10			1	15	20	30	90	9	0	25	70	150	4500
ACR - SVY	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	99	0.098	0.50	1.93	2.25	2.50	5.00	33	8			1	15	20	27	60	5	5	25	50	114	1800
ACR - Targeted	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	75	0.096	0.50	1.98	2.27	2.50	5.00	36	10			6	15	20	28	45	6	5	30	53	150	1800
ACR - Random	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	24	0.093	0.60	1.55	2.10	2.33	3.10	31	6			1	15	20	23	60	5	10	20	50	102	250
SIR	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	20	0.098	0.75	1.94	2.29	2.51	3.50	35	10			8	15	20	26	60	5	0	25	75	163	350
AACE	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	37	0.073	0.25	1.40	1.90	2.50	4.00	40	10			5	17	20	30	60	10	0	48	98	200	4500
ES	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	13	0.048	0.37	0.92	1.65	2.27	2.80	45	10			7	15	25	25	55	10	0	5	30	150	600
ASC	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	25	0.053	0.90	1.59	2.25	2.70	3.17	60	15			8	26	30	45	90	15	12	40	100	280	1500
CAP	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	9	0.043	0.85	1.42	1.50	2.20	3.17	44	10			15	17	25	60	62	9	5	25	100	300	1000
REC				0.060			1.63			39	10					20			9					

SS Rec Summary

ISSUE: Fine Needle Aspiration
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	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when	46	0.075			1.55			25		1	4			20								
2nd REF	10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each	30	0.061			0.85			14						14								
3rd REF	19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when	29	0.064			1.65			30		1	4			25								
Aug-95	10022	Fine needle aspiration; with imaging guidance		0.040			1.27			41	11					20			10					
Apr-14	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5					
SVY	+10006	each additional lesion (List separately in addition to code for primary procedure)	200	0.100	0.25	1.00	1.50	2.00	5.00	15				1	10	15	24	60		0	10	25	59	4500
ACR - SVY	10006	each additional lesion (List separately in addition to code for primary procedure)	99	0.100	0.25	1.00	1.50	2.00	4.00	15				1	10	15	20	52		0	10	20	45	700
ACR - Targeted	10006	each additional lesion (List separately in addition to code for primary procedure)	75	0.100	0.50	1.00	1.50	2.10	4.00	15				2	10	15	20	45		0	10	20	50	700
ACR - Random	10006	each additional lesion (List separately in addition to code for primary procedure)	24	0.112	0.25	0.94	1.46	1.58	2.00	13				1	10	13	16	52		2	5	15	26	150
SIR	10006	each additional lesion (List separately in addition to code for primary procedure)	20	0.180	0.55	1.44	1.80	2.10	3.50	10				4	10	10	16	30		0	9	35	81	150
AACE	10006	each additional lesion (List separately in addition to code for primary procedure)	35	0.094	0.25	0.90	1.50	1.81	5.00	16				5	10	16	25	60		0	15	30	59	4500
ES	10006	each additional lesion (List separately in addition to code for primary procedure)	12	0.071	0.50	0.78	1.28	1.61	1.70	18				5	12	18	25	60		0	0	10	56	120
ASC	10006	each additional lesion (List separately in addition to code for primary procedure)	25	0.055	0.50	1.25	1.65	2.00	2.90	30				8	20	30	35	60		2	15	50	100	800
CAP	10006	each additional lesion (List separately in addition to code for primary procedure)	9	0.065	0.85	1.19	1.42	1.50	2.67	22				10	16	22	60	60		1	10	25	127	250
REC				0.067			1.00			15						15								

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	14	0.076			2.27			57	13	3	6			20			15					
2nd REF	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A	8	0.059			3.17			67	7					45			15					
Aug-95	10022	Fine needle aspiration; with imaging guidance		0.040			1.27			41	11					20			10					
Oct-15	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		0.033			0.54			17		2				15								
SVY	10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	31	0.076	1.70	2.23	2.50	3.05	4.00	47	10			8	20	27	35	60	10	0	5	10	23	100
ACR - SVY	10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	22	0.062	1.70	2.21	2.45	3.08	3.80	56	11			15	20	30	35	50	15	0	4	13	24	100
ACR - Targeted	10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	17	0.067	1.70	2.28	2.80	3.10	3.80	65	15			15	20	30	36	50	20	0	2	10	25	100
ACR - Random	10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	5	0.056	2.10	2.20	2.20	2.27	2.31	46	5			20	21	35	35	35	6	10	10	15	20	25
SIR	10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	9	0.103	1.90	2.27	2.50	3.00	4.00	40	10			8	20	20	30	60	10	0	5	5	15	100
REC				0.050			1.81			47	10					27			10					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	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,	6	0.064			1.65			30		1	4			25								
2nd REF	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,	6	0.075			1.55			25		1	4			20								
3rd REF	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,	5	0.046			1.82			43		1	4			38								
Aug-95	10022	Fine needle aspiration; with imaging guidance		0.040			1.27			41	11					20			10					
Oct-15	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		0.033			0.54			17		2				15								
SVY	+10008	each additional lesion (List separately in addition to code for primary procedure)	31	0.090	1.00	1.50	1.80	2.14	4.00	20				7	15	20	25	36		0	0	2	15	200
ACR - SVY	10008	each additional lesion (List separately in addition to code for primary procedure)	22	0.080	1.00	1.50	1.60	2.00	3.41	20				10	15	20	27	36		0	0	2	10	200
ACR - Targeted	10008	each additional lesion (List separately in addition to code for primary procedure)	17	0.090	1.00	1.40	1.80	2.30	3.41	20				10	15	20	30	36		0	0	1	5	200
ACR - Random	10008	each additional lesion (List separately in addition to code for primary procedure)	5	0.076	1.50	1.50	1.51	1.60	1.82	20				20	20	20	21	25		2	6	20	20	20
SIR	10008	each additional lesion (List separately in addition to code for primary procedure)	9	0.098	1.50	1.75	1.95	2.27	4.00	20				7	10	20	22	30		0	0	0	20	100
REC				0.059			1.18			20						20								

SS Rec Summary

ISSUE: Fine Needle Aspiration
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	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	33	0.076			2.27			57	13	3	6			20			15					
2nd REF	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A	25	0.059			3.17			67	7					45			15					
Aug-95	10022	Fine needle aspiration; with imaging guidance		0.040			1.27			41	11					20			10					
CMS/Other	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		#DIV/0!			1.16			22														
Apr-17	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		0.030			1.50			55	15					35			5					
SVY	10009	Fine needle aspiration biopsy, including CT guidance; first lesion	91	0.064	1.20	2.43	2.85	3.23	8.00	62	15			10	25	35	45	90	12	0	20	40	80	300
ACR - SVY	10009	Fine needle aspiration biopsy, including CT guidance; first lesion	72	0.063	1.30	2.44	2.87	3.21	6.00	65	15			15	29	35	45	90	15	0	18	40	60	300
ACR - Targeted	10009	Fine needle aspiration biopsy, including CT guidance; first lesion	59	0.064	1.30	2.48	2.90	3.31	6.00	65	15			15	28	35	45	90	15	0	20	50	73	300
ACR - Random	10009	Fine needle aspiration biopsy, including CT guidance; first lesion	13	0.058	1.50	2.27	2.71	2.98	3.20	62	15			15	30	37	45	60	10	2	12	20	30	100
SIR	10009	Fine needle aspiration biopsy, including CT guidance; first lesion	19	0.080	1.20	2.39	2.80	3.35	8.00	53	15			10	20	28	40	60	10	0	30	70	100	250
REC				0.052			2.43			62	15					35			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	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	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	23	0.046			1.82			43		1	4			38								
2nd REF	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	15	0.064			1.65			30		1	4			25								
Aug-95	10022	Fine needle aspiration; with imaging guidance		0.040			1.27			41	11					20			10					
CMS/Other	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		#DIV/0!			1.16			22														
Apr-17	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		0.030			1.50			55	15					35			5					
SVY	+10010	each additional lesion (List separately in addition to code for primary procedure)	91	0.080	0.70	1.65	2.00	2.73	8.00	25				8	18	25	30	95		0	2	8	15	100
ACR - SVY	10010	each additional lesion (List separately in addition to code for primary procedure)	72	0.080	0.80	1.59	2.00	2.66	3.90	25				8	19	25	35	95		0	2	7	15	100
ACR - Targeted	10010	each additional lesion (List separately in addition to code for primary procedure)	59	0.080	1.20	1.58	2.00	2.80	3.90	25				8	19	25	36	80		0	1	5	15	100
ACR - Random	10010	each additional lesion (List separately in addition to code for primary procedure)	13	0.076	0.80	1.70	1.90	2.10	3.10	25				10	20	25	31	95		0	5	8	10	20
SIR	10010	each additional lesion (List separately in addition to code for primary procedure)	19	0.100	0.70	1.81	2.00	2.88	8.00	20				8	15	20	29	40		0	4	10	23	100
REC				0.066			1.65			25						25								

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF				#DIV/0!						0														
2nd REF				#DIV/0!						0														
Apr-14	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5					
SVY	76942	Ultrasonic guidance for needle placement (eg, biopsy, fine needle aspiration biopsy, injection, localization device), imaging supervision and interpretation		#DIV/0!						0														
REC				0.027			0.67			27	7					15			5					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF				#DIV/0!						0														
2nd REF				#DIV/0!						0														
Oct-15	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		0.033			0.54			17	2					15								
SVY	77002	Fluoroscopic guidance for needle placement (eg, biopsy, fine needle aspiration biopsy, injection, localization device) (List separately in addition to code for primary procedure)		#DIV/0!						0														
REC				0.033			0.54			17	2					15								

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF				#DIV/0!						0														
2nd REF				#DIV/0!						0														
CMS/Other	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		#DIV/0!			1.16			22														

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
13	**ISSUE: Fine Needle Aspiration**																								
14	**TAB: 4**																								
173	**Apr-17**	**77012**	**Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation**		**0.030**			**1.50**			**55**	**15**					**35**			**5**					
174	**SVY**	**77012**	**Computed tomography guidance for needle placement (eg, biopsy, fine needle aspiration biopsy, injection, localization device), radiological supervision and interpretation**		**#DIV/0!**						**0**														
175	**REC**				**0.030**			**1.50**			**55**	**15**					**35**			**5**					
176																									

CPT Code 1	Mod 1	CPT Code 2	Mod 2	Same Bene	CPT 1 Count	Billed Together
10021		99213		197	1187	17%
10021		ALONE		195	1187	16%
10021		88173	26	183	1187	15%
10021		88172	26	167	1187	14%
10021		99203		150	1187	13%
10021		99204		117	1187	10%
10021		99214		104	1187	9%
10021		88305	26	101	1187	9%
10021		31575		85	1187	7%
10021		99212		42	1187	4%
10021		88342	26	39	1187	3%
10021		88173		31	1187	3%
10021		88172		30	1187	3%
10021		99205		28	1187	2%
10021		88341	26	27	1187	2%
10021		88177	26	24	1187	2%
10021		99202		19	1187	2%
10021		88305		17	1187	1%
10021		88313	26	15	1187	1%
10021		76536		14	1187	1%
10021		99201		14	1187	1%
10021		99215		14	1187	1%
10021		88360	26	11	1187	1%
10022		19083		77	8174	1%
10022		20206		29	8174	0%
10022		20220		15	8174	0%
10022		20225		16	8174	0%
10022		20552		121	8174	1%
10022		20553		241	8174	3%
10022		20610		17	8174	0%
10022		20611		140	8174	2%
10022		27096		29	8174	0%
10022		29530		15	8174	0%
10022		31575		24	8174	0%
10022		32405		90	8174	1%
10022		32557		18	8174	0%
10022		38505		44	8174	1%
10022		47000		36	8174	0%
10022		49180		35	8174	0%
10022		60100		31	8174	0%
10022		64418		16	8174	0%
10022		64445		27	8174	0%
10022		64450		220	8174	3%
10022		76536		559	8174	7%
10022		76641		37	8174	0%

10022		76642		35	8174	0%
10022		76942		3407	8174	42%
10022		77012		21	8174	0%
10022		88172		248	8174	3%
10022		88173		179	8174	2%
10022		88177		46	8174	1%
10022		88305		102	8174	1%
10022		96372		19	8174	0%
10022		97024		11	8174	0%
10022		97140		25	8174	0%
10022		99144		97	8174	1%
10022		99145		32	8174	0%
10022		99201		67	8174	1%
10022		99202		71	8174	1%
10022		99203		227	8174	3%
10022		99204		281	8174	3%
10022		99205		70	8174	1%
10022		99211		30	8174	0%
10022		99212		293	8174	4%
10022		99213		751	8174	9%
10022		99214		265	8174	3%
10022		99215		54	8174	1%
10022		ALONE		355	8174	4%
10022		G0206		13	8174	0%
10022		G0283		37	8174	0%
10022		71010	26	98	8174	1%
10022		71020	26	12	8174	0%
10022		71035	26	26	8174	0%
10022		76536	26	262	8174	3%
10022		76641	26	15	8174	0%
10022		76642	26	20	8174	0%
10022		76942	26	3195	8174	39%
10022		76942	TC	26	8174	0%
10022		77012	26	570	8174	7%
10022		88172	26	98	8174	1%
10022		88173	26	77	8174	1%
10022		88177	26	23	8174	0%
10022		88305	26	47	8174	1%
10022		G0206	26	38	8174	0%

CPT Code 1	Mod 1	CPT Code 2	Mod 2	Same Bene	CPT 1 Count	Billed Together
10022		76942		3407	8174	42%
10022		76942	26	3195	8174	39%
10022		99213		751	8174	9%
10022		77012	26	570	8174	7%
10022		76536		559	8174	7%
10022		ALONE		355	8174	4%
10022		99212		293	8174	4%
10022		99204		281	8174	3%
10022		99214		265	8174	3%
10022		76536	26	262	8174	3%
10022		88172		248	8174	3%
10022		20553		241	8174	3%
10022		99203		227	8174	3%
10022		64450		220	8174	3%
10022		88173		179	8174	2%
10022		20611		140	8174	2%
10022		20552		121	8174	1%
10022		88305		102	8174	1%
10022		71010	26	98	8174	1%
10022		88172	26	98	8174	1%
10022		99144		97	8174	1%
10022		32405		90	8174	1%
10022		19083		77	8174	1%
10022		88173	26	77	8174	1%
10022		99202		71	8174	1%
10022		99205		70	8174	1%
10022		99201		67	8174	1%
10022		99215		54	8174	1%
10022		88305	26	47	8174	1%
10022		88177		46	8174	1%
10022		38505		44	8174	1%
10022		G0206	26	38	8174	0%
10022		76641		37	8174	0%
10022		G0283		37	8174	0%
10022		47000		36	8174	0%
10022		49180		35	8174	0%
10022		76642		35	8174	0%
10022		99145		32	8174	0%
10022		60100		31	8174	0%
10022		99211		30	8174	0%
10022		20206		29	8174	0%
10022		27096		29	8174	0%
10022		64445		27	8174	0%
10022		71035	26	26	8174	0%
10022		76942	TC	26	8174	0%
10022		97140		25	8174	0%

10022		31575		24	8174	0%
10022		88177	26	23	8174	0%
10022		77012		21	8174	0%
10022		76642	26	20	8174	0%
10022		96372		19	8174	0%
10022		32557		18	8174	0%
10022		20610		17	8174	0%
10022		20225		16	8174	0%
10022		64418		16	8174	0%
10022		20220		15	8174	0%
10022		29530		15	8174	0%
10022		76641	26	15	8174	0%
10022		G0206		13	8174	0%
10022		71020	26	12	8174	0%
10022		97024		11	8174	0%

CPT Code: 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010
Specialty Society: AAOHNS, AACE, ES, ASC, CAP, ACR and SIR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs – REVISED at Meeting

Meeting Date: October 2017

Global Period: XXX

CPT Long Descriptors:

●10021 Fine needle aspiration, without imaging guidance; first lesion

●10005 Fine needle aspiration, including ultrasound guidance; first lesion

●10007 Fine needle aspiration, including fluoroscopic guidance; first lesion

●10009 Fine needle aspiration, including CT guidance; first lesion

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Global Period: ZZZ

CPT Long Descriptors:

●+10004 Fine needle aspiration, without imaging guidance; each additional lesion
(List separately in addition to code for primary procedure)

●+10006 Fine needle aspiration, including ultrasound guidance; each additional lesion *(List separately in addition to code for primary procedure)*

●+10008 Fine needle aspiration, including fluoroscopic guidance; each additional lesion *(List separately in addition to code for primary procedure)*

●+10010 Fine needle aspiration, including CT guidance; each additional lesion
(List separately in addition to code for primary procedure)
[Note: This code only includes the additional work related to performing a CT-guided fine needle aspiration of the second lesion.

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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 RVS Committee Expert Panel:**

   AAOHNS, AACE, ES, ASC, CAP, ACR and SIR convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for this family of fine needle aspiration services.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:**

   The multispecialty group included the existing direct practice expense inputs for the underlying CPT Codes. The multispecialty group also included the recently approved PE inputs for CPT Code 77012 (April 2017).

3. **Is this code(s) typically billed with an E/M service?**

   CPT Code 10021 "without imaging' is typically billed with an E/M service.
   The "with imaging" services are NOT typically billed with an E/M service.

4. **What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)**

   Current 10021 "without imaging" – all data 45% otolaryngology, NF data only 54% otolaryngology
   Current 10022 "with imaging" – all data 52% radiology, NF data only 41% endocrinology
   New coding "with imaging" FL, CT and MR radiology will be dominant provider

5. **If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:**

   We have included 2 extra minutes of positioning time to X12, X14, X16 and X18. The extra positioning time is needed to position the patient to ensure the imaging equipment will work appropriately with their positioning.

6. **If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:**

   The specialty societies are recommending supplies for the new FNA codes that are not in the existing/predecessor codes. Below is a detailed description of the supplies needed for these new FNA procedures. The specialties believe there is compelling evidence to change the direct inputs for the newly created codes based on change in technique, change in knowledge/technology and change from previous code-specific PE to newly applicable IR standards. See below:

	PE Compelling Evidence for Fine Needle Aspiration									
Components of PE Compelling Evidence	**10021**	**10004**	**10005**	**10006**	**10007**	**10008**	**10009**	**10010**		
• Evidence that patient poulation has changed.	**No**	**No**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**		
• Evidence that technology has changed clinical staff time.	**No**	**No**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**		
• Evidence that previous practice expense inputs were based on one specialty, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data.	**No**	**No**	**Yes**	**Yes**	**No**	**No**	**No**	**No**		

The increases in total clinical time are based on (1) physician work time and (2) the addition of a second clinical staff person to the flouro, CT and MR procedures to assist with imaging acquisition. The inclusion of a second clinical staff person to assist with image based intervention procedures is typical. That second person assists with the image acquisition. The existing model is to allocate 75% of a tech (specific type depending on procedure) and 25% at the lower rate of a nurse blend.

Based on the typical vignettes for these newly created codes, the specialties are requesting 3 needles/syringes (not 2). The typical number of passes will be 3-5.

Non-Imaging Guide – ENT Dominant Specialty in the NF setting. Clean procedure.

***Note compelling evidence is not required as the overall practice expense for these codes was reduced from existing inputs*

SA061 biopsy tray – *RATIONALE: replaces many of the itemized inputs that previously existed in the 10021 code.*

SB024 gloves, sterile – *RATIONALE: both the staff and the physician wear sterile gloves during the procedure. The staff needs gloves because they hand sterile instruments to the physician during the procedure.*
SB034 mask, surgical, with face shield – *RATIONALE: physician wears during procedure to protect against splatter of fluids.*

SB044 underpad 2ft x 3 ft (Chux) – *RATIONALE: protects patient and catches any fluid from the neck during the procedure.*

SC029 needle, 18-27 g – *RATIONALE: additional needles to what is in the tray are required, there are three in the tray – 2 are used for drawing up and injecting lidocaine, one is used for the first*

pass of the biopsy and these two additional needles are needed for the second and third pass of the biopsy. Three passes are the minimum typical number of passes performed to get a sufficient sample.
SC051 syringe 10-12 ml – *RATIONALE: additional syringes are needed beyond what is in the biopsy tray. A separate needle and syringe are needed for each pass on the same lesion to protect each sample.*

The items below were removed by the Panel during the practice expense presentation.

~~SB001 cap, surgical~~
~~SB004 cover, thermometer probe~~
~~SB012 drape, sterile, for Mayo stand~~
~~SB014 drape, sterile, three-quarter sheet~~
~~SB019 drape-towel, sterile 18in x 26in~~
~~SB026 gown, patient~~
~~SB027 gown, staff, impervious~~
SB034 mask, surgical, with face shield
~~SB039 shoe-covers, surgical~~
~~SH030 Emla cream~~
~~SJ029 ice pack, instant~~
~~SJ041 povidone soln (Betadine)~~
~~SJ053 swab-pad, alcohol~~
~~SL154 alcohol ethyl 100%~~
~~SL180 phophate buffered saline (PBS)~~
~~SM018 gluteraldehyde 3.4% (Cidex, Maxcide, Wavicide)~~

U/S Code – Endocrinology Dominant in NF setting. Clean procedure.

SA048 pack, minimum multi-specialty

SA061 tray, biopsy procedure

SB024 gloves, sterile: For surgeon and hip-to-hip assistant.
SB034 mask, surgical, with face shield: For surgeon

SB044 underpad 2ft x 3ft (Chux): For beneath patient to protect table and bedsheets,

SC029 needle, 18-27 g – Additional needles to what is in the tray are required, there are three in the tray – 2 are used for drawing up and injecting lidocaine, one is used for the first pass of the biopsy and these two additional needles are needed for the second and third pass of the biopsy. Three passes are the minimum typical number of passes performed to get a sufficient sample.
SC051 syringe 10-12ml: For aspirating through the needles during biopsy (2 additional, 1 on tray)
SJ053 swab-pad, alcohol: For wiping top of multiuse drug vials prior to drawing up medication (lidocaine).
*SB005 cover-condom, transducer or US probe: For U/S probe coverage. This must be sterile and protects the sterile field and protects the US probe.
*SJ089 ultrasound transmission gel, sterile (single use): For use during US guidance for acoustic coupling between probe and patient's skin. Must be sterile.
SM012 disinfectant spray (transeptic) 10 ml

FLUORO Code – Radiology/IR Dominant in NF setting. Sterile procedure.

SA061 tray, biopsy procedure

SB026 gown, patient – Patient must be changed out of their clothes and placed in a gown for interventions in the chest. E/M is not typically billed with this procedure.
SB004 cover, thermometer probe. For vital signs prior to the procedure. E/M is not typically billed with this procedure.

SB001 cap, surgical: For surgeon, hip-to-hip assistant, and nurse blend circulating in room.
SB027 gown, staff, impervious: For surgeon and hip-to-hip assistant.
SB022 gloves, non-sterile: for nurse blend circulator
SB024 gloves, sterile: For surgeon and hip-to-hip assistant.
SB027 gown, staff, impervious: For surgeon and hip-to-hip assistant.
SB034 mask, surgical, with face shield: For surgeon and hip-to-hip assistant.
SB039 shoe covers, surgical: For surgeon, hip-to-hip assistant, and nurse blend circulating in room.

SB044 underpad 2ft x 3ft (Chux): For beneath patient to protect table and bedsheets,
*SB008 drape, sterile, c-arm, fluoro – For covering the Image intensifier/flat panel during the procedure to protect the sterility of the field.
SB012 drape, sterile, for Mayo stand: Working area where sterile biopsy supplies are arranged during procedure.
SB014 drape, sterile, three-quarter sheet: Additional sterile coverage of the patient's body. Fenestrated drape in biopsy kit is very small and doesn't allow for a large enough working space.
SB019 drape-towel, sterile 18in x 26in: Sterile towels for marking off sterile prepped area.

SC035 needle, Chiba: Biopsy needle. Each needle is used only once and it is typical to perform three or more passes on each lesion biopsied.
SC051 syringe 10-12ml: For aspirating through the needles during biopsy (2 additional, 1 on tray)
SJ053 swab-pad, alcohol: For wiping top of multiuse drug vials prior to drawing up medication (lidocaine).
SM012 disinfectant spray (transeptic) 10 ml

CT Code – Radiology/IR Dominant in NF setting. Sterile procedure.
SA061 tray, biopsy procedure

SB026 gown, patient – Patient must be changed out of their clothes and placed in a gown for interventions in the chest. E/M is not typically billed with this procedure.
SB004 cover, thermometer probe. For vital signs prior to the procedure. E/M is not typically billed with this procedure.

SB001 cap, surgical: For surgeon, hip-to-hip assistant, and nurse blend circulating in room.
SB027 gown, staff, impervious: For surgeon and hip-to-hip assistant.
SB022 gloves, non-sterile: for nurse blend circulator
SB024 gloves, sterile: For surgeon and hip-to-hip assistant.
SB027 gown, staff, impervious: For surgeon and hip-to-hip assistant.
SB034 mask, surgical, with face shield: For surgeon and hip-to-hip assistant.
SB039 shoe covers, surgical: For surgeon, hip-to-hip assistant, and nurse blend circulating in room.

SB044 underpad 2ft x 3ft (Chux): For beneath patient to protect table and bedsheets,
SB012 drape, sterile, for Mayo stand: Working area where sterile biopsy supplies are arranged during procedure.
SB014 drape, sterile, three-quarter sheet: Additional sterile coverage of the patient's body. Fenestrated drape in biopsy kit is very small and doesn't allow for a large enough working space.
SB019 drape-towel, sterile 18in x 26in: Sterile towels for marking off sterile prepped area.

SC035 needle, Chiba: Biopsy needle. Each needle is used only once and it is typical to perform three or more passes on each lesion biopsied.
SC051 syringe 10-12ml: For aspirating through the needles during biopsy (2 additional, 1 on tray)
*SD086 grid – Single use disposable item which is placed on the patient prior to and during biopsy planning to provide a reference on the skin to mark needle entry planned on CT imaging. Can be used only for the same patient for the base code and add-on code, then it is discarded.
SJ053 swab-pad, alcohol: For wiping top of multiuse drug vials prior to drawing up medication (lidocaine).
SM012 disinfectant spray (transeptic) 10 ml

MR Code – Radiology/IR Dominant in NF setting. Sterile procedure.

SA061 tray, biopsy procedure

SB026 gown, patient – Patient must be changed out of their clothes and placed in a gown for interventions in the chest. E/M is not typically billed with this procedure.
SB004 cover, thermometer probe. For vital signs prior to the procedure. E/M is not typically billed with this procedure.

SB001 cap, surgical: For surgeon, hip-to-hip assistant, and nurse blend circulating in room.
SB027 gown, staff, impervious: For surgeon and hip-to-hip assistant.
SB022 gloves, non-sterile: for nurse blend circulator
SB024 gloves, sterile: For surgeon and hip-to-hip assistant.
SB027 gown, staff, impervious: For surgeon and hip-to-hip assistant.
SB034 mask, surgical, with face shield: For surgeon and hip-to-hip assistant.
SB039 shoe covers, surgical: For surgeon, hip-to-hip assistant, and nurse blend circulating in room.

SB044 underpad 2ft x 3ft (Chux): For beneath patient to protect table and bedsheets,
SB012 drape, sterile, for Mayo stand: Working area where sterile biopsy supplies are arranged during procedure.
SB014 drape, sterile, three-quarter sheet: Additional sterile coverage of the patient's body. Fenestrated drape in biopsy kit is very small and doesn't allow for a large enough working space.
SB019 drape-towel, sterile 18in x 26in: Sterile towels for marking off sterile prepped area.

*NEW ITEM: MREYE CHIBA Biopsy Needle – This is a new item specifically for MR guided needle biopsy. This needle is MRI compatible and non-ferromagnetic. A typical steel Chiba needle is not MRI safe and cannot be used.
SC051 syringe 10-12ml: For aspirating through the needles during biopsy (2 additional, 1 on tray)

*SC022 mammotome probe guide – Cutaneous marker/guide which allows for marking the skin entry site and passively supporting/guiding the needle during repeated imaging acquisition/needle repositioning cycles.
SJ053 swab-pad, alcohol: For wiping top of multiuse drug vials prior to drawing up medication (lidocaine).
SM012 disinfectant spray (transeptic) 10 ml

SA061 tray, biopsy procedure
0.9% Sodium Chloride, 5mL: for flushing samples out of needles as needed.
Specimen tubes and caps (2): for samples in formalin, RPMI or phosphate buffered saline
Slides, fully frosted (2): for touch preps and smears
frosted end (2): for touch preps and smears
25 Ga x 5/8" needle: local anesthesia (superficial)
22 Ga x 1-1/2" needle: local anesthesia (deep)
18 Ga x 2" blunt needle: drawing up medications
10 cc Plastic Syringes, Luer Lock (2): (lidocaine or other solution delivery)
No. 11 scalpel assembly: skin nick for biopsy site
Needle stop: sharps management
PVP Swabsticks (triples): sterile prep
Alcohol Wipe: wiping medication vials before drawing up
1% Lidocaine HCl, 5 mL (2 ampules): local anesthesia
3" x 3" Gauze (3): cleaning small blood droplets
Disposable Towel: cleaning Povidone off skin post procedure
Fenestrated drape: site drape for biopsy
Puncture site bandage:
8" paper ruler: for measuring and planning puncture site.
Sterile indicator: the strip that comes in the pack confirming sterility
Hospital wrap: packaging

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

N/A

8. **Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:***

**activities related to "with imaging" procedures*

Pre-Service Clinical Labor Activities:
*Confirm availability of prior images/studies
*Review patient clinical extant information and questionnaire

Intra-Service Clinical Labor Activities:
Prepare room, equipment, supplies after consulting with MD
Patient is greeted, gowned and escorted into procedure room
Prepare and position patient on table
Clean prep performed and draping of target site
Ensure proper patient position for use of equipment

Assist physician (100% - hip to hip)
*Perform procedure (75% - related to imaging)
*Perform procedure (25% - floater)
Clean room/equipment by physician staff
Complete post-procedure diagnostic forms, lab and x-ray requisitions
Review/read post-procedure x-ray, lab and pathology reports
*Technologist archives and QC's images to/in PACS, checking for all images and dose page
*Review examination with interpreting MD
*Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue
Review home care instructions, coordinate visits/prescriptions

Post-Service Clinical Labor Activities:
N/A

9. **If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.**

   For the fluoroscopy, CT and MR codes we have included a tech at 75% of the physician work time to perform the imaging acquisition portion of the procedure and a nurse blend at 25% of the physician work time as the floater.

10. **If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:**

    N/A

11. **If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.**

    N/A

12. **If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    CPT Code 10X18 MR FNA will need a MREYE CHIBA BIOPSY NEEDLE. The Chiba needle for MRI guided biopsy must be safe for the high magnetic field environment. In particular, in must not be ferromagnetic and therefore cannot be made from stainless steel. The MRI safe Chiba needle is made from a nonferromagnetic alloy. Copy of a paid invoice is attached. One needed $37.

13. **If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    N/A

14. **List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:**

EF015 Mayo Stand – default formula
EF023 Table, exam – default formula
EQ250 portable U/S – default formula
EL014 room, radiographic/fluoroscopic – default formula
EL007 CT room – highly technical formula
EL008 MR room – highly technical formula
ED050 PACS workstation proxy – PACS formula
ED053 Professional PACS – linked to physician work *(half of pre and all of intra)*

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

N/A

16. If there is any other item on your spreadsheet that needs further explanation please include here:

The specialty societies are asking the PE subcommittee to reaffirm the direct practice expense inputs for CPT Codes 76942, 77002 and 77012.

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
1	RUC Practice Expense Spreadsheet - REVISED at MEETING					CURRENT		RECOMMENDED		RECOMMENDED		CURRENT		CURRENT		RECOMMENDED		RECOMMENDED		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.				10021		10021		+10004		10022		76942		76942		10005		+10006	
3		RUC Collaboration Website				Fine needle aspiration; without imaging guidance		Fine needle aspiration biopsy,; without imaging guidance; first lesion		each additional lesion (List separately in addition to code primary procedure)		Fine needle aspiration; with imaging guidance		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation April 2014		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		Fine needle aspiration biopsy, including ultrasound guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	Clinical Activity Code	Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute																
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX	ZZZ	ZZZ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ
7		TOTAL CLINICAL STAFF TIME				31	0	29	0	14	0	47	0	29	0	29	0	41	0	15	0
8		~~TOTAL PRE-SERVICE CLINICAL STAFF TIME~~	L037D	RN/LPN/MTA	0.37											2		4			
9		~~TOTAL PRE-SERVICE CLINICAL STAFF TIME~~	L051B	RN/Diagnostic Medical	0.51									2							
10		~~TOTAL PRE-SERVICE CLINICAL STAFF TIME~~	L046A	CT Technologist	0.46																
11		~~TOTAL PRE-SERVICE CLINICAL STAFF TIME~~	L047A	MRI Technologist	0.47																
12		~~TOTAL PRE-SERVICE CLINICAL STAFF TIME~~	L041B	Radiologic Technologist	0.41																
13		~~TOTAL SERVICE PERIOD CLINICAL STAFF TIME~~	L037D	RN/LPN/MTA	0.37	31	0	29	0	14	0	47	0		0	27	0	37	0	15	0
14		~~TOTAL SERVICE PERIOD CLINICAL STAFF TIME~~	L051B	RN/Diagnostic Medical	0.51									27							
15		~~TOTAL SERVICE PERIOD CLINICAL STAFF TIME~~	L046A	CT Technologist	0.46																
16		~~TOTAL SERVICE PERIOD CLINICAL STAFF TIME~~	L047A	MRI Technologist	0.47																
17		~~TOTAL SERVICE PERIOD CLINICAL STAFF TIME~~	L041B	Radiologic Technologist	0.41																
18		~~TOTAL POST-SERVICE CLINICAL STAFF TIME~~	L037D	RN/LPN/MTA	0.37																
19		~~TOTAL POST-SERVICE CLINICAL STAFF TIME~~	L047A	MRI Technologist	0.47																
20		~~TOTAL POST-SERVICE CLINICAL STAFF TIME~~	L051B	RN/Diagnostic Medical	0.51	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		~~TOTAL POST-SERVICE CLINICAL STAFF TIME~~	L041B	Radiologic Technologist	0.41																
22		~~TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE~~				$ 11.75	$ -	$ 10.73	$ -	$ 5.18	$ -	$ 18.09	$ -	$ 14.79	$ -	$ 10.73	$ -	$ 15.17	$ -	$ 5.55	$ -
23		PRE-SERVICE PERIOD						29		14		47		29		29		41		15	
24		Start: Following visit when decision for surgery or procedure made																			
25	CA001	Complete pre-service diagnostic and	L037D	RN/LPN/MTA	0.37																
26	CA002	Coordinate pre-surgery services	L037D	RN/LPN/MTA	0.37																
27	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37																
28	CA004	Provide pre-service education/obtain	L037D	RN/LPN/MTA	0.37																
29	CA005	Complete pre-procedure phone calls and	L037D	RN/LPN/MTA	0.37																
30	CA006	Confirm availability of prior	L037D	RN/LPN/MTA	0.37											2		2			
31	CA006	Confirm availability of prior	L051B	RN/Diagnostic	0.51									2							
32	CA006	Confirm availability of prior	L041B	Radiologic	0.41																
33	CA006	Confirm availability of prior	L046A	CT	0.46																
34	CA006	Confirm availability of prior	L047A	MRI	0.47																
35	CA007	Review patient clinical extant information	L037D	RN/LPN/MTA	0.37													2			
36	CA007	Review patient clinical extant information	L046A	CT	0.46																
37	CA007	Review patient clinical extant information	L047A	MRI	0.47																
38	CA007	Review patient clinical extant information	L041B	Radiologic	0.41																
39	CA007	Review patient clinical extant information	L041B	Radiologic	0.41																
40	CA008	Perform regulatory mandated quality	L037D	RN/LPN/MTA	0.37																
41			L037D	RN/LPN/MTA	0.37																
42			L037D	RN/LPN/MTA	0.37																
43			L037D	RN/LPN/MTA	0.37																
44		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
45		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
46		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
47		End: When patient enters office/facility for surgery/procedure																			

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
1	**RUC Practice Expense Spreadsheet - REVISED at MEETING**					**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**10021**		**10021**		**+10004**		**10022**		**76942**		**76942**		**10005**		**+10006**	
3		***RUC Collaboration Website***				Fine needle aspiration; without imaging guidance		Fine needle aspiration biopsy,; without imaging guidance; first lesion		each additional lesion (List separately in addition to code primary procedure)		Fine needle aspiration; with imaging guidance		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation April 2014		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		Fine needle aspiration biopsy, including ultrasound guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**																
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**31**	**0**	**29**	**0**	**14**	**0**	**47**	**0**	**29**	**0**	**29**	**0**	**41**	**0**	**15**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*											*2*		*4*			
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*2*							
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*31*	*0*	*29*	*0*	*14*	*0*	*47*	*0*		*0*	*27*	*0*	*37*	*0*	*15*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*27*							
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*																
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
48		**SERVICE PERIOD**																			
49		**Start: When patient enters office/facility for surgery/procedure:**																			
50		**Pre-Service (of service period)**																			
51	CA009	Greet patient, provide gowning, ensure	L037D	RN/LPN/MTA	0.37							2						2			
52	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37							3						3			
53	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37	2		2				2						2			
54	CA012	Review requisition, assess for special	L037D	RN/LPN/MTA	0.37																
55	CA013	Prepare room, equipment and supplies	L051B	RN/Diagnostic	0.51	2						5		2							
56	CA013	Prepare room, equipment and supplies	L041B	Radiologic	0.41																
57	CA013	Prepare room, equipment and supplies	L046A	CT	0.46																
58	CA013	Prepare room, equipment and supplies	L047A	MRI	0.47																
59	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37			2								2		2			
60	CA013	Prepare room, equipment and supplies	l047A	MRI	0.47																
61	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37																
62	CA014	Confirm order, protocol exam	L041B	Radiologic	0.41																
63	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37																
64	CA016	Prepare, set-up and start IV, initial	L051B	RN/Diagnostic	0.51									2							
65	CA016	Prepare, set-up and start IV, initial	L037D	RN/LPN/MTA	0.37	2		2				2				2		2			
66	CA016	Prepare, set-up and start IV, initial	L041B	Radiologic	0.41																
67	CA016	Prepare, set-up and start IV, initial	L046A	CT	0.46																
68	CA016	Prepare, set-up and start IV, initial	L047A	MRI	0.47																
69	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37																
70		*Other activity: please include short*	l037D	RN/LPN/MTA	0.37																
71		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
72		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
73		**Intra-service (of service period)**																			
74	CA018	Assist physician or other qualified	L037D	RN/LPN/MTA	0.37	17		15		14		20						20		15	
75	CA018	Assist physician or other qualified	L051B	RN/Diagnostic	0.51																
76	CA018	Assist physician or other qualified	L041B	Radiologic	0.41																
77	CA018	Assist physician or other qualified	L046A	CT	0.46																
78	CA018	Assist physician or other qualified	L047A	MRI	0.47																
79	CA019	Assist physician or other qualified	L037D	RN/LPN/MTA	0.37																
80	CA020	Assist physician or other qualified	L037D	RN/LPN/MTA	0.37																
81	CA020	Assist physician or other qualified	L041B	Radiologic	0.41																
82	CA020	Assist physician or other qualified	L046A	CT	0.46																
83	CA020	Assist physician or other qualified	L047A	MRI	0.47																
84	CA021	Perform procedure/service---NOT directly	L041B	Radiologic	0.41																
85	CA021	Perform procedure/service---NOT directly	L047A	MRI	0.47																
86	CA021	Perform procedure/service---NOT directly	L051B	RN/Diagnostic	0.51									15							

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
1	**RUC Practice Expense Spreadsheet - REVISED at MEETING**					**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**10021**		**10021**		**+10004**		**10022**		**76942**		**76942**		**10005**		**+10006**	
3		***RUC Collaboration Website***				Fine needle aspiration; without imaging guidance		Fine needle aspiration biopsy,; without imaging guidance; first lesion		each additional lesion (List separately in addition to code primary procedure)		Fine needle aspiration; with imaging guidance		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation April 2014		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		Fine needle aspiration biopsy, including ultrasound guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**																
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**31**	**0**	**29**	**0**	**14**	**0**	**47**	**0**	**29**	**0**	**29**	**0**	**41**	**0**	**15**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*											*2*		*4*			
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*2*							
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*31*	*0*	*29*	*0*	*14*	*0*	*47*	*0*		*0*	*27*	*0*	*37*	*0*	*15*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*27*							
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*																
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
87	CA021	Perform procedure/service---NOT directly	L037D	RN/LPN/MTA	0.37											15					
88		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
89		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
90		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
1	**RUC Practice Expense Spreadsheet - REVISED at MEETING**					**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
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3		***RUC Collaboration Website***				Fine needle aspiration; without imaging guidance		Fine needle aspiration biopsy,; without imaging guidance; first lesion		each additional lesion (List separately in addition to code primary procedure)		Fine needle aspiration; with imaging guidance		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation April 2014		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		Fine needle aspiration biopsy, including ultrasound guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**																
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**31**	**0**	**29**	**0**	**14**	**0**	**47**	**0**	**29**	**0**	**29**	**0**	**41**	**0**	**15**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*											*2*		*4*			
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*2*							
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*31*	*0*	*29*	*0*	*14*	*0*	*47*	*0*		*0*	*27*	*0*	*37*	*0*	*15*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*27*							
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*																
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
91		**Post-Service (of service period)**																			
92	CA022	Monitor patient following	L037D	RN/LPN/MTA	0.37																
93	CA023	Monitor patient following	L037D	RN/LPN/MTA	0.37																
94	CA024	Clean room/equipment by clinical staff	L051B	RN/Diagnostic	0.51									3							
95	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	3		3				3				3		3			
96	CA024	Clean room/equipment by clinical staff	L041B	Radiologic	0.41																
97	CA024	Clean room/equipment by clinical staff	L047A	MRI	0.47																
98	CA025	Clean scope	L037D	RN/LPN/MTA	0.37																
99	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37																
100	CA027	Complete post-procedure diagnostic	L037D	RN/LPN/MTA	0.37	3		3													
101	CA028	Review/read post-procedure x-ray, lab	L037D	RN/LPN/MTA	0.37							2									
102	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37	2		2				2						1			
103	CA030	Technologist QC's images in PACS,	L037D	RN/LPN/MTA	0.37											2					
104	CA030	Technologist QC's images in PACS,	L051B	RN/Diagnostic	0.51									2							
105	CA030	Technologist QC's images in PACS,	L046A	CT	0.46																
106	CA030	Technologist QC's images in PACS,	L047A	MRI	0.47																
107	CA030	Technologist QC's images in PACS,	L041B	Radiologic	0.41																
108	CA031	Review examination with interpreting	L046A	CT	0.46																
109	CA031	Review examination with interpreting	L047A	MRI	0.47																
110	CA031	Review examination with interpreting	L037D	RN/LPN/MTA	0.37											2					
111	CA031	Review examination with interpreting	L051B	RN/Diagnostic	0.51									2							
112	CA031	Review examination with interpreting	L041B	Radiologic	0.41																
113	CA032	Scan exam documents into PACS.	L037D	RN/LPN/MTA	0.37											1					
114	CA032	Scan exam documents into PACS.	L046A	CT	0.46																
115	CA032	Scan exam documents into PACS.	L051B	RN/Diagnostic	0.51									1							
116	CA032	Scan exam documents into PACS.	L047A	MRI	0.47																
117	CA032	Scan exam documents into PACS.	L041B	Radiologic	0.41																
118	CA033	Perform regulatory mandated quality	L037D	RN/LPN/MTA	0.37																
119	CA034	Document procedure (nonPACS) (e.g.	L037D	RN/LPN/MTA	0.37																
120	CA035	Review home care instructions,	L037D	RN/LPN/MTA	0.37							6						2			
121	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
122			L037D	RN/LPN/MTA	0.37																
123			L037D	RN/LPN/MTA	0.37																
124			L037D	RN/LPN/MTA	0.37																
125		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
126		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
127		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
128		**End: Patient leaves office**																			
129		**POST-SERVICE PERIOD**																			

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
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3		***RUC Collaboration Website***				Fine needle aspiration; without imaging guidance		Fine needle aspiration biopsy,; without imaging guidance; first lesion		each additional lesion (List separately in addition to code primary procedure)		Fine needle aspiration; with imaging guidance		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation April 2014		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		Fine needle aspiration biopsy, including ultrasound guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**																
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6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**31**	**0**	**29**	**0**	**14**	**0**	**47**	**0**	**29**	**0**	**29**	**0**	**41**	**0**	**15**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*											*2*		*4*			
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*2*							
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*31*	*0*	*29*	*0*	*14*	*0*	*47*	*0*		*0*	*27*	*0*	*37*	*0*	*15*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*27*							
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
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19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
130		**Start: Patient leaves office/facility**																			
131	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37																
132	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37																
146		**End: with last office visit before end of global period**																			

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6		GLOBAL PERIOD				XXX	XXX	XXX	XXX	ZZZ	ZZZ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ
7		TOTAL CLINICAL STAFF TIME				31	0	29	0	14	0	47	0	29	0	29	0	41	0	15	0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37											2		4			
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51									2							
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13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	31	0	29	0	14	0	47	0		0	27	0	37	0	15	0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51									27							
15		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L046A	CT Technologist	0.46																
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19		TOTAL POST-SERVICE CLINICAL STAFF TIME	L047A	MRI Technologist	0.47																
20		TOTAL POST-SERVICE CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		TOTAL POST-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.41																
147	Medical Supply Code	MEDICAL SUPPLIES	PRICE	UNIT																	
148		TOTAL COST OF SUPPLY QUANTITY x PRICE				$ 26.51	$ -	$ 18.32	$ -	$ 0.86	$ -	$ 45.47	$ -	$ 2.71	$ -	$ 2.71	$ -	$ 21.80	$ -	$ 0.86	$ -
149	SA048	pack, minimum multi-specialty visit	1.143	pack														1			
150	SA061	tray, biopsy procedure	14.65	tray				1				1						1			
151	SB001	cap, surgical	0.209	item																	
152	SB004	cover, thermometer probe	0.038	item								1									
153	SB005	cover-condom, transducer or ultrasound probe	0.35	item										1		1		1			
154	SB008	drape, sterile, c-arm, fluoro	4.504	item																	
155	SB012	drape, sterile, for Mayo stand	1.688	item		1															
156	SB014	drape, sterile, three-quarter sheet	3.83	item																	
157	SB019	drape-towel, sterile 18in x 26in	0.282	item																	
158	SB022	gloves, non-sterile	0.084	pair								1									
159	SB024	gloves, sterile	0.84	pair		2		2				2						2			
160	SB026	gown, patient	0.533	item								1									
161	SB027	gown, staff, impervious	1.186	item																	
162	SB030	lab coat, staff	4.522	item								2									
163	SB033	mask, surgical	0.196	item								1									
164	SB034	mask, surgical, with face shield	1.199	item				1										1			
165	SB039	shoe covers, surgical	0.338	pair																	
166	SB044	underpad 2ft x 3ft (Chux)	0.23	item				1										1			
167	SC022	Mammotome probe guide	7	item																	
168	SC029	needle, 18-27g	0.089	item		2		2		3								2		3	
169	SC101	ultrasound needle	12.81	item																	
170	SC035	needle, Chiba	8.477	item								2									
171	SC051	syringe 10-12ml	0.184	item		2		2		3		3						2		3	
172	SD086	grids	0.11	item																	
173	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.043	item		1				1										1	
174	SG037	dressing, 4in x 4.75in (Tegaderm)	1.771	item		1															
175	SG056	gauze, sterile 4in x 4in (10 pack uou)	0.798	item		1															
176	SH030	Emla cream	2.089	gm		5															
177	SJ029	ice pack, instant	1.06	item																	
178	SJ033	lubricating jelly (Surgilube)	0.501	oz										4		4					
179	SJ041	povidone soln (Betadine)	0.008	ml								10									
180	SJ053	swab-pad, alcohol	0.013	item		4		1				4						1			

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6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**31**	**0**	**29**	**0**	**14**	**0**	**47**	**0**	**29**	**0**	**29**	**0**	**41**	**0**	**15**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*											*2*		*4*			
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13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*31*	*0*	*29*	*0*	*14*	*0*	*47*	*0*		*0*	*27*	*0*	*37*	*0*	*15*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*27*							
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*																
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
181	SJ089	ultrasound transmission gel, sterile (single use)	1.71															1			
182	SK062	patient education booklet	1.55	item								1									
183	SL036	cup, biopsy-specimen sterile 4oz	0.173	item		1															
184	SL071	fixative spray	0.047	ml		0.20															
185	SL120	slide container (for 20 microscope slides)	6.652	item		1															
186	SL122	slide, microscope	0.055	item		4															
187	SL154	alcohol ethyl 100%	0.028	ml		60															
188	SL180	phosphate buffered saline (PBS)	0.025	ml		30															
189	SM012	disinfectant spray (Transeptic)	0.028	ml										10		10		10			
190	SM013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz																	
191	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	0.165	oz								0.34									
192	SM021	sanitizing cloth-wipe (patient)	0.037	item										2		2					
193	NEW	MREYE CHIBA BIOPSY NEEDLE	37.00	item																	
194																					

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
1	**RUC Practice Expense Spreadsheet - REVISED at MEETING**					**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**10021**		**10021**		**+10004**		**10022**		**76942**		**76942**		**10005**		**+10006**	
3		***RUC Collaboration Website***				Fine needle aspiration; without imaging guidance		Fine needle aspiration biopsy,; without imaging guidance; first lesion		each additional lesion (List separately in addition to code primary procedure)		Fine needle aspiration; with imaging guidance		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation April 2014		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		Fine needle aspiration biopsy, including ultrasound guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**																
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**31**	**0**	**29**	**0**	**14**	**0**	**47**	**0**	**29**	**0**	**29**	**0**	**41**	**0**	**15**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*											*2*		*4*			
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*2*							
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*31*	*0*	*29*	*0*	*14*	*0*	*47*	*0*		*0*	*27*	*0*	*37*	*0*	*15*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*27*							
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*																
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
197	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**																
198		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 0.12**	**$ -**	**$ 0.12**	**$ -**	**$ 0.06**	**$ -**	**$ 0.06**	**$ -**	**$ 4.22**	**$ -**	**$ 4.22**	**$ -**	**$ 4.46**	**$ -**	**$ 1.81**	**$ -**
199	EF023	table, exam	1338.17	Default	0.002976617	28		29		14								37		15	
200	ED050	PACS Workstation Proxy	5557	PACS	0.022017924									15		15					
201	ED053	Professional PACS Workstation	14616.93	Other Formula	0.057915145									19		19					
202	EL007	room, CT	1284000	Highly Technical	4.865100588																
203	EL008	room, MR	1605000	Highly Technical	6.081375734																
204	EL014	room, radiographic-fluoroscopic	367664	Default	1.393085936																
205	EQ250	ultrasound unit, portable	29999	Default	0.11624994									24		24		37		15	
206	EF015	mayo stand	530.76	Default	0.001180619	28		29		14		47						37		15	
207																					
208		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*																			

	A	B	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
1	RUC Practice Expense Spreadsheet - REVISED at MEET		CURRENT		CURRENT		S		RECOMMENDED		RECOMMENDED		CURRENT		CURRENT		S		RECOMMENDED		RECOMMENDED	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	10022		77002		77002		10007		+10008		10022		77012		77012		10009		+10010	
3		***RUC Collaboration Website***	Fine needle aspiration; with imaging guidance		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) October 2015		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)		Fine needle aspiration; with imaging guidance		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation April 2017		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		Fine needle aspiration biopsy, including CT guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	Clinical Activity Code	**Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**																				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**	**47**	**0**	**29**	**0**	**29**	**0**	**82**	**0**	**45**	**0**	**47**	**0**	**36**	**0**	**36**	**0**	**98**	**0**	**50**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*							*4*													
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																	*4*			
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*			*4*		*4*								*3*		*3*					
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*47*	*0*		*0*		*0*	*22*	*0*	*45*	*0*	*47*	*0*	*1*	*0*	*1*	*0*	*26*	*0*	*50*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																	*68*			
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*			*25*		*25*		*56*						*32*		*32*					
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
22		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 18.09**	**$ -**	**$ 11.89**	**$ -**	**$ 11.89**	**$ -**	**$ 32.75**	**$ -**	**$ 18.25**	**$ -**	**$ 18.09**	**$ -**	**$ 14.72**	**$ -**	**$ 14.72**	**$ -**	**$ 42.76**	**$ -**	**$ 22.44**	**$ -**
23		**PRE-SERVICE PERIOD**	**47**		**29**		**29**		**82**		**45**		**47**		**36**		**36**		**98**		**50**	
24		**Start: Following visit when decision for s**																				
25	CA001	Complete pre-service diagnostic and																				
26	CA002	Coordinate pre-surgery services																				
27	CA003	Schedule space and equipment in facility																				
28	CA004	Provide pre-service education/obtain																				
29	CA005	Complete pre-procedure phone calls and																				
30	CA006	Confirm availability of prior																				
31	CA006	Confirm availability of prior																				
32	CA006	Confirm availability of prior			2		2		2						3		3					
33	CA006	Confirm availability of prior																	2			
34	CA006	Confirm availability of prior																				
35	CA007	Review patient clinical extant information																				
36	CA007	Review patient clinical extant information																	2			
37	CA007	Review patient clinical extant information																				
38	CA007	Review patient clinical extant information			2		2		2													
39	CA007	Review patient clinical extant information																				
40	CA008	Perform regulatory mandated quality																				
41																						
42																						
43																						
44		*Other activity: please include short*																				
45		*Other activity: please include short*																				
46		*Other activity: please include short*																				
47		**End: When patient enters office/facility fo**																				

	A	B	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
1	RUC Practice Expense Spreadsheet - REVISED at MEET		CURRENT		CURRENT		S		RECOMMENDED		RECOMMENDED		CURRENT		CURRENT		S		RECOMMENDED		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.	10022		77002		77002		10007		+10008		10022		77012		77012		10009		+10010	
3		RUC Collaboration Website	Fine needle aspiration; with imaging guidance		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) October 2015		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)		Fine needle aspiration; with imaging guidance		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation April 2017		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		Fine needle aspiration biopsy, including CT guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	Clinical Activity Code	Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE																				
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX	XXX	ZZZ	ZZZ	ZZZ	ZZZ	XXX	XXX	ZZZ	ZZZ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ
7		TOTAL CLINICAL STAFF TIME	47	0	29	0	29	0	82	0	45	0	47	0	36	0	36	0	98	0	50	0
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*							*4*													
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																	*4*			
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*			*4*		*4*								*3*		*3*					
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*47*	*0*		*0*		*0*	*22*	*0*	*45*	*0*	*47*	*0*	*1*	*0*	*1*	*0*	*26*	*0*	*50*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																	*68*			
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*			*25*		*25*		*56*						*32*		*32*					
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
48		SERVICE PERIOD																				
49		Start: When patient enters office/facility f																				
50		Pre-Service (of service period)																				
51	CA009	Greet patient, provide gowning, ensure	2						2				2						2			
52	CA010	Obtain vital signs	3						3				3						3			
53	CA011	Provide education/obtain consent	2						2				2		1		1		2			
54	CA012	Review requisition, assess for special																				
55	CA013	Prepare room, equipment and supplies	5										5									
56	CA013	Prepare room, equipment and supplies			2		2		2						2		2					
57	CA013	Prepare room, equipment and supplies																	2			
58	CA013	Prepare room, equipment and supplies																				
59	CA013	Prepare room, equipment and supplies																				
60	CA013	Prepare room, equipment and supplies																				
61	CA014	Confirm order, protocol exam																				
62	CA014	Confirm order, protocol exam													1		1					
63	CA015	Setup scope (nonfacility setting only)																				
64	CA016	Prepare, set-up and start IV, initial																				
65	CA016	Prepare, set-up and start IV, initial	2										2						2			
66	CA016	Prepare, set-up and start IV, initial			2		2		2						2		2					
67	CA016	Prepare, set-up and start IV, initial																				
68	CA016	Prepare, set-up and start IV, initial																				
69	CA017	Sedate/apply anesthesia																				
70		*Other activity: please include short*																				
71		*Other activity: please include short*																				
72		*Other activity: please include short*																				
73		Intra-service (of service period)																				
74	CA018	Assist physician or other qualified	20										20									
75	CA018	Assist physician or other qualified																				
76	CA018	Assist physician or other qualified							27		20											
77	CA018	Assist physician or other qualified																	35		25	
78	CA018	Assist physician or other qualified																				
79	CA019	Assist physician or other qualified																				
80	CA020	Assist physician or other qualified							7		5								9		6	
81	CA020	Assist physician or other qualified							20		15											
82	CA020	Assist physician or other qualified																	26		19	
83	CA020	Assist physician or other qualified																				
84	CA021	Perform procedure/service---NOT directly			15		15								18		18					
85	CA021	Perform procedure/service---NOT directly																				
86	CA021	Perform procedure/service---NOT directly																				

	A	B	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
1	RUC Practice Expense Spreadsheet - REVISED at MEET		CURRENT		CURRENT		S		RECOMMENDED		RECOMMENDED		CURRENT		CURRENT		S		RECOMMENDED		RECOMMENDED	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	10022		77002		77002		10007		+10008		10022		77012		77012		10009		+10010	
3		***RUC Collaboration Website***	Fine needle aspiration; with imaging guidance		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) October 2015		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)		Fine needle aspiration; with imaging guidance		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation April 2017		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		Fine needle aspiration biopsy, including CT guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**																				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**	**47**	**0**	**29**	**0**	**29**	**0**	**82**	**0**	**45**	**0**	**47**	**0**	**36**	**0**	**36**	**0**	**98**	**0**	**50**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*							*4*													
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																	*4*			
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*			*4*		*4*								*3*		*3*					
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*47*	*0*		*0*		*0*	*22*	*0*	*45*	*0*	*47*	*0*	*1*	*0*	*1*	*0*	*26*	*0*	*50*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																	*68*			
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*			*25*		*25*		*56*						*32*		*32*					
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
87	CA021	Perform procedure/service---NOT directly																				
88		*Other activity: please include short*																				
89		*Other activity: please include short*																				
90		*Other activity: please include short*																				

	A	B	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
1	**RUC Practice Expense Spreadsheet - REVISED at MEET**		**CURRENT**		**CURRENT**		**S**		**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**CURRENT**		**S**		**RECOMMENDED**		**RECOMMENDED**	
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3		***RUC Collaboration Website***	Fine needle aspiration; with imaging guidance		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) October 2015		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)		Fine needle aspiration; with imaging guidance		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation April 2017		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		Fine needle aspiration biopsy, including CT guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**																				
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6		**GLOBAL PERIOD**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**	**47**	**0**	**29**	**0**	**29**	**0**	**82**	**0**	**45**	**0**	**47**	**0**	**36**	**0**	**36**	**0**	**98**	**0**	**50**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*							*4*													
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																	*4*			
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*			*4*		*4*								*3*		*3*					
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*47*	*0*		*0*		*0*	*22*	*0*	*45*	*0*	*47*	*0*	*1*	*0*	*1*	*0*	*26*	*0*	*50*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																	*68*			
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*			*25*		*25*		*56*						*32*		*32*					
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
91		**Post-Service (of service period)**																				
92	CA022	Monitor patient following																				
93	CA023	Monitor patient following																				
94	CA024	Clean room/equipment by clinical staff																				
95	CA024	Clean room/equipment by clinical staff	3						3				3						3			
96	CA024	Clean room/equipment by clinical staff			3		3								3		3					
97	CA024	Clean room/equipment by clinical staff																				
98	CA025	Clean scope																				
99	CA026	Clean surgical instrument package																				
100	CA027	Complete post-procedure diagnostic																				
101	CA028	Review/read post-procedure x-ray, lab	2						2				2						2			
102	CA029	Check dressings, catheters, wounds	2						1				2						1			
103	CA030	Technologist QC's images in PACS,																				
104	CA030	Technologist QC's images in PACS,																				
105	CA030	Technologist QC's images in PACS,																	2			
106	CA030	Technologist QC's images in PACS,																				
107	CA030	Technologist QC's images in PACS,			2		2		2		2				3		3					
108	CA031	Review examination with interpreting																	2			
109	CA031	Review examination with interpreting																				
110	CA031	Review examination with interpreting																				
111	CA031	Review examination with interpreting																				
112	CA031	Review examination with interpreting							2		2				2		2					
113	CA032	Scan exam documents into PACS.																				
114	CA032	Scan exam documents into PACS.																	1			
115	CA032	Scan exam documents into PACS.																				
116	CA032	Scan exam documents into PACS.																				
117	CA032	Scan exam documents into PACS.			1		1		1		1				1		1					
118	CA033	Perform regulatory mandated quality																				
119	CA034	Document procedure (nonPACS) (e.g.																				
120	CA035	Review home care instructions,	6						2				6						2			
121	CA036	Discharge day management	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
122																						
123																						
124																						
125		*Other activity: please include short*																				
126		*Other activity: please include short*																				
127		*Other activity: please include short*																				
128		**End: Patient leaves office**																				
129		**POST-SERVICE PERIOD**																				

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6		**GLOBAL PERIOD**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**	**47**	**0**	**29**	**0**	**29**	**0**	**82**	**0**	**45**	**0**	**47**	**0**	**36**	**0**	**36**	**0**	**98**	**0**	**50**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*							*4*													
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
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12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*			*4*		*4*								*3*		*3*					
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*47*	*0*		*0*		*0*	*22*	*0*	*45*	*0*	*47*	*0*	*1*	*0*	*1*	*0*	*26*	*0*	*50*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																	*68*			
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*			*25*		*25*		*56*						*32*		*32*					
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
130		**Start: Patient leaves office/facility**																				
131	CA037	Conduct patient communications																				
132	CA038	Coordinate post-procedure services																				
146		**End: with last office visit before end of global period**																				

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6		**GLOBAL PERIOD**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**	**47**	**0**	**29**	**0**	**29**	**0**	**82**	**0**	**45**	**0**	**47**	**0**	**36**	**0**	**36**	**0**	**98**	**0**	**50**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*							*4*													
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13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*47*	*0*		*0*		*0*	*22*	*0*	*45*	*0*	*47*	*0*	*1*	*0*	*1*	*0*	*26*	*0*	*50*	*0*
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15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																	*68*			
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18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
147	**Medical Supply Code**	**MEDICAL SUPPLIES**																				
148		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 45.47**	**$ -**	**$ 4.75**	**$ -**	**$ 4.75**	**$ -**	**$ 60.30**	**$ -**	**$ 26.11**	**$ -**	**$ 45.47**	**$ -**	**$ 4.67**	**$ -**	**$ 4.67**	**$ -**	**$ 55.91**	**$ -**	**$ 26.11**	**$ -**
149	SA048	pack, minimum multi-specialty visit																				
150	SA061	tray, biopsy procedure	1						1				1						1			
151	SB001	cap, surgical							3										3			
152	SB004	cover, thermometer probe	1						1				1						1			
153	SB005	cover-condom, transducer or ultrasound probe																				
154	SB008	drape, sterile, c-arm, fluoro			1		1		1						1		1					
155	SB012	drape, sterile, for Mayo stand							1										1			
156	SB014	drape, sterile, three-quarter sheet							1										1			
157	SB019	drape-towel, sterile 18in x 26in							2										2			
158	SB022	gloves, non-sterile	1		1		1		1				1						1			
159	SB024	gloves, sterile	2						2				2						2			
160	SB026	gown, patient	1						1				1						1			
161	SB027	gown, staff, impervious							2										2			
162	SB030	lab coat, staff	2										2									
163	SB033	mask, surgical	1										1									
164	SB034	mask, surgical, with face shield							2										2			
165	SB039	shoe covers, surgical							3										3			
166	SB044	underpad 2ft x 3ft (Chux)							1										1			
167	SC022	Mammotome probe guide																				
168	SC029	needle, 18-27g																				
169	SC101	ultrasound needle																				
170	SC035	needle, Chiba	2						3		3		2						3		3	
171	SC051	syringe 10-12ml	3						2		3		3						2		3	
172	SD086	grids																	1			
173	SG021	bandage, strip 0.75in x 3in (Bandaid)									1										1	
174	SG037	dressing, 4in x 4.75in (Tegaderm)																				
175	SG056	gauze, sterile 4in x 4in (10 pack uou)																				
176	SH030	Emla cream																				
177	SJ029	ice pack, instant																				
178	SJ033	lubricating jelly (Surgilube)																				
179	SJ041	povidone soln (Betadine)	10								10		10								10	
180	SJ053	swab-pad, alcohol	4						1				4						1			

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7		**TOTAL CLINICAL STAFF TIME**	**47**	**0**	**29**	**0**	**29**	**0**	**82**	**0**	**45**	**0**	**47**	**0**	**36**	**0**	**36**	**0**	**98**	**0**	**50**	**0**
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21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
181	SJ089	ultrasound transmission gel, sterile (single use)																				
182	SK062	patient education booklet	1										1									
183	SL036	cup, biopsy-specimen sterile 4oz																				
184	SL071	fixative spray																				
185	SL120	slide container (for 20 microscope slides)																				
186	SL122	slide, microscope																				
187	SL154	alcohol ethyl 100%																				
188	SL180	phosphate buffered saline (PBS)																				
189	SM012	disinfectant spray (Transeptic)							10										10			
190	SM013	disinfectant, surface (Envirocide, Sanizide)			1		1								1		1					
191	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	0										0									
192	SM021	sanitizing cloth-wipe (patient)																				
193	NEW	MREYE CHIBA BIOPSY NEEDLE																				
194																						

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4	**Clinical Activity Code**	**Meeting Date: October 2017** **Tab: 4** **Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**					October 2015								April 2017							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**	**47**	**0**	**29**	**0**	**29**	**0**	**82**	**0**	**45**	**0**	**47**	**0**	**36**	**0**	**36**	**0**	**98**	**0**	**50**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*							*4*													
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																	*4*			
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*			*4*		*4*								*3*		*3*					
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*47*	*0*		*0*		*0*	*22*	*0*	*45*	*0*	*47*	*0*	*1*	*0*	*1*	*0*	*26*	*0*	*50*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																	*68*			
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*			*25*		*25*		*56*						*32*		*32*					
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
197	**Equipment Code**	**EQUIPMENT**																				
198		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 0.06**	**$ -**	**$ 31.20**	**$ -**	**$ 31.20**	**$ -**	**$ 64.28**	**$ -**	**$ 29.59**	**$ -**	**$ 0.06**	**$ -**	**$ 139.42**	**$ -**	**$ 139.42**	**$ -**	**$ 208.04**	**$ -**	**$ 123.66**	**$ -**
199	EF023	table, exam																				
200	ED050	PACS Workstation Proxy			25		25		49		25				32		32		55		25	
201	ED053	Professional PACS Workstation							32		20				43		43		42		25	
202	EL007	room, CT													28		28		42		25	
203	EL008	room, MR																				
204	EL014	room, radiographic-fluoroscopic			22		22		44		20											
205	EQ250	ultrasound unit, portable																				
206	EF015	mayo stand	47						44		20		47						52		25	
207																						
208		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*																				

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS/Other Source – Utilization over 100,000

April 2017

CT Scan for Needle Biopsy

In October 2016, the Relativity Assessment Workgroup expanded the CMS/Other Source codes screen, lowering the Medicare utilization threshold from 250,000 to 100,000 based on 2015 Medicare utilization data. CPT code 77012 was identified via this screen for review.

Compelling Evidence
The specialty society presented compelling evidence for CPT code 77012. The society noted that the prior methodology for valuing these codes is unknown and considered flawed, as the source is CMS/Other. As the RUC has noted previously during review of other services, codes with the CMS/Other designation were never surveyed by the RUC or any other stakeholder; their physician time and work were assigned by CMS in rulemaking over 20 years ago using an unknown methodology. The specialty society also noted that an increase in value for this code is justified by the survey data and comparisons with the key reference services. The RUC accepted that there is compelling evidence that CPT code 77012 was originally valued using a flawed methodology.

77012 ***Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation***
The RUC reviewed the survey results from 93 physicians and agreed with the following physician time component: pre-service evaluation time of 15 minutes, intra-service time of 35 minutes, and post-service time of 5 minutes. The RUC reviewed the recommended work RVU of 1.50, which is the 25th percentile and agreed that this value appropriately accounts for the physician work involved. To justify the work RVU of 1.50, the RUC referenced MPC code 99214 *Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family* (work RVU= 1.50, pre-service time of 5 minutes, intra-service time of 25 minutes, and post-time of 10 minutes, total of 40 minutes) and noted that both services require similar physician work and time to perform and therefore should be valued similarly. The RUC also reviewed CPT code 95861 *Needle electromyography; 2 extremities with or without related paraspinal areas* (work RVU= 1.54, pre-service time of 10 minutes, intra-service time of 29 minutes, and post-service time of 10 minutes) and noted that both services have similar work RVUs, intra-service, and post times, further supporting a work RVU at the 25th percentile of 1.50 for the survey code. **The RUC recommends a work RVU of 1.50 for CPT code 77012.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Practice Expense
The RUC reviewed the direct practice expenses and made no amendments. The RUC recommends the direct practice expense inputs as reviewed by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	XXX	1.50

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77012 Tracking Number Original Specialty Recommended RVU: **1.50**
Presented Recommended RVU: **1.50**
Global Period: XXX Current Work RVU: **1.16** RUC Recommended RVU: **1.50**

CPT Descriptor: Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient presents with a right upper lobe nodule that is suspicious for lung cancer. The patient is referred for a CT guided lung biopsy.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient order, clinical history, and relevant prior imaging exams. Confirm appropriateness of imaging guidance and determine appropriate protocol and approach. Assess need for contrast administration to assist guidance. Review patient history for contrast allergy, renal insufficiency or other contraindications for receiving contrast as needed. Discuss with the patient (and family) the risks due to radiation exposure and use of contrast dye (if needed) relative to other potential imaging modalities. Discuss the equipment being used, the close proximity of the CT gantry and potential for claustrophobia, prolonged immobility and repositioning to ensure optimal imaging for guidance and interpretation. Provide instructions for the radiologic technologists regarding patient positioning and proper settings for the imaging equipment. Confirm patient positioning and imaging setup, ensuring the entire area necessary can be imaged and that equipment and patient can be repositioned as needed during sterile procedure (i.e. the field must be clear of impediments to table motion for movement into and out of the CT gantry). The physician dresses in radiation safety attire.

Description of Intra-Service Work: Supervise and interpret scout views of area to be imaged to select appropriate field of view. Obtain and interpret preliminary CT images acquired to assess appropriate approach to the target(s), evaluate for unexpected findings, interval changes in target lesion(s), and adjust patient positioning or protocol as needed. The skin entry site is marked and prepped in sterile fashion. Perform intermittent or continuous CT guidance to direct needle to target(s) and reposition as necessary. Confirm satisfactory needle placement in the target(s). Obtain and interpret post-procedural CT to evaluate for complications. Interpret all images resulting from the study including dedicated review of the target(s) as well as all visualized viscera, fascial planes, vasculature, soft tissues, and osseous structures. Assess for complications or other unexpected findings. Compare to all pertinent available prior studies. Dictate report for medical record.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017		
Presenter(s):	Kurt A. Schoppe, MD; Daniel Wessell, MD; Michael Hall, MD; Tim Swan, MD		
Specialty(s):	American College of Radiology, Society of Interventional Radiology		
CPT Code:	77012		
Sample Size:	1728	**Resp N:** 93	**Response:** 5.3 %
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform CT imaging). The SIR surveyed a random sample of 978 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	30.00	**80.00**	150.00	700.00
Survey RVW:	0.39	1.50	**2.00**	3.00	12.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	30.00	**35.00**	45.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77012	**Recommended Physician Work RVU: 1.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**0.00**	**15.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**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:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73722	XXX	1.62	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74170	XXX	1.40	**RUC Time**

CPT Descriptor Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99214	XXX	1.50	**RUC Time**	95,554,488

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95861	XXX	1.54	**RUC Time**	41,858

CPT Descriptor 2 Needle electromyography; 2 extremities with or without related paraspinal areas

Other Reference CPT Code	Global	Work RVU	Time Source
74150	XXX	1.19	**RUC Time**

CPT Descriptor Computed tomography, abdomen; without contrast material

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 29 **% of respondents:** 31.1 **%**

Number of respondents who choose 2nd Key Reference Code: 21 **% of respondents:** 22.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 77012	Top Key Reference CPT Code: 73722	2nd Key Reference CPT Code: **74170**
Median Pre-Service Time	15.00	8.50	5.00
Median Intra-Service Time	35.00	20.00	18.00
Median Immediate Post-service Time	5.00	10.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**55.00**	**38.50**	**28.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	17%	83%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	41%	14%	45%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3%	14%	83%
Urgency of medical decision making	3%	0%	97%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	3%	93%
Physical effort required	0%	0%	100%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	0%	0%	100%
Outcome depends on the skill and judgment of physician	0%	3%	97%
Estimated risk of malpractice suit with poor outcome	0%	10%	90%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	5%	24%	71%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	43%	19%	38%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	10%	24%	67%
Urgency of medical decision making	0%	14%	86%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	0%	100%
Physical effort required	0%	0%	100%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	0%	0%	100%
Outcome depends on the skill and judgment of physician	0%	10%	90%
Estimated risk of malpractice suit with poor outcome	0%	14%	86%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
CPT Code 77012 *(Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation)* was identified as potentially mis-valued through the CMS/Other - Utilization over 100,000 screen.

Survey Process
The American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) conducted a random survey of members. The ACR also surveyed a random subset of members who perform CT imaging. Both societies assembled an expert panel to review the data and develop the following recommendations.

Compelling Evidence
We are requesting an increase in value for this code. The prior methodology for valuing this code is unknown and considered flawed, as the source is CMS/Other.

There is a significant difference between the work and time values currently listed for this code compared with the survey responses. The median survey work and time values were nearly double and triple the current values, respectively. We believe this indicates that the prior work and time values were incorrectly assigned and/or that the nature of work for this code has changed sufficiently that the prior values are no longer accurate.

An increase in value for this code is justified by the survey data, comparisons with both KRS codes, and to maintain relativity within the RBRVS for codes with similar times and physician work.

Work RVU Recommendation:
We recommend a work RVU of 1.50, which is the 25th percentile survey value and an increase from the existing value of 1.16 wRVU.

Time Recommendation:
We recommend the median survey times of 15 minutes pre-service and 35 minutes intra-service. We recommend a post-service time of 5 minutes, which accurately reflects the time required to perform the post-service work related to CT guidance.

Key Reference Services:
Our recommendation compares favorably to the three most commonly chosen key reference services (KRS): 73722 *(Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s))*, chosen by 31% of respondents, 74170 *(Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections)*, chosen by 23% of respondents, and 74150 *(Computed tomography, abdomen; without contrast material)* , also chosen by 23% of respondents.

Our recommended work value for 77012 is bracketed by these key reference services, while the surveyed code has 15 more minutes of intra-service time compared to the highest valued KRS. Additionally, there is more pre-service time in the surveyed code compared with all three key reference services. Given that the survey respondents indicated the surveyed code is much more intense overall than the key reference services, the

recommended value is appropriate since there is some non-intense work inherent to the service (e.g. scan time and repositioning). So even with a longer intra-service time, the surveyed code is appropriately valued less than the highest valued KRS.

All four codes are presented for comparison in the following table.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74150	CT Abdomen without contrast	1.19	20	3	12	5	0.084
74170	CT Abdomen with and without contrast	1.40	28	5	18	5	0.065
77012	**CT guidance for needle placement**	**1.50**	**55**	**15**	**35**	**5**	**0.030**
73722	MRI lower extremity joint with contrast	1.62	38.5	8.5	20	10	0.060

MPC Codes:
The surveyed code compares well with two non-radiology MPC codes: 99214 *(Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.)*, which has the same wRVU, but less overall service times, and 95861 *(Needle electromyography; 2 extremities with or without related paraspinal areas)*, which has a higher wRVU, but lower total time than the surveyed code.

The surveyed code (77012) has more intra-service period time than either of the MPC codes, while it has a similar value. Other MPC codes with similar intra-service period times are valued between 2.11 and 2.35 wRVU (99215 and 99310, respectively). These comparisons and the recommended value for the surveyed code (77012) are appropriate because the work being performed for 77012 has both highly intense components and some less intense periods. While this adds up to a longer intra-service time, the work of the service in 77012 is not uniformly intense and therefore should be valued similarly to these MPC codes.

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
99214	Outpatient E&M, established patient, moderate to high severity	1.50	40	5	25	10	0.047
77012	**CT guidance for needle placement**	**1.50**	**55**	**15**	**35**	**5**	**0.030**
95861	Needle electromyography, 2 areas	1.54	49	10	29	10	0.038

Conclusion:
The compelling evidence, survey results, and comparison with applicable codes support an increase in value for 77012 (CT guided needle placement) to the 25th percentile survey value.

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) 77012

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 591321
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 77012 provided nationally in a one-year period is estimated to be 591,321.

Specialty Diagnostic Radiology Frequency 491325 Percentage 83.08 %

Specialty Interventional Radiology Frequency 85666 Percentage 14.48 %

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? 197,107 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 77012 is billed approximately 197,107 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 163775 Percentage 83.08 %

Specialty Interventional Radiology Frequency 28555 Percentage 14.48 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Chest

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77012

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: CT Scan for Needle Biopsy

TAB: 29

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	73722	Magnetic resonance (eg, proton) imaging, any joint of	29	0.060			1.62			38.5	8.5					20			10
2nd REF	74170	Computed tomography, abdomen; without contrast	21	0.065			1.40			28	5					18			5
3rd REF	74150	Computed tomography, abdomen; without contrast	21	0.084			1.19			20	3					12			5
CMS/Other	77012	Computed tomography guidance for needle placement		0.000			1.16			22									
ACR/SIR-SVY	77012	Computed tomography guidance for needle placement	93	0.038	0.39	1.50	2.00	3.00	12.00	65	15			10	30	35	45	90	15
SIR -SVY	77012	Computed tomography guidance for needle placement	55	0.038	0.49	1.50	2.00	3.00	12.00	65	15			10	30	35	45	90	15
ACR- SVY	77012	Computed tomography guidance for needle placement	38	0.036	0.39	1.64	1.99	3.00	5.60	66	15			15	30	37	45	90	14
REC	77012	Computed tomography guidance for needle placement		0.030			1.50			55	15					35			5

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	FAC-obs 38	39	26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5				1	1.0							1							
2nd REF	22222	def	15	0.055			5.15			137	10	5	5			35			5					1.0							1	1						
CURRENT	55555	abc		0.053			5.00			133	17					27			8				1	1.0							1							
SVY	55555	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10				1	1.0							1							
REC	55555	abc		0.020			4.25			142	17	1	3			30			10					1			1.0				1						

CPT Code: 77012
Specialty Society: ACR, SIR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SOR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation

Global Period: XXX Meeting Date: April 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The American College of Radiology (ACR) and Society of Interventional Radiology (SIR) convened a consensus panel to finalize the practice expense data for the CT needle biopsy CPT code 77012.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code.** You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

The societies included the existing PE inputs for CPT code 77012 on the spreadsheet to serve as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

- **Technologist QC's images in PACS, checking for all images, reformats, and dose page** – CMS finalized a standard of 3 minutes for services involving CTs which are considered "intermediate" in the CY 2017 MPFS Final Rule.

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards:

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Prepare room, equipment and supplies (CA013):** time increased to the standard 2 minutes.
- **Confirm order, protocol exam (CA014):** clinically necessary for performing the procedure. Standard is 1 minute.
- **Technologist QC's images in PACS, checking for all images, reformats, and dose page:** time increased to the standard 2 minutes.
- **Review examination with interpreting MD/DO:** time increased to the standard 2 minutes.
- **Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue:** time increased to the standard 1 minute.
- **Professional PACS Workstation (ED053):** In the CY 2017 MPFS Final Rule, CMS finalized an equipment time for the PACS Professional Workstation which is equal to half the preservice physician work time and the full intra-service physician work time.
- **PACS Workstation Proxy (ED050):** CMS finalized an equipment time for the PACS Workstation Proxy which is equal to the clinical staff service period time.
- **Room, CT (EL007):** highly technical equipment formula used.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Spreadsheet Update Workgroup and listed in tab 2, please explain the difference here:

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities:

- Confirm availability of prior images/studies

Service Period Clinical Activities:

Pre-Service (of Service Period):

- Provide education/obtain consent
- Prepare room, equipment and supplies
- Confirm order, protocol exam
- Prepare, set-up and start IV, initial positioning and monitoring of patient

Intra-Service (of Service Period):

- Perform procedure/service—NOT directly related to physician work

Post-Service (of Service Period):

- Clean room/equipment by clinical staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD/DO
- Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.

Post-Service Period Clinical Activities:

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

After positioning patient on the CT table at the direction of the radiologist, the technologist loads the CT protocol and chooses an appropriate field of view. Scout images of the procedure area are acquired and reviewed in consultation with the radiologist. Thereafter, axial CT images are acquired through an appropriately selected region. These images are reviewed with the radiologist and the parameters of the biopsy scans are chosen (slice thickness, number of slices, level of imaging, field of view, window widths/levels) and prepared for the viewing screen in the CT room.

While the radiologist initiates the procedure and uses CT guidance for needle placement, the technologist assists the physician by opening additional equipment items (e.g. needles, fiducials, etc.), changing CT scan parameters or repositioning the patient as needed. For each repeated CT scan during needle guidance, the technologist confirms the agreed upon settings and acquires the axial CT data, which is then presented to the radiologist. This series of activities is repeated for any change in position or separate biopsy site as needed.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

- **PACS Workstation Proxy (ED050)** [Other formula]: Equal to the total clinical service period time
- **Professional PACS Workstation Proxy (ED053)** [Other formula]: Equal to the physician work intra service time + ½ of the physician work pre-service time.
- **Room, CT (EL007)** [Highly technical equipment formula]

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

16. If there is any other item on your spreadsheet that needs further explanation please include here:

	A	B	D	E	G	I
1	**RUC Practice Expense Spreadsheet**				**CURRENT**	**RECOMMENDED**
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at***			**77012**	**77012**
3		***RUC Collaboration Website***				
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 29 - CT Scan for Needle Biopsy Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation **(January 2004)**	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation **(April 2017)**
5		**LOCATION**			**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**			**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**30.0**	**36.0**
8		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**1.0**	**1.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**3.0**	**3.0**
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**1.0**	**1.0**
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**26.0**	**32.0**
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0.0**	**0.0**
13		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**0.0**
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0.0**	**0.0**
15		**PRE-SERVICE PERIOD**				
16		**Start: Following visit when decision for surgery or procedure made**				
22	CA006	Confirm availability of prior images/studies	**L041B**	Radiologic Technologist	**3**	**3**
23	CA007	Review patient clinical extant information and questionnaire				
24	CA008	Perform regulatory mandated quality assurance activity (pre-service)				
31		**End: When patient enters office/facility for surgery/procedure**				
32		**SERVICE PERIOD**				
33		**Start: When patient enters office/facility for surgery/procedure:**				
34		**Pre-Service (of service period)**				
35	CA009	Greet patient, provide gowning, ensure appropriate medical records are available				
36	CA010	Obtain vital signs				
37	CA011	Provide education/obtain consent	**L037D**	RN/LPN/MTA	**1**	**1**
38	CA012	Review requisition, assess for special needs				
39	CA013	Prepare room, equipment and supplies	**L041B**	Radiologic Technologist	**1**	**2**
40	CA014	Confirm order, protocol exam	**L041B**	Radiologic Technologist		**1**
41	CA015	Setup scope (nonfacility setting only)				
42	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	**L041B**	Radiologic Technologist	**2**	**2**
43	CA017	Sedate/apply anesthesia				
50		**Intra-service (of service period)**				
54	CA021	Perform procedure/service---NOT directly related to physician work time	**L041B**	Radiologic Technologist	**18**	**18**

	A	B	D	E	G	I
1	**RUC Practice Expense Spreadsheet**				**CURRENT**	**RECOMMENDED**
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at***			**77012**	**77012**
3		***RUC Collaboration Website***				
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: 29 - CT Scan for Needle Biopsy Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation **(January 2004)**	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation **(April 2017)**
5		**LOCATION**			**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**			**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**30.0**	**36.0**
8		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**1.0**	**1.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**3.0**	**3.0**
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**1.0**	**1.0**
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**26.0**	**32.0**
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	**0.0**	**0.0**
13		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**0.0**
61		**Post-Service (of service period)**				
64	CA024	Clean room/equipment by clinical staff	**L041B**	Radiologic Technologist	**3**	**3**
70	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L041B**	Radiologic Technologist	**2**	**3**
71	CA031	Review examination with interpreting MD/DO	**L041B**	Radiologic Technologist		**2**
72	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	**L041B**	Radiologic Technologist		**1**
73	CA033	Perform regulatory mandated quality assurance activity (service period)				
74	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)				
75	CA035	Review home care instructions, coordinate visits/prescriptions				
76	CA036	Discharge day management			**n/a**	**n/a**
83		**End: Patient leaves office**				
84		**POST-SERVICE PERIOD**				
101		**End: with last office visit before end of global period**				
102	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**		
103	SM013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz	**1**	**1**
104	SB008	drape, sterile, c-arm, fluoro	4.504	item		**1**
105						
109		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*				
110	**Equipment Code**	**EQUIPMENT**	**PRICE**	**EQUIPMENT FORMULA**		
111	**ED053**	Professional PACS Workstation	14616.9	Other Formula	**11**	**43**
112	**ED050**	PACS Workstation Proxy	5557	Other Formula	**26**	**32**
113	**EL007**	room, CT	1284000	Highly Technical Equipment Formula	**9**	**28**
117		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*				

AMA/Specialty Society RVS Update RUC Summary of Recommendations
Final Rule for 2015*

October 2015

Fluoroscopic Guidance

In May 2015, the CPT Editorial Panel deleted 62310, 62311, 62318 and 62319, and created eight new codes for epidural injections to differentiate injections with and without imaging guidance. CPT codes 77001, 77002 and 77003 were included as part of this family to review. The specialty societies requested that these services be reviewed independently from the epidural injection codes since only 77003 relates to spine interventions, 77002 involves body interventions and 77001 relates to central venous catheters. Additionally, CMS requested that all three services be surveyed as add-on (ZZZ global period) services. CMS indicated that while these codes have been classified as stand-alone XXX codes previously, they believe that their vignettes and CPT Manual parentheticals are consistent with an add-on code as has been established for 77001. Therefore, the global periods for 77002 and 77003 reflect an add-on code global of ZZZ with modifications to the vignettes and parentheticals anticipated at the upcoming October 2015 CPT Editorial Panel meeting. The specialty societies performed this survey based on the anticipated update to the vignette.

The RUC discussed the issues with the physician pre-service and post-service time recommended for these ZZZ global period services. The RUC noted that add-on services rarely include pre- and post-service time as that is associated with the base code in which these are reported. The RUC noted that the recommendations for the related epidural injection codes with and without fluoroscopic guidance, reviewed at this meeting, established a difference of two additional minutes of pre-service positioning time for the fluoroscopic guidance as the only difference in physician time. After much deliberation on whether additional pre and post-service time are included in these services the RUC determined that it would be difficult to now recommend 7 minutes pre-service time and 5 minutes immediate post-service time as indicated by the survey respondents. The RUC also discussed the same physician time for all three services (77001, 77002 and 77003) and agreed with the specialty societies that the physician work, intensity and complexity of 7700,1 the central venous catheter code, is less compared to 77002 and, likewise, the physician work, intensity and complexity for 77002 is less than that required to perform 77003. The intensity regarding guidance relates to the nature of the base code with which these services were reported. The intensity and complexity increases as one moves through the body where there are additional anatomy considerations, superficial and deep structures to consider with 77002 and then additional neuro and spinal structures to consider when performing 77003.

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)

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The RUC reviewed the survey results from 52 physicians and recommends maintaining the current work RVU of 0.38 for CPT code 77001. The RUC recommends 2 minutes of positioning time, the additional pre-service time as established for the epidural injection with fluoroscopic guidance codes, and 15 minutes intra-service time. The RUC noted that the 15 minutes of intra-service time is appropriate to account for physician time required to review previous imaging, which the physician only reviews if performing an intervention using fluoroscopic guidance, confirmation of appropriate imaging equipment settings, applying lead gowns to the patient and the physician, draping and placing a shield on the fluoro machine as well as selecting the proper images for documentation; which would typically be included in the intra-service time for add-on codes, not as separate pre- and post-service time. The RUC referenced ZZZ-global period CPT code 93320 *Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete* (work RVU = 0.38 and 15 minutes intra-service time) and MPC codes 92025 *Computerized corneal topography, unilateral or bilateral, with interpretation and report* (work RVU = 0.35) and 95874 *Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)* (work RVU = 0.37) to support the recommended physician work and time recommended for CPT code 77001. **The RUC recommends a work RVU of 0.38 for CPT code 77001.**

77002 Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)

The RUC reviewed the survey results from 72 physicians and recommends maintaining the current work RVU of 0.54 for CPT code 77002. The RUC recommends 2 minutes of positioning time, the additional pre-service time as established for the epidural injection with fluoroscopic guidance codes, and 15 minutes intra-service time. The RUC noted that the 15 minutes of intra-service time is appropriate to account for physician time required to review previous imaging which the physician only reviews if performing an intervention using fluoroscopic guidance, confirmation of appropriate settings, applying lead gowns to the patient and the physician, draping and placing a shield on the fluoro machine as well as selecting the proper images for documentation; which would typically be included in the intra-service time for add-on codes not as separate pre- and post-service time. The RUC referenced ZZZ-global period CPT code 96571 *Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)* (work RVU = 0.55 and 15 minutes intra-service time) and MPC codes 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* (work RVU = 0.52) and 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU = 0.56) to support the recommended physician work and time recommended for CPT code 77002. **The RUC recommends a work RVU of 0.54 for CPT code 77002.**

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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) (List separately in addition to code for primary procedure)
The RUC reviewed the survey results from 114 physicians and recommends maintaining the current work RVU of 0.60 for CPT code 77003. The RUC recommends 2 minutes of positioning time, the additional pre-service time as established for the epidural injection with fluoroscopic guidance codes, and 15 minutes intra-service time. The RUC noted that the 15 minutes of intra-service time is appropriate to account for physician time required to review previous imaging which the physician only reviews if performing an intervention using fluoroscopic guidance, confirmation of appropriate settings, applying lead gowns to the patient and the physician, draping and placing a shield on the fluoro machine as well as selecting the proper images for documentation; which would typically be included in the intra-service time for add-on codes not as separate pre- and post-service time. The RUC referenced ZZZ-global period CPT code 96571 *Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)* (work RVU = 0.55 and 15 minutes intra-service time) and MPC codes 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU = 0.56) and 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU = 0.81) to support the recommended physician work and time recommended for CPT code 77003. **The RUC recommends a work RVU of 0.60 for CPT code 77003.**

Work Neutrality
The RUC noted that CPT code 77003 was bundled into the new epidural injection codes which will result in an 83% decrease in 77003 being reported alone. The RUC's recommendation for the epidural injection codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense
The PE Subcommittee made one minor modification correcting the equipment minutes for the PACS workstation. **The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee.**

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
77001(f)	D9	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)	ZZZ	0.38 (No Change)
77002(f)	D10	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) *(See appropriate surgical code for procedure and anatomic location)* (Use 77002 in conjunction with 10022, 10160, 20206, 20220, 20225, 20520, 20525, 20526, 20550, 20551, 20552, 20553, 20555, 20600, 20605, 20610, 20612, 20615, 21116, 21550, 23350, 24220, 25246, 27093, 27095, 27370, 27648, 32400, 32405, 32553, 36002, 38220, 38221, 38505, 38794, 41019, 42400, 42405, 47000, 47001, 48102, 49180, 49411, 50200, 50390, 51100, 51101, 51102, 55700, 55876, 60100, 64505, 64508, ~~64517~~ 64600, 64605) *(77002 is included in all arthrography radiological supervision and interpretation codes. See **Administration of Contrast Material[s]** introductory guidelines for reporting of arthrography procedures)* *~~(Do not report 77002 in conjunction with 10030, 19081-~~	~~XXX~~ ZZZ	0.54 (No Change)

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		~~*19086, 19281-19288,20982, 20983, 32554, 32555, 32556, 32557, 70332, 73040, 73085, 73115, 73525, 73580, 73615, 0232T)*~~ ~~*(For injection(s) of platelet rich plasma, use 0232T)*~~ ~~*(77002 is included in the organ/anatomic specific radiological supervision and interpretation procedures 49440, 74355, 74445, 74470, 75809, 75810, 75885,75887, 75989)*~~		
77003(f)	D11	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure) (Use 77003 in conjunction with 61050, 61055, 62267, 62268, 62269, 62270, 62272, 62273, 62280, 62281, 62282, 62284, 62310, 62311, 64510, 64517, 64520, 64610) ~~*(Injection of contrast during fluoroscopic guidance and localization [77003] is included in 22526, 22527, 27096, 62263, 62264, 62267, 62270-62282, 62310-62319)*~~ ~~*(Fluoroscopic guidance for subarachnoid puncture for diagnostic radiographic myelography is included in supervision and interpretation codes 72240-72270)*~~ ~~*(For epidural or subarachnoid needle or catheter placement and injection, see 62270-62282, 62310-62319)*~~ ~~*(For sacroiliac joint arthrography, see 27096)*~~ ~~*(For paravertebral facet joint injection, see 64490-64495. For paravertebral facet joint nerve destruction by neurolysis, see 64633-64636. For transforaminal epidural needle*~~	~~XXX~~ ZZZ	0.60 (No Change)

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		~~*placement and injection, see 64479-64484)*~~ ~~*(Do not report 77002, 77003 in conjunction with 10030, 22586, 27096, 64479, 64484, 64490-64495, 64633-64636, 0195T, 0196T, 0309T)*~~ ~~*(For percutaneous or endoscopic lysis of epidural adhesions, 62263, 62264 include fluoroscopic guidance and localization)*~~		

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77001 Tracking Number Original Specialty Recommended RVU: **0.38**
Presented Recommended RVU: **0.38**
Global Period: ZZZ RUC Recommended RVU: **0.38**

CPT Descriptor: 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)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old male presents in need of hemodialysis. Tunneled central venous access placement is performed (the catheter placement is reported separately) during which fluoroscopic guidance is used to facilitate the catheter and wire manipulations and ensure proper positioning of the catheter.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 63%

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? 42%

Description of Pre-Service Work: The physician reviews the patient's history and prior imaging studies (eg, radiographs, computed tomography [CT] scans, and/or magnetic resonance imaging [MRI] scans) to be familiar with the patient's anatomy to plan for central venous catheter placement including potential contra-indications. The physician dresses in radiation attire and instructs the radiologic technologists in the imaging equipment required and the proper settings for the imaging equipment.

Description of Intra-Service Work: Following achievement of venous access (reported separately), use fluoroscopy and angulation of the image intensifier to manipulate the guidewire and subsequently the catheter into an appropriate central venous position. Include any contrast injection through access site (via needle, catheter, or sheath) for venographic evaluation and mapping of appropriate path. Additional fluoroscopy after venography may be necessary for optimal positioning. Perform spot film or other radiographic confirmation of final catheter position.

Description of Post-Service Work: A report describing the guidance procedure, including the final position of the needle/catheter, is dictated, proofread, and submitted for the patient’s medical record. The results of the procedure are communicated to the referring physician when appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Ezequiel Silva III, MD; Kurt Schoppe, MD; Marc L. Leib, MD, JD; Richard Rosenquist, MD; Michael Hall, MD				
Specialty(s):	American College of Radiology, American Society of Anesthesiologists, Society of Interventional Radiology				
CPT Code:	77001				
Sample Size: 1750	**Resp N:** 52	**Response:** 2.9 %			
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**60.00**	163.00	1200.00
Survey RVW:	0.25	0.50	**0.95**	1.03	3.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	15.00	**20.00**	30.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code: 77001	**Recommended Physician Work RVU: 0.38**		
	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:	**2.00**	**0.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76937	ZZZ	0.30	**RUC Time**

CPT Descriptor Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19282	ZZZ	1.00	**RUC Time**

CPT Descriptor 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)

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
92025	XXX	0.35	**RUC Time**	155,005

CPT Descriptor 1 Computerized corneal topography, unilateral or bilateral, with interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95874	ZZZ	0.37	**RUC Time**	61,705

CPT Descriptor 2 Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
93923	XXX	0.45	**RUC Time**

CPT Descriptor 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)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 25 **% of respondents:** 48.0 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 15.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 77001	Top Key Reference CPT Code: 76937	2nd Key Reference CPT Code: 19282
Median Pre-Service Time	2.00	0.00	5.00
Median Intra-Service Time	15.00	10.00	20.00
Median Immediate Post-service Time	0.00	4.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**17.00**	**14.00**	**25.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.32	0.63
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.12	0.63

Urgency of medical decision making	0.28	1.00

Technical Skill/Physical Effort (Mean)

Technical skill required	0.28	0.88
Physical effort required	0.32	0.75

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.48	1.13
Outcome depends on the skill and judgment of physician	0.36	0.38
Estimated risk of malpractice suit with poor outcome	0.29	0.00

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.36	0.63

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

THE ADDITIONAL RATIONALE BELOW IS THE ORIGINAL RATIONALE SUBMITTED BY THE SPECIALTY SOCIETY(IES) PRIOR TO THE RUC MEETING AND DOES NOT NECESSARILY REPRESENT THE RATIONALE FOR THE RUC RECOMMENDATION. TO VIEW THE RUC'S RATIONALE, PLEASE REVIEW THE SEPARATE RUC RECOMMENDATION DOCUMENT.

Introduction

This family of codes describes the use of fluoroscopic guidance for localization and placement of needles or catheters during a variety of procedures:

Code	Descriptor
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)*
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) *(List separately in addition to code for primary procedure)*
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) *(List separately in addition to code for primary procedure)*

All three codes in this family have been reviewed by the RUC within the last 4 years: 77001 and 77002 in April of 2013 and 77003 in January of 2012. During each of these reviews, the existing values have been maintained.

More recently, the RAW identified a number of codes describing epidural spinal injections (62310-62311, 62318-62319), requesting bundling of these codes with their associated imaging guidance code, 77003, prompting the re-review of 77003. The "family" for 77003 was then expanded to include 77001-77002. Shortly thereafter, CMS elected to change the global period for 77002-77003 from XXX to ZZZ.

In parallel to this RUC survey, the CPT Editorial Panel is editorially revising the codes in this family to update the descriptors, vignettes, and parentheticals to accommodate a ZZZ global period.

General Comments on the Global Period

The specialty societies have concerns regarding the ZZZ global period for these codes. ZZZ add-on codes typically involve only intra-service work. The codes in this family include imaging-specific pre- and post-service period physician work that is separate from the physician work associated with the primary code. As with other ZZZ codes, there is additional imaging specific intra-service work also. In fact, during the survey of 77001 in 2013, the specialties recommended a change in the global period from ZZZ to XXX to capture this work.

These coding conventions are congruent with component coding rules for interventional procedures which have been in existence since the early 90s, as described in the June 5, 1991 Federal Register (Medicare Physician Fee Schedule Proposed Rule, pg. 25806) which directs that carriers "pay for the radiological aspect of interventional procedures as described by supervision and interpretation (S&I) CPT codes and the primary non--radiological procedure code such as a surgical code at the full fee schedule amounts." This language was accepted into the Final Rule as documented in the Federal Register November 25, 1991. The specialties are not aware of language in the interim directing carriers to abandon the conventions of component coding or for CMS to abandon a system they themselves championed over "complete procedure" coding which preceded the component coding system. When these component codes were initially and more recently valued by the RUC, care was taken to differentiate the work and practice expense activities for the S&I codes and the surgical codes so no duplication in work or PE RVUs occurred.

Nevertheless, the specialties surveyed all three codes as ZZZ codes, utilizing the RUC survey instrument which enables pre- and post-service time inputs as well. For all three codes, the survey respondents indicated pre- and post- service times and our recommendations reflect this.

Survey Process

The specialty societies performed a random survey of their respective members and convened an expert panel of physicians familiar with these services to review the survey data and provide recommendations. The American College of Radiology, the Society of Interventional Radiology, and the American Society of Anesthesiologists surveyed all three codes, the American Academy of Physical Medicine & Rehabilitation surveyed both 77002 and 77003, and the American Society of Neuroradiology and the American Academy of Pain Medicine surveyed only 77003.

General Comment on recommendations:

The specialties recommend the existing work RVUs for all three codes, and also recommend the same service period times for all three codes.

Work RVU Recommendation

The expert panel recommends maintaining the existing work RVU of 0.38 which is below the survey 25thpercentile value.

Service Period Times

The panel recommends the following service period times for 77001, the same as the other codes in the family: pre, intra, and post times of 7, 15, and 5 minutes, respectively. These values are below the survey median for the pre and intra, and the same as the survey median for the post, an increase over the current service period times.

Key Reference Service

The most commonly selected key reference service is 76937 *(Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure))*, which is also an imaging guidance code used in central venous catheter placements. This ZZZ code was selected by nearly half of those surveyed, and it has a comparable RVU of 0.30 and similar intra- and post-service times of 10 and 4 minutes, respectively.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
77001	Fluoro guidance during central catheter	0.38	7	15	5	27	0.007
76937	Ultrasound guidance for vascular access	0.30	0	10	4	14	0.021

MPC Code

The panel recommendation of 0.38 RVUs for 77001 is bracketed by three MPC codes with XXX and ZZZ global periods: 92025 *(Computerized corneal topography, unilateral or bilateral, with interpretation and report)*, 95874 *(Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure))*, and 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))*.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Global
92025	Computerized corneal topography	0.35	5	12	0	17	0.020	XXX
95874	EMG during chemodenervation	0.37	0	20	0	20	0.019	ZZZ
77001	Fluoro guidance during central catheter	0.38	7	15	5	27	0.007	ZZZ
93923	Doppler/duplex extremity	0.45	3	10	3	16	0.032	XXX

Comparison within the Family

Our recommendations maintain relativity across the family. Our RVU recommendations increase with each successive code even though the service period times are the same, reflecting the increased intensity of the successive codes. The intensity during imaging guidance for body interventions falls between the intensity for central catheter and spine interventions.

In summary, our recommendations are as follows:

Codes in Family	Descriptor	Recommended RVUs	Pre Time	Intra Time	Post Time	Total Time	IWPUT
77001	Fluoro guidance during central catheter	0.38	7	15	5	27	0.007
77002	Fluoro guidance during biopsy	0.54	7	15	5	27	0.018
77003	Fluoro guidance for spine intervention	0.60	7	15	5	27	0.022

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77001

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1291900

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 77001 provided nationally in a one-year period is estimated to be 1,291,900.

Specialty Diagnostic Radiology Frequency 727500 Percentage 56.31 %

Specialty Interventional Radiology Frequency 171500 Percentage 13.27 %

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? 430,633 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 77001 was billed approximately 430,600 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 242489 Percentage 56.30 %

Specialty Interventional Radiology Frequency 57200 Percentage 13.28 %

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:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77001

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:77002 Tracking Number Original Specialty Recommended RVU: **0.54**
Presented Recommended RVU: **0.54**
Global Period: ZZZ RUC Recommended RVU: **0.54**

CPT Descriptor: Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male with hip pain and suspected joint effusion is referred for joint aspiration. Fluoroscopic guidance is used to advance a needle into the joint space, after which joint fluid is aspirated (needle aspiration is reported separately).

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 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? 29%

Description of Pre-Service Work: The physician reviews the patient's history and prior imaging studies (eg, radiographs, computed tomography [CT] scans, and/or magnetic resonance imaging [MRI] scans) to be familiar with the patient's anatomy to plan an appropriate trajectory for the needle placement (including access site, pertinent landmarks, and variant anatomy). The physician dresses in radiation attire and instructs the radiologic technologists in the imaging equipment required and the proper settings for the imaging equipment.

Description of Intra-Service Work: The patient is placed on a fluoroscopy table and positioned appropriately depending on the type of procedure to be performed. Preliminary fluoroscopy including angulation of the image intensifier is performed to identify the appropriate level and approach for the initial needle placement, and the skin entry site is prepped and marked. Sterile drapes are applied. During the needle placement, intermittent fluoroscopy and angulation of the image intensifier are used to confirm the correct approach and the need for needle repositioning or realignment. When the needle position appears correct, radiographic contrast may be injected to confirm the proper position or tissue samples may be acquired and reviewed. If the position is not correct, additional fluoroscopy is utilized to guide repositioning until the proper position is achieved.

Description of Post-Service Work: A report describing the guidance procedure, including the final position of the needle/catheter, is dictated, proofread, and submitted for the patient's medical record. The results of the procedure are communicated to the referring physician when appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Ezequiel Silva III, MD; Kurt Schoppe, MD; Barry Smith, MD; Marc L. Leib, MD; Richard Rosenquist, MD; Michael Hall, MD				
Specialty(s):	American College of Radiology, American Academy of Physical Medicine & Rehabilitation, American Society of Anesthesiologists, Society of Interventional Radiology				
CPT Code:	77002				
Sample Size:	2250	**Resp N:**	72	**Response:** 3.2 %	
Description of Sample:	Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	20.00	**50.00**	100.00	600.00
Survey RVW:	0.20	0.80	**1.00**	1.00	2.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**15.00**	23.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	77002	**Recommended Physician Work RVU: 0.54**		
		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:		**2.00**	**0.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64484	ZZZ	1.00	**RUC Time**

CPT Descriptor 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19286	ZZZ	0.85	**RUC Time**

CPT Descriptor 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)

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
93224	XXX	0.52	**RUC Time**	414,026

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	766,859

CPT Descriptor 2 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 26.3 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 20.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 77002	Top Key Reference CPT Code: 64484	2nd Key Reference CPT Code: 19286
Median Pre-Service Time	2.00	0.00	5.00
Median Intra-Service Time	15.00	10.00	14.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**17.00**	**10.00**	**19.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	-0.05	0.20
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.05	0.20
Urgency of medical decision making	0.05	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.05	0.13

Physical effort required	-0.05	0.13

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.16	0.67
Outcome depends on the skill and judgment of physician	0.00	0.13
Estimated risk of malpractice suit with poor outcome	-0.26	-0.07

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.05	0.27

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

THE ADDITIONAL RATIONALE BELOW IS THE ORIGINAL RATIONALE SUBMITTED BY THE SPECIALTY SOCIETY(IES) PRIOR TO THE RUC MEETING AND DOES NOT NECESSARILY REPRESENT THE RATIONALE FOR THE RUC RECOMMENDATION. TO VIEW THE RUC'S RATIONALE, PLEASE REVIEW THE SEPARATE RUC RECOMMENDATION DOCUMENT.

Introduction

This family of codes describes the use of fluoroscopic guidance for localization and placement of needles or catheters during a variety of procedures:

Code	Descriptor
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)*
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) *(List separately in addition to code for primary procedure)*
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) *(List separately in addition to code for primary procedure)*

All three codes in this family have been reviewed by the RUC within the last 4 years: 77001 and 77002 in April of 2013 and 77003 in January of 2012. During each of these reviews, the existing values have been maintained.

More recently, the RAW identified a number of codes describing epidural spinal injections (62310-62311, 62318-62319), requesting bundling of these codes with their associated imaging guidance code, 77003, prompting the re-review of 77003. The "family" for 77003 was then expanded to include 77001-77002. Shortly thereafter, CMS elected to change the global period for 77002-77003 from XXX to ZZZ.

In parallel to this RUC survey, the CPT Editorial Panel is editorially revising the codes in this family to update the descriptors, vignettes, and parentheticals to accommodate a ZZZ global period.

General Comments on the Global Period

The specialty societies have concerns regarding the ZZZ global period for these codes. ZZZ add-on codes typically involve only intra-service work. The codes in this family include imaging-specific pre- and post-service period physician work that is separate from the physician work associated with the primary code. As with other ZZZ codes, there is additional imaging specific intra-service work also. In fact, during the survey of 77001 in 2013, the specialties recommended a change in the global period from ZZZ to XXX to capture this work.

These coding conventions are congruent with component coding rules for interventional procedures which have been in existence since the early 90s, as described in the June 5, 1991 Federal Register (Medicare Physician Fee Schedule Proposed Rule, pg. 25806) which directs that carriers "pay for the radiological aspect of interventional procedures as described by supervision and interpretation (S&I) CPT codes and the primary non--radiological procedure code such as a surgical code at the full fee schedule amounts." This language was accepted into the Final Rule as documented in the Federal Register November 25, 1991. The specialties are not aware of language in the interim directing carriers to abandon the conventions of component coding or for CMS to abandon a system they themselves championed over "complete procedure" coding which preceded the component coding system. When these component codes were initially and more recently valued by the RUC, care was taken to differentiate the work and practice expense activities for the S&I codes and the surgical codes so no duplication in work or PE RVUs occurred.

Nevertheless, the specialties surveyed all three codes as ZZZ codes, utilizing the RUC survey instrument which enables pre- and post-service time inputs as well. For all three codes, the survey respondents indicated pre- and post- service times and our recommendations reflect this.

Survey Process

The specialty societies performed a random survey of their respective members and convened an expert panel of physicians familiar with these services to review the survey data and provide recommendations. The American College of Radiology, the Society of Interventional Radiology, and the American Society of Anesthesiologists surveyed all three codes, the American Academy of Physical Medicine & Rehabilitation surveyed both 77002 and 77003, and the American Society of Neuroradiology and the American Academy of Pain Medicine surveyed only 77003.

General Comment on recommendations:

The specialties recommend the existing work RVUs for all three codes, and also recommend the same service period times for all three codes.

Work RVU Recommendation

The expert panel recommends maintaining the existing work RVU of 0.54 which is below the survey 25thpercentile value.

Service Period Times

The panel recommends the following service period times for 77002, the same as the other codes in the family: pre, intra, and post times of 7, 15, and 5 minutes, respectively. These values are below the survey

median for the pre, and the same as the survey median for the intra and post, the same as the current service period times.

Key Reference Services

The most commonly selected key reference service is 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))*. This ZZZ code has a higher RVU of 1.00 and a lower intraservice time of 10 minutes, reflecting the higher intensity of spine procedures than body procedures.
The second key reference is 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)*, at 0.85 RVUs and 14 minutes intra-service time.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
77002	Fluoro guidance during biopsy	0.54	7	15	5	27	0.018
19286	Clip placement, breast; using US guidance	0.85	5	14	0	19	0.057
64484	Injection, transforaminal epidural; lumbar or sacral	1.00	0	10	0	10	0.100

MPC Code

The panel recommendation of 0.54 RVUs for 77002 is bracketed by two MPC codes with XXX global periods: 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)* and 76536 *(Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation).*

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Global
93224	EKG monitoring	0.52	2	15	7	24	0.021	XXX
77002	Fluoro guidance during biopsy	0.54	7	15	5	27	0.018	ZZZ
76536	Head and neck u/s	0.56	4	10	4	18	0.038	XXX

Comparison within the Family

Our recommendations maintain relativity across the family. Our RVU recommendations increase with each successive code even though the service period times are the same, reflecting the increased intensity of the successive codes. The intensity during imaging guidance for body interventions falls between the intensity for central catheter and spine interventions.

In summary, our recommendations are as follows:

Codes in Family	Descriptor	Recommended RVUs	Pre Time	Intra Time	Post Time	Total Time	IWPUT
77001	Fluoro guidance during central catheter	0.38	7	15	5	27	0.007
77002	Fluoro guidance during biopsy	0.54	7	15	5	27	0.018
77003	Fluoro guidance for spine intervention	0.60	7	15	5	27	0.022

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77002

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology How often? Commonly

Specialty Anesthesiology How often? Commonly

Specialty Physical Medicine & Rehabilitation How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 1144600
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 77002 provided nationally in a one-year period is estimated to be 1,144,600.

Specialty Diagnostic Radiology Frequency 550800 Percentage 48.12 %

Specialty Anesthesiology Frequency 111000 Percentage 9.69 %

Specialty Physical Medicine & Rehabilitation Frequency 76000 Percentage 6.63 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 381,540 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 77002 was billed approximately 381,500 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 183640 Percentage 48.13 %

Specialty Anesthesiology Frequency 37000 Percentage 9.69 %

Specialty Physical Medicine & Rehabilitation Frequency 25300 Percentage 6.63 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77002

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:77003 Tracking Number Original Specialty Recommended RVU: **0.60**
Presented Recommended RVU: **0.60**
Global Period: ZZZ RUC Recommended RVU: **0.60**

CPT Descriptor: Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Fluoroscopic guidance is utilized for needle placement during a separately reported underlying procedure involving the spine (eg, biopsy, aspiration, injection).

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 38%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 15%

Description of Pre-Service Work: The physician reviews the patient's history and prior imaging studies (radiographs, computed tomography [CT] scans, and/or magnetic resonance imaging [MRI] scans) to be familiar with the patient's spine anatomy (numbering of levels, anatomic variants, prior surgery, pathology, etc). The physician dresses in radiation attire and instructs the radiologic technologists in the imaging equipment required and the proper settings for the imaging equipment.

Description of Intra-Service Work: Place patient on a fluoroscopy table in the prone, decubitus, or prone oblique position, depending on the type of injection to be performed. Perform preliminary fluoroscopy including angulation of the image intensifier to identify the appropriate level and approach for initial needle placement, and mark the skin entry site. During the needle/catheter placement, use intermittent fluoroscopy and angulation of the image intensifier to confirm the correct approach and need for needle repositioning or realignment. When the needle position appears correct, inject the radiographic contrast to confirm proper position. If position is not correct, provide additional fluoroscopy during repositioning until proper position is achieved. If a catheter is to be placed, provide additional fluoroscopic guidance during and after the catheter positioning to confirm proper positioning, and perform additional contrast injections as necessary.

Description of Post-Service Work: A report describing the guidance procedure, including the final position of the needle/catheter, is dictated, proofread, and submitted for the patient's medical record. The results of the procedure are communicated to the referring physician when appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015		
Presenter(s):	Ezequiel Silva III, MD; Kurt Schoppe, MD; Marc Leib, MD; Richard Rosenquist, MD; Barry Smith; MD; Gregory N. Nicola, MD; Eduardo Fraifeld, MD; Michael Hall, MD		
Specialty(s):	American College of Radiology, American Society of Anesthesiologists, American Academy of Physical Medicine & Rehabilitation, American Society of Neuroradiology, American Academy of Pain Medicine, Society of Interventional Radiology		
CPT Code:	77003		
Sample Size:	3692	**Resp N:** 114	**Response:** 3.0 %
Description of Sample:	Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**60.00**	188.00	1900.00
Survey RVW:	0.25	1.00	**1.00**	1.16	2.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	10.00	**15.00**	30.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	77003	**Recommended Physician Work RVU: 0.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**0.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64484	ZZZ	1.00	**RUC Time**

CPT Descriptor 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64491	ZZZ	1.16	**RUC Time**

CPT Descriptor Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (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
76536	XXX	0.56	**RUC Time**	766,859

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	**RUC Time**	999,613

CPT Descriptor 2 Ultrasound, abdominal, real time with image documentation; complete

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 53 **% of respondents:** 46.4 **%**

Number of respondents who choose 2nd Key Reference Code: 31 **% of respondents:** 27.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 77003	Top Key Reference CPT Code: 64484	2nd Key Reference CPT Code: **64491**
Median Pre-Service Time	2.00	0.00	0.00
Median Intra-Service Time	15.00	10.00	15.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
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Median Office Visit Time	0.0	0.00	0.00
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Median Total Time	**17.00**	**10.00**	**15.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.26	0.52
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.17	0.52
Urgency of medical decision making	0.19	0.32
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.32	0.45
Physical effort required	0.15	0.39

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.21	0.45
Outcome depends on the skill and judgment of physician	0.17	0.61
Estimated risk of malpractice suit with poor outcome	0.25	0.48

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.30	0.61

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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General Comment on recommendations:

The specialties recommend the existing work RVUs for all three codes, and also recommend the same service period times for all three codes.

Work RVU Recommendation

The expert panel recommends maintaining the existing work RVU of 0.60 which is below the survey 25thpercentile value.

Service Period Times

The panel recommends the following service period times for 77003, the same as the other codes in the family: pre, intra, and post times of 7, 15, and 5 minutes, respectively. These values are below the survey

median for the pre, and the same as the survey median for the intra and post, the same as the current service period times.

Key Reference Service

The most commonly selected key reference service is 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))*. This ZZZ code has a higher RVU of 1.00 and a lower intra service time of 10 minutes reflecting the higher intensity of a nerve block versus a more general spine procedure.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
77003	Fluoro guidance for spine intervention	0.60	7	15	5	27	0.022
64484	Injection, transforaminal epidural; lumbar or sacral	1.00	0	10	0	10	0.100

MPC Code

The panel recommendation of 0.60 RVUs for 77003 is bracketed by two MPC codes with XXX global periods: 76536 *(Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation)* and 76700 *(Ultrasound, abdominal, real time with image documentation; complete).*

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Global
76536	Head and neck u/s	0.56	4	10	4	18	0.038	XXX
77003	Fluoro guidance for spine intervention	0.60	7	15	5	27	0.022	ZZZ
76700	Abdominal u/s; complete	0.81	5	11	5	21	0.053	XXX

Comparison within the Family

Our recommendations maintain relativity across the family. Our RVU recommendations increase with each successive code even though the service period times are the same, reflecting the increased intensity of the successive codes. The intensity during imaging guidance for body interventions falls between the intensity for central catheter and spine interventions.

In summary, our recommendations are as follows:

Codes in Family	Descriptor	Recommended RVUs	Pre Time	Intra Time	Post Time	Total Time	IWPUT
77001	Fluoro guidance during central catheter	0.38	7	15	5	27	0.007
77002	Fluoro guidance during biopsy	0.54	7	15	5	27	0.018
77003	Fluoro guidance for spine intervention	0.60	7	15	5	27	0.022

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77003

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology How often? Commonly

Specialty Anesthesiology How often? Commonly

Specialty Physical Medicine & Rehabilitation How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 480,000
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 77003 provided nationally in a one-year period is estimated to be 480,000

Specialty Diagnostic Radiology Frequency 58128 Percentage 12.11 %

Specialty Anesthesiology Frequency 171072 Percentage 35.64 %

Specialty Physical Medicine & Rehabilitation Frequency 51456 Percentage 10.72 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 160,372 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 bundling fluoroscopic guidance in the epidural injection codes the utilization for 77003 alone will decrease by 83%.

Specialty Diagnostic Radiology Frequency 19421 Percentage 12.10 %

Specialty Anesthesiology Frequency 57156 Percentage 35.63 %

Specialty Physical Medicine & Rehabilitation Frequency 17191 Percentage 10.71 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Other

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 77003

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: Fluoroscopic Guidance

TAB: 13

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	25	0.021			0.30			14						10			4					
REF	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)	8	0.047			1.00			25		1	4			20								
Apr 2013 RUC	77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and		0.032			0.38			13						9			4					
SVY	77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and	52	0.031	0.25	0.50	0.95	1.03	3.00	35	10			2	15	20	30	60	5	0	2	60	163	1200
REC		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)		0.022			0.38			17		2				15			0					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	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)	19	0.100			1.00			10						10								
REF	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)	15	0.057			0.85			19		1	4			14								
Apr 2013 RUC	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)		0.018			0.54			27	7					15			5					
SVY	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	72	0.044	0.20	0.80	1.00	1.00	2.00	30	10			3	10	15	23	60	5	0	20	50	100	600
REC		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		0.033			0.54			17		2				15			0					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	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)	53	0.100			1.00			10						10								
REF	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)	31	0.077			1.16			15						15								
Apr 2013 RUC	77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)		0.022			0.60			27	7					15			5					
SVY	77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in	114	0.044	0.25	1.00	1.00	1.16	2.00	30	10			2	10	15	30	60	5	0	10	60	188	1900
REC		Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)		0.037			0.60			17		2				15			0					

Tab Number: 13
Issue: Fluoroscopic Guidance
Code Range: 77003

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 Nicola, MD
_____
Printed Signature

American Society of Neuroradiology
_____
Specialty Society

8/17/2015
_____
Date

4
5
12
13
14
Tab Number

Percutaneous Biliary Procedures Bundling
Intracranial Endovascular Intervention
Abdominal Aorta Ultrasound Screening
Fluoroscopic Guidance
Moderate Sedation Services
Issue

475XX1-475XX14
61640-61642
767X1
77001-77003
991X1X-991X2X
Code Range

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Signature

Kurt A. Schoppe, MD
Printed Signature

American College of Radiology
Specialty Society

September 8, 2015
Date

4
5
12
13
14
Tab Number

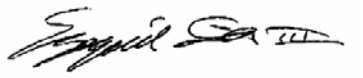
Percutaneous Biliary Procedures Bundling
Intracranial Endovascular Intervention
Abdominal Aorta Ultrasound Screening
Fluoroscopic Guidance
Moderate Sedation Services
Issue

475XX1-475XX14
61640-61642
767X1
77001-77003
991X1X-991X2X
Code Range

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Signature

Ezequiel Silva, III, MD, FACR
Printed Signature

American College of Radiology
Specialty Society

September 8, 2015
Date

13
Tab Number

Fluoroscopic Guidance
Issue

77001-77003
Code Range

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Signature

Marc Leib, MD, JD
Printed Signature

American Society of Anesthesiologists
Specialty Society

September 08, 2015
Date

13
Tab Number

Fluoroscopic Guidance
Issue

77001-77003
Code Range

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Signature

Richard Rosenquist, MD
Printed Signature

American Society of Anesthesiologists
Specialty Society

September 8, 2015
Date

Tab 4 Percutaneous Biliary Procedures Bundling (47531-47544)
Tab 5 Intracranial Endovascular Intervention (61460 – 61462)
Tab 12 Abdominal Aorta Ultrasound Screening (767X1)
Tab 13 Fluoroscopic Guidance (77001-77003)
Tab 14 Moderate Sedation Services (991X1X-991X4X)

Attestation Statement

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Signature

Michael Hall, MD
Printed Signature

The Society of Interventional Radiology (SIR)
Specialty Society

9/04/2015
Date

10_& 13_____
Tab Number

Epidural Injections_& _Fluoroscopic Guidance_
Issue

Attestation Statement

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Eduardo Fraifeld M.D.
Signature

Eduardo Fraifeld, M.D._____
Printed Signature

AAPM_____
Specialty Society

__9.1.15_____
Date

13
Tab Number

Fluoroscopic Guidance
Issue

77003
Code Range

Attestation Statement

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Signature

Barry Smith, MD

Printed Signature

AAPM&R

Specialty Society

9-8-15

Date

CPT Code: 77001,77002,77003
Specialty Society('s)_ACR, ASA, AAPM, SIR, AAPMR and ASNR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Global Period: _ZZZ__ Meeting Date: _October 2015

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)*
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) *(List separately in addition to code for primary procedure)*
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) *(List separately in addition to code for primary procedure)*

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 Society of Interventional Radiology (SIR), the American Society of Anesthesiologists (ASA), the American Academy of Physical Medicine & Rehabilitation (AAPM&R), the American Society of Neuroradiology (ASNR) and the American Academy of Pain Medicine (AAPM) convened a consensus panel to finalize the practice expense data for fluoroscopic guidance codes 77001-77003.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The societies included the existing PE inputs for 77001, 77002, and 77003 on the spreadsheet to serve as a reference. We also included surgical codes to the PE for reference, consistent with our PE from April 2013, and to avoid any duplication of activities.

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:

- **Availability of prior images confirmed**- For this code family, CMS proposed a standard of 2 minutes as per Table 5 "Clinical Labor Tasks Associated With Digital Technology" in the CY 2016 MPFS Proposed Rule.

- **Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist**- For this code family, CMS proposed a standard of 2 minutes as per Table 5 "Clinical Labor Tasks Associated With Digital Technology" in the CY 2016 MPFS Proposed Rule.

- **Prepare room, equipment, supplies**- In order to maintain consistency across the code family, the standard time of 2 minutes was allocated to code 77003.

- **Prepare and position patient/ monitor patient/ set up IV**- In order to maintain consistency across the code family, a standard time of 2 minutes was allocated to code 77003.

- **Acquire Images** - In order to maintain consistency across the code family, 15 minutes was allocated to code 77001.

- **Clean room/equipment by physician staff**- In order to maintain consistency across the code family, the standard time of 3 minutes was allocated to code 77003.

- **Technologist QC's images in PACS, checking for all images, reformats, and dose page**- For this code family, CMS proposed a standard of 2 minutes as per Table 5 "Clinical Labor Tasks Associated With Digital Technology" in the CY 2016 MPFS Proposed Rule.

- **Review examination with interpreting MD**- For this code family, CMS proposed a standard of 2 minutes as per Table 5 "Clinical Labor Tasks Associated With Digital Technology" in the CY 2016 MPFS Proposed Rule.

- **Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue**- For this code family, CMS proposed a standard of 1 minute as per Table 5 "Clinical Labor Tasks Associated With Digital Technology" in the CY 2016 MPFS Proposed Rule.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Availability of prior images confirmed
- Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist

Intra-Service Clinical Labor Activities:

- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- Acquire images
- Clean room/equipment by physician staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD
- Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	H	J
1	**REVISED AT RUC 10/1/15**	AMA Specialty Society Recommendation		**REFERENCE CODE**		**EFERENCE COD**	**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**36556** **(April 2013 RUC)**		**76937** **(April 2013 RUC)**	**77001** **(April 2013 RUC)**	**77001** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older		Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites,	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes
4	**LOCATION**			**Non Fac**	**Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**37.0**	**3.0**	**15.0**	**21.0**	**31.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L041B**	RadTech	**0.0**		**0.0**	**3.0**	**4.0**
8		**L037D**	RN/LPN/MTA	**6.0**	**0.0**			
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	RadTech	**0.0**	**0.0**	**15.0**	**18.0**	**27.0**
10		**L037D**	RN/LPN/MTA	**28.0**				
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L041B**	RadTech	**0.0**				
12		**L037D**	RN/LPN/MTA	**3.0**	**3.0**	**0.0**	**0.0**	**0.0**
13	**PRE-SERVICE**							
14	**Start: Following visit when decision for surgery or procedure made**							
15	Complete pre-service diagnostic & referral forms	**L037D**	RN/LPN/MTA					
16	Coordinate pre-surgery services							
17	Schedule space and equipment in facility	**L037D**	RN/LPN/MTA					
18	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA					
19	Follow-up phone calls & prescriptions	**L037D**	RN/LPN/MTA					
20	Availability of prior images confirmed	**L041B**	RadTech				**3**	**2**
21	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	**L041B**	RadTech					**2**
22	Other Clinical Activity - *specify:*							
23	**End: When patient enters office/facility for surgery/procedure**							
24	**SERVICE PERIOD**							
25	**Start: When patient enters office/facility for surgery/procedure:**							
26	Greet patient, provide gowning, ensure appropriate medical records are available							
27	Obtain vital signs							
28	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA					
29	Prepare room, equipment, supplies	**L041B**	RadTech				**2**	**2**
30	Setup scope (non facility setting only)							
31	Prepare and position patient/ monitor patient/ set up IV	**L037D**	RN/LPN/MTA					
32	Prepare and position patient/ monitor patient/ set up IV	**L041B**	RadTech				**2**	**2**
33	Sedate/apply anesthesia							
34	Other Clinical Activity - specify:							
35	**Intra-service**							
36	Assist physician with fluoro and image acquisition	**L037D**	RN/LPN/MTA					
37	Assist physician with fluoro and image acquisition	**L041B**	RadTech				**9**	
38	Acquire images	**L041B**	RadTech					**15**

	A	B	C	D	E	F	H	J
1	**REVISED AT RUC 10/1/15**	AMA Specialty Society Recommendation		**REFERENCE CODE**		**EFERENCE COD**	**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**36556** **(April 2013 RUC)**		**76937** **(April 2013 RUC)**	**77001** **(April 2013 RUC)**	**77001** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older		Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites,	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes
4	**LOCATION**			**Non Fac**	**Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**
39	**Post-Service**							
40	Monitor pt. following moderate sedation							
41	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)							
42	Clean room/equipment by physician staff	**L037D**	RN/LPN/MTA					
43	Clean room/equipment by physician staff	**L041B**	RadTech				**3**	**3**
44	Clean Scope							
45	Clean Surgical Instrument Package							
46	Complete diagnostic forms, lab & X-ray requisitions							
47	Review/read X-ray, lab, and pathology reports							
48	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L037D**	RN/LPN/MTA					
49	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L041B**	RadTech					**2**
50	Review examination with interpreting MD	**L041B**	RadTech					**2**
51	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	**L041B**	RadTech					**1**
52	Other Clinical Activity - *specify:*							
53	*Process films, hang films and review study with interpreting MD prior to patient discharge*	**L041B**	RadTech				**2**	
54	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**			**n/a**	**n/a**
55	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**			**n/a**	**n/a**
56	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**			**n/a**	**n/a**
57	**End: Patient leaves office**	**L037D**	RN/LPN/MTA					

	A	AMA	B	Specialty Society	C	Recommendation	D	E	F	H	J
1	**REVISED AT RUC 10/1/15**						**REFERENCE CODE**		**EFERENCE COD**	**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**						**36556** **(April 2013 RUC)**		**76937** **(April 2013 RUC)**	**77001** **(April 2013 RUC)**	**77001** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**		**Staff Type**			Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older		Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites,	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes
4	**LOCATION**						**Non Fac**	**Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**						**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**
58	**POST-SERVICE Period**										
59	**Start: Patient leaves office/facility**										
60	Conduct phone calls/call in prescriptions	**L037D**		RN/LPN/MTA							
61	***Office visits: List Number and Level of Office Visits***						**# visits**			**# visits**	**# visits**
62	99211 16 minutes			16							
63	99212 27 minutes			27							
64	99213 36 minutes			36							
65	99214 53 minutes			53							
66	99215 63 minutes			63							
67	**Total Office Visit Time**						**0.0**			**0.0**	**0.0**
68	Other Clinical Activity - *specify:*										
69	**End: with last office visit before end of global period**										
70	**MEDICAL SUPPLIES***	**CODE**		**UNIT**							
71	**kit, CVA catheter, non-tunneled**	**SA009**		kit			**1**				
72	**pack, minimum multi-specialty visit**	**SA048**		pack			**1**				
73	**tray, lumbar puncture**	**SA065**		tray							
74	**tray, shave prep**	**SA067**		tray			**1**				
75	**cap, surgical**	**SB001**		item			**1**			**1**	**1**
76	**cover-condom, transducer or ultrasound probe**	**SB005**		item					**1**		
77	**drape, non-sterile, sheet 40in x 60in**	**SB006**		item							
78	**drape, sterile barrier 16in x 29in**	**SB007**		item			**1**		**2**	**1**	**1**
79	**drape, sterile, c-arm, fluoro**	**SB008**		item						**1**	**1**
80	**gloves, non-sterile**	**SB022**		item							
81	**gloves, sterile**	**SB024**		pair			**1**			**1**	**1**
82	**gown, staff, impervious**	**SB027**		item			**1**				
83	**gown, surgical, sterile**	**SB028**		item						**1**	**1**
84	**mask, surgical**	**SB033**		item						**1**	**1**
85	**mask, surgical, with face shield**	**SB034**		item			**1**				
86	**shoe covers, surgical**	**SB039**		item			**1**			**1**	**1**
87	**iv tubing (extension)**	**SC019**		foot					**3**		
88	**needle, 18-27g**	**SC029**		item			**1**				
89	**spinal manometer**	**SC048**		item							
90	**syringe 1ml**	**SC052**		item			**1**				
91	**syringe 3ml**	**SC055**		item			**1**				
92	**syringe 50-60ml**	**SC056**		item					**1**		
93	**syringe 5-6ml**	**SC057**		item							
94	**bandage, strip 0.75in x 3in (Bandaid)**	**SG021**		item			**1**				
95	**gauze, sterile 4in x 4in**	**SG055**		item			**3**				
96	**gauze, sterile 4in x 4in (10 pack uou)**	**SG056**		item							
97	**tape, surgical paper 1in (Micropore)**	**SG079**		inch			**12**				
98	**heparin 1,000 units-ml inj**	**SH039**		ml			**5**				
99	**lidocaine 1%-2% inj (Xylocaine)**	**SH047**		ml			**1**				
100	**sodium chloride 0.9% flush syringe**	**SH065**		item			**1**				
101	**hydrogen peroxide**	**SJ028**		ml			**20**				
102	**lubricating jelly (K-Y) (5gm uou)**	**SJ032**		item					**6**		
103	**povidone soln (Betadine)**	**SJ041**		ml			**10**				
104	**swab-pad, alcohol**	**SJ053**		item			**2**				
105	**ultrasound transmission gel**	**SJ062**		ml					**150**		
106	**disinfectant, surface (Envirocide, Sanizide)**	**SM013**		item						**1**	**1**
107	**sanitizing cloth-wipe (patient)**	**SM021**		item					**5**		
108	**sanitizing cloth-wipe (surface, instruments, equipment)**	**SM022**		item					**2**		
109	**EQUIPMENT**	**CODE**									
110	**PACS Workstation Proxy**	**ED050**							**15**	**18**	**27**
111	**table, exam**	**EF023**					**30**				
112	**room, radiographic-fluoroscopic**	**EL014**								**16**	**24**
113	**light, exam**	**EQ168**					**30**				
114	**ultrasound unit, portable**	**EQ250**							**10**		

	A	B	C	L	M	N	P
1	**REVISED AT RUC 10/1/15**			**REFERENCE CODE**		**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**20610** **(April 2012 RUC)**		**77002** **(2015 RUC DB)**	**77002** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary
4	**LOCATION**			**Non Fac**	**Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**19.0**	**3.0**	**27.0**	**31.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L041B**	RadTech			**3.0**	**4.0**
8		**L037D**	RN/LPN/MTA	**0.0**	**0.0**		
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	RadTech		**0.0**	**24.0**	**27.0**
10		**L037D**	RN/LPN/MTA	**16.0**			
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L041B**	RadTech				
12		**L037D**	RN/LPN/MTA	**3.0**	**3.0**	**0.0**	**0.0**
13	**PRE-SERVICE**						
14	**Start: Following visit when decision for surgery or procedure made**						
15	Complete pre-service diagnostic & referral forms	**L037D**	RN/LPN/MTA				
16	Coordinate pre-surgery services						
17	Schedule space and equipment in facility	**L037D**	RN/LPN/MTA				
18	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA				
19	Follow-up phone calls & prescriptions	**L037D**	RN/LPN/MTA				
20	Availability of prior images confirmed	**L041B**	RadTech			**3**	**2**
21	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	**L041B**	RadTech				**2**
22	Other Clinical Activity - *specify:*						
23	**End: When patient enters office/facility for surgery/procedure**						
24	**SERVICE PERIOD**						
25	**Start: When patient enters office/facility for surgery/procedure:**						
26	Greet patient, provide gowning, ensure appropriate medical records are available						
27	Obtain vital signs						
28	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA	**3**			
29	Prepare room, equipment, supplies	**L041B**	RadTech			**2**	**2**
30	Setup scope (non facility setting only)						
31	Prepare and position patient/ monitor patient/ set up IV	**L037D**	RN/LPN/MTA	**2**			
32	Prepare and position patient/ monitor patient/ set up IV	**L041B**	RadTech			**2**	**2**
33	Sedate/apply anesthesia						
34	Other Clinical Activity - specify:						
35	**Intra-service**						
36	Assist physician with fluoro and image acquisition	**L037D**	RN/LPN/MTA	**5**			
37	Assist physician with fluoro and image acquisition	**L041B**	RadTech			**15**	
38	Acquire images	**L041B**	RadTech				**15**

	A	AMA Specialty Society Recommendation B	C	L	M	N	P
1	**REVISED AT RUC 10/1/15**			**REFERENCE CODE**		**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**20610** **(April 2012 RUC)**		**77002** **(2015 RUC DB)**	**77002** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary
4	**LOCATION**			**Non Fac**	**Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**ZZZ**
39	**Post-Service**						
40	Monitor pt. following moderate sedation						
41	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
42	Clean room/equipment by physician staff	**L037D**	RN/LPN/MTA	**3**			
43	Clean room/equipment by physician staff	**L041B**	RadTech			**3**	**3**
44	Clean Scope						
45	Clean Surgical Instrument Package						
46	Complete diagnostic forms, lab & X-ray requisitions						
47	Review/read X-ray, lab, and pathology reports						
48	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L037D**	RN/LPN/MTA	**3**			
49	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L041B**	RadTech				**2**
50	Review examination with interpreting MD	**L041B**	RadTech				**2**
51	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	**L041B**	RadTech				**1**
52	Other Clinical Activity - *specify:*						
53	*Process films, hang films and review study with interpreting MD prior to patient discharge*	**L041B**	RadTech			**2**	
54	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)					**n/a**	**n/a**
55	Dischrg mgmt (1.0 x 99238) (enter 12 min)					**n/a**	**n/a**
56	Dischrg mgmt (1.0 x 99239) (enter 15 min)					**n/a**	**n/a**
57	**End: Patient leaves office**	**L037D**	RN/LPN/MTA				

	A	AMA Specialty Society Recommendation		L	M	N	P
1	**REVISED AT RUC 10/1/15**			**REFERENCE CODE**		**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**20610** **(April 2012 RUC)**		**77002** **(2015 RUC DB)**	**77002** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary
4	**LOCATION**			**Non Fac**	**Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**ZZZ**
58	**POST-SERVICE Period**						
59	**Start: Patient leaves office/facility**						
60	Conduct phone calls/call in prescriptions	**L037D**	RN/LPN/MTA	**3**	**3**		
61	***Office visits: List Number and Level of Office Visits***					**# visits**	**# visits**
62	99211 16 minutes		16				
63	99212 27 minutes		27				
64	99213 36 minutes		36				
65	99214 53 minutes		53				
66	99215 63 minutes		63				
67	**Total Office Visit Time**					**0.0**	**0.0**
68	Other Clinical Activity - *specify:*						
69	**End: with last office visit before end of global period**						
70	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
71	**kit, CVA catheter, non-tunneled**	**SA009**	kit				
72	**pack, minimum multi-specialty visit**	**SA048**	pack				
73	**tray, lumbar puncture**	**SA065**	tray				
74	**tray, shave prep**	**SA067**	tray				
75	**cap, surgical**	**SB001**	item				
76	**cover-condom, transducer or ultrasound probe**	**SB005**	item				
77	**drape, non-sterile, sheet 40in x 60in**	**SB006**	item				
78	**drape, sterile barrier 16in x 29in**	**SB007**	item	**1**			
79	**drape, sterile, c-arm, fluoro**	**SB008**	item			**1**	**1**
80	**gloves, non-sterile**	**SB022**	item			**1**	**1**
81	**gloves, sterile**	**SB024**	pair	**1**			
82	**gown, staff, impervious**	**SB027**	item				
83	**gown, surgical, sterile**	**SB028**	item				
84	**mask, surgical**	**SB033**	item				
85	**mask, surgical, with face shield**	**SB034**	item				
86	**shoe covers, surgical**	**SB039**	item				
87	**iv tubing (extension)**	**SC019**	foot				
88	**needle, 18-27g**	**SC029**	item	**2**			
89	**spinal manometer**	**SC048**	item				
90	**syringe 1ml**	**SC052**	item				
91	**syringe 3ml**	**SC055**	item				
92	**syringe 50-60ml**	**SC056**	item				
93	**syringe 5-6ml**	**SC057**	item	**1**			
94	**bandage, strip 0.75in x 3in (Bandaid)**	**SG021**	item	**1**			
95	**gauze, sterile 4in x 4in**	**SG055**	item				
96	**gauze, sterile 4in x 4in (10 pack uou)**	**SG056**	item	**1**			
97	**tape, surgical paper 1in (Micropore)**	**SG079**	inch				
98	**heparin 1,000 units-ml inj**	**SH039**	ml				
99	**lidocaine 1%-2% inj (Xylocaine)**	**SH047**	ml	**5**			
100	**sodium chloride 0.9% flush syringe**	**SH065**	item				
101	**hydrogen peroxide**	**SJ028**	ml				
102	**lubricating jelly (K-Y) (5gm uou)**	**SJ032**	item				
103	**povidone soln (Betadine)**	**SJ041**	ml	**10**			
104	**swab-pad, alcohol**	**SJ053**	item	**2**			
105	**ultrasound transmission gel**	**SJ062**	ml				
106	**disinfectant, surface (Envirocide, Sanizide)**	**SM013**	item			**1**	**1**
107	**sanitizing cloth-wipe (patient)**	**SM021**	item				
108	**sanitizing cloth-wipe (surface, instruments, equipment)**	**SM022**	item				
109	**EQUIPMENT**	**CODE**					
110	**PACS Workstation Proxy**	**ED050**				**24**	**27**
111	**table, exam**	**EF023**		**16**			
112	**room, radiographic-fluoroscopic**	**EL014**				**22**	**24**
113	**light, exam**	**EQ168**		**16**			
114	**ultrasound unit, portable**	**EQ250**					

	A	B	C	R	S	T	V
1	**REVISED AT RUC 10/1/15**			**REFERENCE CODE**		**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62270** **(March 2003 PEAC)**		**77003** **(2015 RUC DB)**	**77003** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Spinal puncture, lumbar, diagnostic		Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**49.0**	**17.0**	**23.0**	**31.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L041B**	RadTech			**3.0**	**4.0**
8		**L037D**	RN/LPN/MTA	**11.0**	**14.0**		
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	RadTech	**0.0**	**0.0**	**20.0**	**27.0**
10		**L037D**	RN/LPN/MTA	**35.0**			
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L041B**	RadTech				
12		**L037D**	RN/LPN/MTA	**3.0**	**3.0**	**0.0**	**0.0**
13	**PRE-SERVICE**						
14	**Start: Following visit when decision for surgery or procedure made**						
15	Complete pre-service diagnostic & referral forms	**L037D**	RN/LPN/MTA	**3**	**3**		
16	Coordinate pre-surgery services						
17	Schedule space and equipment in facility	**L037D**	RN/LPN/MTA		**3**		
18	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA	**5**	**5**		
19	Follow-up phone calls & prescriptions	**L037D**	RN/LPN/MTA	**3**	**3**		
20	Availability of prior images confirmed	**L041B**	RadTech			**3**	**2**
21	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	**L041B**	RadTech				**2**
22	Other Clinical Activity - *specify:*						
23	**End: When patient enters office/facility for surgery/procedure**						
24	**SERVICE PERIOD**						
25	**Start: When patient enters office/facility for surgery/procedure:**						
26	Greet patient, provide gowning, ensure appropriate medical records are available						
27	Obtain vital signs						
28	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA				
29	Prepare room, equipment, supplies	**L041B**	RadTech			**1**	**2**
30	Setup scope (non facility setting only)						
31	Prepare and position patient/ monitor patient/ set up IV	**L037D**	RN/LPN/MTA				
32	Prepare and position patient/ monitor patient/ set up IV	**L041B**	RadTech			**1**	**2**
33	Sedate/apply anesthesia						
34	Other Clinical Activity - specify:						
35	**Intra-service**						
36	Assist physician with fluoro and image acquisition	**L037D**	RN/LPN/MTA				
37	Assist physician with fluoro and image acquisition	**L041B**	RadTech			**15**	
38	Acquire images	**L041B**	RadTech				**15**

	A	B	C	R	S	T	V
1	**REVISED AT RUC 10/1/15**			**REFERENCE CODE**		**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62270** **(March 2003 PEAC)**		**77003** **(2015 RUC DB)**	**77003** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Spinal puncture, lumbar, diagnostic		Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**ZZZ**
39	**Post-Service**						
40	Monitor pt. following moderate sedation						
41	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
42	Clean room/equipment by physician staff	**L037D**	RN/LPN/MTA				
43	Clean room/equipment by physician staff	**L041B**	RadTech			**1**	**3**
44	Clean Scope						
45	Clean Surgical Instrument Package						
46	Complete diagnostic forms, lab & X-ray requisitions						
47	Review/read X-ray, lab, and pathology reports						
48	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L037D**	RN/LPN/MTA				
49	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L041B**	RadTech				**2**
50	Review examination with interpreting MD	**L041B**	RadTech				**2**
51	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	**L041B**	RadTech				**1**
52	Other Clinical Activity - *specify:*						
53	*Process films, hang films and review study with interpreting MD prior to patient discharge*	**L041B**	RadTech			**2**	
54	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)					**n/a**	**n/a**
55	Dischrg mgmt (1.0 x 99238) (enter 12 min)					**n/a**	**n/a**
56	Dischrg mgmt (1.0 x 99239) (enter 15 min)					**n/a**	**n/a**
57	**End: Patient leaves office**	**L037D**	RN/LPN/MTA	**35**			

	A	AMA Specialty Society Recommendation		R	S	T	V
1	**REVISED AT RUC 10/1/15**			**REFERENCE CODE**		**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62270** **(March 2003 PEAC)**		**77003** **(2015 RUC DB)**	**77003** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Spinal puncture, lumbar, diagnostic		Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**ZZZ**
58	**POST-SERVICE Period**						
59	**Start: Patient leaves office/facility**						
60	Conduct phone calls/call in prescriptions	**L037D**	RN/LPN/MTA	**3**	**3**		
61	***Office visits: List Number and Level of Office Visits***					**# visits**	**# visits**
62	99211 16 minutes		16				
63	99212 27 minutes		27				
64	99213 36 minutes		36				
65	99214 53 minutes		53				
66	99215 63 minutes		63				
67	**Total Office Visit Time**					**0.0**	**0.0**
68	Other Clinical Activity - *specify:*						
69	**End: with last office visit before end of global period**						
70	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
71	**kit, CVA catheter, non-tunneled**	**SA009**	kit				
72	**pack, minimum multi-specialty visit**	**SA048**	pack	**1**			
73	**tray, lumbar puncture**	**SA065**	tray	**1**			
74	**tray, shave prep**	**SA067**	tray				
75	**cap, surgical**	**SB001**	item				
76	**cover-condom, transducer or ultrasound probe**	**SB005**	item				
77	**drape, non-sterile, sheet 40in x 60in**	**SB006**	item	**1**			
78	**drape, sterile barrier 16in x 29in**	**SB007**	item				
79	**drape, sterile, c-arm, fluoro**	**SB008**	item			**1**	**1**
80	**gloves, non-sterile**	**SB022**	item			**1**	**1**
81	**gloves, sterile**	**SB024**	pair	**2**			
82	**gown, staff, impervious**	**SB027**	item	**1**			
83	**gown, surgical, sterile**	**SB028**	item				
84	**mask, surgical**	**SB033**	item				
85	**mask, surgical, with face shield**	**SB034**	item				
86	**shoe covers, surgical**	**SB039**	item				
87	**iv tubing (extension)**	**SC019**	foot				
88	**needle, 18-27g**	**SC029**	item	**1**			
89	**spinal manometer**	**SC048**	item	**1**			
90	**syringe 1ml**	**SC052**	item	**1**			
91	**syringe 3ml**	**SC055**	item				
92	**syringe 50-60ml**	**SC056**	item				
93	**syringe 5-6ml**	**SC057**	item				
94	**bandage, strip 0.75in x 3in (Bandaid)**	**SG021**	item				
95	**gauze, sterile 4in x 4in**	**SG055**	item				
96	**gauze, sterile 4in x 4in (10 pack uou)**	**SG056**	item				
97	**tape, surgical paper 1in (Micropore)**	**SG079**	inch				
98	**heparin 1,000 units-ml inj**	**SH039**	ml				
99	**lidocaine 1%-2% inj (Xylocaine)**	**SH047**	ml				
100	**sodium chloride 0.9% flush syringe**	**SH065**	item				
101	**hydrogen peroxide**	**SJ028**	ml				
102	**lubricating jelly (K-Y) (5gm uou)**	**SJ032**	item				
103	**povidone soln (Betadine)**	**SJ041**	ml				
104	**swab-pad, alcohol**	**SJ053**	item	**1**			
105	**ultrasound transmission gel**	**SJ062**	ml				
106	**disinfectant, surface (Envirocide, Sanizide)**	**SM013**	item			**1**	**1**
107	**sanitizing cloth-wipe (patient)**	**SM021**	item				
108	**sanitizing cloth-wipe (surface, instruments, equipment)**	**SM022**	item				
109	**EQUIPMENT**	**CODE**					
110	**PACS Workstation Proxy**	**ED050**				**20**	**27**
111	**table, exam**	**EF023**		**35**			
112	**room, radiographic-fluoroscopic**	**EL014**				**18**	**24**
113	**light, exam**	**EQ168**					
114	**ultrasound unit, portable**	**EQ250**					

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS-Other – Utilization over 500,000 / NPRM for 2014

April 2014

Ultrasound Guidance for Needle Placement

In April 2011, this service was identified through the CMS/Other codes with Medicare utilization over 500,000 screen. The specialty societies initially recommended a delay in surveying 76942 since 76942 has been recently bundled into a number of services including paracentesis, thoracentesis, chest tube placement, breast biopsy and most recently arthrocentesis. The RUC recommended to review the survey instrument at the Research Subcommittee October 2013 and to survey for work and develop direct practice expense inputs by April 2014.

Prior to valuing this service, the RUC reviewed the specialty societies' compelling evidence that the current value for this procedure may be misvalued. The specialty societies explained that a flawed methodology was used to arrive at the current work value of 0.67. Prior to this survey, 76942 had not been reviewed by the RUC and was originally valued using a CMS/Other crosswalk methodology. Since it is unknown how CMS valued this service originally, the RUC agreed that this represents a flawed methodology. Furthermore, there has been a significant change in the dominant providers of this service since its initial valuation. In 1993, two specialties, urologists and diagnostic radiologists provided the vast majority of services. In 2013, there was a plurality of performing specialties with the dominant providers being orthopedic surgeons and rheumatologists. The RUC agreed that there is compelling evidence that CPT code 76942 may be misvalued.

76942 ***Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation***
The RUC reviewed the survey results from 255 diagnostic and interventional radiologists, endocrinologists, anesthesiologists, rheumatologists, urologists and breast surgeons and agreed with the specialty societies that the following physician time components are accurate for 76942: pre-service time of 7 minutes, intra-service time of 15 minutes and immediate post-service time of 5 minutes. The pre-service and post-service times were reduced from the survey median in order to render them compatible with other recently reviewed XXX global image guidance codes 77002 *Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device* and 77003 *Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid).*

The RUC reviewed the survey respondents' estimated physician work values and agreed that while compelling evidence exists that 76942 is potentially misvalued, the survey median work RVU of 0.76 was not appropriate. Therefore, the RUC agreed that the current work RVU of 0.67 accurately values this procedure. To justify a value of 0.67, the RUC compared the surveyed code to key reference code 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU= 0.56) and noted that since 76536 has less intra-service time than the surveyed code, 10 minutes compared to 15 minutes, the reference code is appropriately valued less than 76942. The RUC also reviewed CPT codes 76881 *Ultrasound, extremity, nonvascular, real-time with image documentation; complete* (work RVU= 0.63,

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intra time= 15 minutes) and MPC code 76816 *Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus* (work RVU= 0.85, intra time= 15 minutes) and agreed that both reference codes, with identical intra-service time compared to the surveyed code, provide appropriate brackets below and above the recommended value for 76942, respectively. Finally, the RUC compared 76942 to other image guidance for needle placement codes and agreed that a recommended work value of 0.67 accurately places this service in the mid-range of guidance codes, slightly above the less intense and complex CPT code 77003 *Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)* (work RVU= 0.60, intra time= 15 minutes). **The RUC recommends a work RVU of 0.67 for CPT code 76942.**

Practice Expense
The RUC reviewed the direct PE inputs and noted a slight increase in clinical labor time for 76942 due to the increase of 5 minutes of intra-service time from the survey. The RUC approved the direct practice expense with no modifications as approved by the Practice Expense Subcommittee.

Medicare Utilization
The RUC noted that CMS identified 76942 as being potentially misvalued in the 2014 NPRM because of the high frequency that it is billed with CPT code 20610 *Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa),* which has a shorter clinical staff intra-service time than the ultrasound guidance procedure. In response, the specialty societies created a bundled code for arthrocentesis performed with ultrasound guidance which will be a new service in CY2015. As the expected billing pattern for 76942 as a stand-alone service is unknown, the RUC agreed to monitor the future utilization of 76942 to ensure that the services commonly billed with it do not include clinical staff times which is non –congruent with the clinical staff times of the ultrasound guidance service.

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	XXX	0.67

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76942 Tracking Number

Original Specialty Recommended RVU: **0.76**
Presented Recommended RVU: **0.76**
RUC Recommended RVU: **0.67**

Global Period: XXX

CPT Descriptor: Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Ultrasonic guidance is utilized for needle placement during a separately reported underlying procedure (eg, biopsy, aspiration, injection).

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 23%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 5%

Description of Pre-Service Work: The physician instructs the diagnostic medical sonographer in the ultrasound equipment required, including appropriate transducers, needle guides and probe covers, as well as the proper settings for the ultrasound equipment.

Description of Intra-Service Work: Preliminary ultrasound is performed to identify the appropriate approach for the initial needle placement. Ultrasound is used to confirm the correct trajectory for needle advancement to the target anatomic location, with care taken to avoid vascular structures and non-target organs. Intermittent ultrasound visualization may take place during the separately reportable intervention which necessitated the needle placement. Permanent images are recorded.

Description of Post-Service Work: A report describing the ultrasound guidance procedure, including the final position of the needle/catheter, is dictated, proofread, and submitted for the patient's medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014					
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Howard Lando, MD; Barry Smith, MD; David Lenrow, MD; Fredrica Smith, MD; Tim Laing, MD; Marc Leib, MD; Richard Rosenquist, MD; Eric Whitacre, MD, FACS; Norm Smith, MD; Tom Turk, MD; Jerry Niedzwiecki, MD; Michael Hall, MD; Allan Glass, MD					
Specialty(s):	American College of Radiology, American Association of Clinical Endocrinologists, American Academy of Physical Medicine & Rehabilitation, American College of Rheumatology, American Society of Anesthesiologists, American Society of Breast Surgeons, American Urological Association, Society of Interventional Radiology, The Endocrine Society					
CPT Code:	76942					
Sample Size:	3634	**Resp N:**	255	**Response:** 7.0 %		
Description of Sample:	Random Sample					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	63.00	**100.00**	250.00	5000.00
Survey RVW:	0.22	0.62	**0.76**	0.99	4.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**15.00**	20.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76942	**Recommended Physician Work RVU: 0.67**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**0.00**	**7.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76536	XXX	0.56	**RUC Time**

CPT Descriptor Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76817	XXX	0.75	**RUC Time**	18,907

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, transvaginal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76816	XXX	0.85	**RUC Time**	17,491

CPT Descriptor 2 Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus

Other Reference CPT Code	Global	Work RVU	Time Source
76881	XXX	0.63	**RUC Time**

CPT Descriptor Ultrasound, extremity, nonvascular, 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: 52 **% of respondents:** 20.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 76942**	**Key Reference CPT Code:** 76536	**Source of Time RUC Time**
Median Pre-Service Time	7.00	4.00	
Median Intra-Service Time	15.00	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	**27.00**	**18.00**	
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	3.27	3.37
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.08	2.96
Urgency of medical decision making	3.08	2.69
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.21	3.75
Physical effort required	3.48	2.92
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.25	2.40
Outcome depends on the skill and judgment of physician	3.92	3.58
Estimated risk of malpractice suit with poor outcome	3.06	2.71

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.17	2.85
Intra-Service intensity/complexity	3.83	3.52

Post-Service intensity/complexity	2.96	2.56

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background:
CPT code 76942 *(Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation)* was identified by the CMS/Other – Utilization over 500,000 screen, and an action plan was requested by the RAW. For the February 2012 RUC meeting, the specialty societies submitted an action plan requesting a delay in surveying, pending the effects of the recent bundling of 76942 into the newly created thoracentesis and paracentesis codes. 76942 was also discussed extensively in the CY2014 NPRM, leading to submission of another action plan for the October 2013 RUC meeting. At that time, the specialty societies addressed the concerns raised in the NPRM but agreed to survey 76942 for April of 2014.

76942 has been performed together with a wide variety of underlying procedures and by a large number of different specialties. In the past two years, many of the most common procedures reported with 76942 have had their CPT codes modified to bundle the ultrasound guidance into the underlying codes. Consequently, for this large group of procedures, which includes thoracentesis, paracentesis, arthrocentesis, and breast biopsy, ultrasound guidance is no longer reported separately as 76942. As a result of these CPT code changes, the total utilization and the specialty distribution of 76942 is changing rapidly.

Survey Process
Nine specialty societies (American College of Radiology, American Association of Clinical Endocrinologists, American Academy of Physical Medicine & Rehabilitation, American College of Rheumatology, American Society of Anesthesiologists, American Society of Breast Surgeons, American Urological Association, Society of Interventional Radiology, The Endocrine Society) randomly surveyed their respective members using an RSL and vignette approved by the Research Subcommittee. A total of 255 complete surveys across seven specialties were received and analyzed. An expert panel, including physicians familiar with these services from each specialty, reviewed the survey data and developed the recommendations contained in the SOR.

Compelling Evidence
The specialty societies are recommending an increase in work RVU over the current value. The RUC database indicates the time source for 76942 as "CMS/Other ", indicating that this code was not Harvard valued and has never been surveyed. We believe that the requirement for compelling evidence is met since 76942 meets the criterion, "a flawed mechanism or methodology used in the previous valuation".

Work Recommendation:
The specialty societies recommend the median survey work RVU of 0.76, an increase of 0.09 RVU over the existing value of 0.67 RVU.

Service Period Time Recommendations:
Based on the analysis of the expert panel, the specialty societies recommend a pre-service time of 7 minutes, which is less than the survey median pre-service time of 10 minutes, in order to render the pre-time of 76942 compatible with two other recently reviewed XXX image guidance codes, 77002 *(Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device))* and 77003 *(Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid))*. The societies also recommend intra-service time of 15 minutes (survey median) and the post service time of 5 minutes (survey median).

Key Reference Service:

Two separate key reference services were chosen by a nearly identical number of survey respondents: 76536 *(Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation)* and 76881 *(Ultrasound, extremity, nonvascular, real-time with image documentation; complete)*, both of which support our recommendation.

76536 has 0.56 RVU, with less pre-time and intra time than 76942. However, our societies believe that guiding a needle into a specific location in an internal organ (e.g. thyroid), as is done with 76942, is of considerably greater intensity and complexity than 76536, which is a non-invasive, involving only visual observation of an internal structure (e.g. thyroid). This increased intensity/complexity of 76942 as compared to 76536, coupled with the increased time involved, accounts for the slightly higher work RVU value for 76942.

76881 is a diagnostic ultrasound code involving evaluation of the extremity. 76881 has the same intra-service and post-service time as 76942 and 2 minutes less pre-service time. In October of 2008, the RUC accepted and recommended to CMS an RVU of 0.72 RVU for 76881. However, CMS lowered the value to its current 0.63 RVU. The original RUC recommended value of 0.72, supported by a specialty society survey, supports our recommendation for 76942.

Code	RUC-approved RVU	CMS-lowered RVU	Pre	Intra	Post	Total	IWPUT
76536	0.56	0.56	4	10	4	18	0.0381
76881	0.72	0.63	5	15	5	25	0.0271
76942		**0.67**	**7**	**15**	**5**	**27**	**0.0327**

MPC Codes:

Our recommendation is bracketed by two ultrasound codes on the MPC list: 76817 *(Ultrasound, pregnant uterus, real time with image documentation, transvaginal)* and 76816 *(Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus)*. 76817 has a comparable RVU of 0.75 and a lower intra time and total time. 76816 has a slightly higher RVU, the same intra time, more total time and a higher RVU.

Code	RVU	Pre	Intra	Post	Total	IWPUT
76817	0.75	5	10	8	23	0.0459
76942	**0.67**	**7**	**15**	**5**	**27**	**0.0327**
76816	0.85	6	15	10	31	0.0328

Comparison to other image guidance codes

Our recommendation compares favorably to the other RUC surveyed XXX imaging guidance codes and our expert panel believes that ultrasound guidance is more technically demanding than fluoroscopic guidance, requiring the manipulation of an ultrasound transducer with one hand and the needle / biopsy system with the other. Practiced, coordinated maneuvering is required to maintain visualization of the needle along its entire length to ensure proper target sampling and avoidance of non-target structures.

The entire family is summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	RUC Meeting

76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	0.30		10	4	14	0.0210	Apr 2003
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	0.54	7	15	5	27	0.0181	Apr 2013
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	0.60	7	15	5	27	0.0221	Apr 2013
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	**0.67**	**7**	**15**	**5**	**27**	**0.0327**	**Apr 2014**
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	1.16				22		CMS/Other
77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	1.50	20	42.5	15	77.5	0.0168	Apr 2000

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76942

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology How often? Commonly

Specialty Anesthesiology How often? Commonly

Specialty Urology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 5070400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that this service will be provided 5,070,400 times nationally in a one-year period.

Specialty Radiology Frequency 1227500 Percentage 24.20 %

Specialty Anesthesiology Frequency 675000 Percentage 13.31 %

Specialty Urology Frequency 468000 Percentage 9.23 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,690,154 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2012 Medicare utilization data, it is estimated that this service will be provided to Medicare patients 1,690,154 times nationally within a one-year period. For 2013 and later, the utilization of 76942 will be less than these 2012 data as a result of new bundled codes for breast biopsy, thoracentesis, and arthrocentesis.

Specialty Radiology Frequency 409200 Percentage 24.21 %

Specialty Anesthesiology Frequency 225000 Percentage 13.31 %

Specialty Urology Frequency 156000 Percentage 9.22 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

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 76942

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: US Guidance for Needle Placement

TAB: 35

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
Apr-09	76536	Ultrasound, sc	52	0.038			0.56			18	4					10			4					
Apr-10	76881	Ultrasound, ex	51	0.027			0.63			25	5					15			5					
CMS/Other	76942	Ultrasonic guidance		0.022			0.67			30						30								
ACR/SIR-SVY	76942	Ultrasonic gui	93	0.028	0.22	0.58	0.75	1.00	2.00	30	10			3	10	15	20	60	5	0	100	120	300	1000
ASBS- SVY	76942	Ultrasonic gui	31	0.009	0.39	0.60	0.69	0.99	1.20	40	15			4	13	15	25	60	10	3	55	100	200	500
AAPMR- SVY	76942	Ultrasonic gui	16	0.026	0.30	0.56	0.66	0.96	2.10	28	10			5	10	10	16	45	8	0	19	87	140	500
ASA- SVY	76942	Ultrasonic gui	9	0.051	0.63	0.70	0.85	1.00	3.50	25	10			10	10	10	15	20	5	25	174	200	300	1000
AUA- SVY	76942	Ultrasonic gui	15	0.040	0.56	0.69	0.69	0.75	4.00	23	5			7	10	10	18	40	8	0	53	60	88	150
ACRh- SVY	76942	Ultrasonic gui	45	0.037	0.35	0.70	0.85	1.00	2.00	28	8			5	10	15	20	30	5	3	50	176	478	5000
TES/AACE-SVY	76942	Ultrasonic gui	46	0.024	0.30	0.70	0.85	1.00	3.42	37	10			5	13	17	30	60	10	10	71	101	200	1500
COMBINED - SVY	76942	Ultrasonic gui	255	0.028	0.22	0.62	0.76	0.99	4.00	30	10			3	10	15	20	60	5	0	63	100	250	5000
REC	76942	Ultrasonic guidance		0.0267			0.67			27	7					15			5					

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE			INTRA					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
					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	11111	xyz	30	0.029			4.25			131	5	5	5			30			5				1	1.0						1								
HVD	55555	abc		0.053			5.00			133	17					27			8				1	1.0						1								
SVY	55555	abc		0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10				1	1.0						1								
REC	55555	abc		0.020			4.25			142	17	1	3			30			10								1	1.0		1								

35
Tab Number

Ultrasound Guidance for Needle Placement
Issue

76942
Code Range

Attestation Statement

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Marc L. Leib, MD, JD
Printed Signature

American Society of Anesthesiologists
Specialty Society

April 1, 2014
Date

35
Tab Number

Ultrasound Guidance for Needle Placement
Issue

76942
Code Range

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Signature

Richard W. Rosenquist, MD
Printed Signature

American Society of Anesthesiologists
Specialty Society

April 1, 2014
Date

Tab Number	Issue
4	Cryoablation Treatment of the Bone Tumors
6	Percutaneous Vertebroplasty and Augmentation
12	Transcatheter Placement of Carotid Stents
15	Cryoablation of Liver Tumor
17	Myelography
19	Breast Tomosynthesis
26	Carotid Intima-Media Thickness Ultrasound
33	Duplex Scans
34	Ultrasound Guidance
35	Ultrasound Guidance for Needle Placement
38	Endovenous Ablation
39	CT Angiography – Head & Neck
40	Doppler Flow Testing
41	CT – Maxillofacial
42	X-Ray Exams
43	Transluminal Balloon Angioplasty
44	CT Abdomen and Pelvis

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

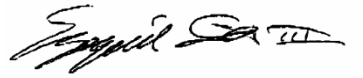
Tab Number	Issue
4	Cryoablation Treatment of the Bone Tumors
6	Percutaneous Vertebroplasty and Augmentation
12	Transcatheter Placement of Carotid Stents
15	Cryoablation of Liver Tumor
17	Myelography
19	Breast Tomosynthesis
26	Carotid Intima-Media Thickness Ultrasound
33	Duplex Scans
34	Ultrasound Guidance
35	Ultrasound Guidance for Needle Placement
38	Endovenous Ablation
39	CT Angiography – Head & Neck
40	Doppler Flow Testing
41	CT – Maxillofacial
42	X-Ray Exams
43	Transluminal Balloon Angioplasty
44	CT Abdomen and Pelvis

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

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**

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Signature

Gerald Niedzwiecki, MD
Printed Signature

The Society of Interventional Radiology (SIR)
Specialty Society

April 1, 2014
Date

35_____
Tab Number
Ultrasound Guidance for Needle Placement

_____
Issue
76942

_____
Code Range

Attestation Statement

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Signature

Norm Smith, MD

_____
Printed Signature

American Urological Association

_____
Specialty Society

April 1, 2014

_____
Date

35
Tab Number

Ultrasound Guidance for Needle Placement
Issue

76942
Code Range

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Eric B. Whitacre
Signature

Eric Whitacre, MD, FACS
Printed Signature

American Society of Breast Surgeons
Specialty Society

April 1, 2014
Date

CPT Code: 76942

Specialty Society('s) ACR, AACE, AAPMR, ACRh, ASA, ASBS, AUA, SIR, TES

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation

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 ACR, AACE, AAPMR, ACRh, ASA, ASBS, AUA, SIR, and TES convened a consensus panel to finalize the practice expense data for CPT code 76942.

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 basis for the April 2014 PE inputs is the existing PE inputs for 76942, as approved by the February 2005 PEAC. The clinical labor time has been updated to capture CMS' recent refinement of the intra service time from 45 minutes to 10 minutes.

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

- **Acquire Images** - increase to be consistent with the recommended physician intra service time, based on the survey median.

Supplies.

- **Lubricating jelly (Surgilube) (SJ033) -** clinically necessary for ultrasound examinations.

Equipment

- **Film processor, dry, laser (ED024) –** The time reflects typical use exclusive to a patient. The slight increase to the intra service time is reflected in the slight increase in equipment time.
- **Film alternator (motorized film viewbox) (ER029) –** The time reflects typical use exclusive to a patient. The slight increase to the intra service time is reflected in the slight increase in equipment time.

- **Ultrasound unit, portable (EQ250) -** The time reflects typical use exclusive to a patient. The slight increase to the intra service time is reflected in the slight increase in equipment time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Availability of prior images confirmed

Intra-Service Clinical Labor Activities:

- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- Acquire images
- Clean room/equipment by physician staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD
- Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

	A	B	C	D	F
1				**REFERENCE CODE**	
2	**more please bold the item name and CMS code.**			**76942**	**76942**
3	**Meeting Date: April 2014** **Tab: 35** **Specialty: ACR, AACE, AAPMR, ACRh, ASA, ASBS, AUA, SIR, TES**	**CMS Code**	**Staff Type**	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation **(RUC DB)**	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation **(April 2014)**
4	**LOCATION**			**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L051B**	**RN/DMS**	**26.0**	**29.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L051B**	**RN/DMS**	**3.0**	**2.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L051B**	**RN/DMS**	**23.0**	**27.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**
10	**PRE-SERVICE**				
11	**Start: Following visit when decision for surgery or procedure made**				
12	Complete pre-service diagnostic & referral forms				
13	Coordinate pre-surgery services				
14	Schedule space and equipment in facility				
15	Provide pre-service education/obtain consent				
16	Follow-up phone calls & prescriptions				
17	Availability of prior images confirmed	L051B	RN/DMS	**3**	**2**
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist				
19	*Other Clinical Activity - *specify:*				
20	**End: When patient enters office/facility for surgery/procedure**				
21	**SERVICE PERIOD**				
22	**Start: When patient enters office/facility for surgery/procedure:**				
23	Greet patient, provide gowning, ensure appropriate medical records are available				
24	Obtain vital signs				
25	Provide pre-service education/obtain consent				
26	Prepare room, equipment, supplies	L051B	RN/DMS	**2**	**2**
27	Setup scope (non facility setting only)				
28	Prepare and position patient/ monitor patient/ set up IV	L051B	RN/DMS	**3**	**2**
29	Sedate/apply anesthesia				
30	*Other Clinical Activity - specify:				
31	**Intra-service**				
32	Acquire images	L051B	RN/DMS	**10**	**15**
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	L051B	RN/DMS	**3**	**3**
37	Clean Scope				
38	Clean Surgical Instrument Package				
39	Complete diagnostic forms, lab & X-ray requisitions				
40	Review/read X-ray, lab, and pathology reports				
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions				
42	*Other Clinical Activity - *specify:*				
43	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L051B	RN/DMS	**5**	**2**
44	Review examination with interpreting MD	L051B	RN/DMS		**2**
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L051B	RN/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**				

	A	B	C	D	F
1				REFERENCE CODE	
2	**more please bold the item name and CMS code.**			**76942**	**76942**
3	**Meeting Date: April 2014** **Tab: 35** **Specialty: ACR, AACE, AAPMR, ACRh, ASA, ASBS, AUA, SIR, TES**	**CMS Code**	**Staff Type**	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation **(RUC DB)**	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation **(April 2014)**
4	**LOCATION**			**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**
50	**POST-SERVICE Period**				
65	**MEDICAL SUPPLIES****	**CODE**	**UNIT**		
66	cover-condom, transducer or ultrasound probe	SB005	item	**1**	**1**
67	pillow case	SB037	item	**1**	
68	lubricating jelly (Surgilube)	SJ033	oz	**1**	**4**
69	film, 8inx10in (ultrasound, MRI)	SK022	item	**2**	**2**
70	film, x-ray 14in x 17in	SK034	item	**3**	**3**
71	x-ray developer solution	SK089	oz	**1**	**1**
72	x-ray envelope	SK091	item	**1**	**1**
73	disinfectant spray (Transeptic)	SM012	ml	**10**	**10**
74	sanitizing cloth-wipe (patient)	SM021	item	**2**	**2**
75	gloves, non-sterile	SB022	pair		
76	**EQUIPMENT**	**CODE**			
77	film processor, dry, laser	ED024		**23**	**24**
78	film alternator (motorized film viewbox)	ER029		**23**	**24**
79	ultrasound unit, portable	EQ250		**23**	**24**
80	room, ultrasound, general	EL015			

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2018

Aortoventriculoplasty with Pulmonary Autograft

In September 2017, the CPT Editorial Panel created one new code to combine the efforts of aortic valve and root replacement with subvalvular left ventricular outflow tract enlargement to allow for an unobstructed left ventricular outflow tract.

33440 ***Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)***
The RUC reviewed the survey results from 32 cardiothoracic surgeons and agreed with the following physician time components: pre-service time of 95 minutes, intra-service time of 300 minutes, immediate post-service time of 60 minutes, two critical care visits (99291), eight hospital visits (two 99231, three 99232, three 99233), one discharge (99238), and one office visit (99214), for a combined total of 998 minutes. The RUC did not accept the specialties initial presentation of the survey 75th percentile of 67.25 and determined that the survey median, a work RVU of 64.00, appropriately accounts for the physician work involved to perform this service. To justify the work RVU of 64.00, the RUC reviewed the top key reference service code 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)* (work RVU= 64.00, pre-service time of 63 minutes, intra-service time of 300 minutes, immediate post-service time of 60 minutes, and total time of 986 minutes), and noted that both services require similar time and intensity and should be valued similarly.

To further justify a work RVU of 64.00, the RUC reviewed the second top key reference code 33863 *Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)*(work RVU= 58.79, pre-service time of 95 minutes, intra-service time of 287 minutes, and immediate post-service time of 40 minutes), and found that the surveyed code is appropriately valued higher because it requires more physician work, time, and is more intense and complex to perform as indicated by 100% of the survey respondents. **The RUC recommends a work RVU of 64.00 for CPT code 33440.**

Ross- Konno Procedure
The RUC discussed CPT codes 33412 *Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)* (work RVU= 59.00 and intra-service time of 300 minutes) and 33413 *Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)* (work RVU= 59.87 and intra-service time of 297 minutes). Both the Ross and Konno codes are rare procedures as they are performed infrequently and almost exclusively by pediatric heart surgeons. The RUC discussed why these codes were not surveyed with the surveyed combination procedure. The specialty society explained that the Ross and Konno services have not

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evolved since they were last reviewed by the RUC in 2010 and 2005, respectively and that they have not changed in technique or time required to perform the service. The RUC understands that all three codes (33412, 33413, and 33440) are performed 200 times collectively and that they are rarely performed.

Practice Expense
The RUC discussed that this service has 15 minutes more pre-service clinical staff time as is typical for many of the cardiothoracic surgery and neurosurgery services. The RUC recommends the direct practice expense inputs as reviewed and approved without modification by the PE Subcommittee.

New Technology/New Services
CPT code 33440 will be placed on the New Technology/New Services list and will be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Do Not Use to Validate for Physician Work
The RUC agreed that CPT codes 33440 should be labeled in the RUC database with a flag that it should not be used to validate physician work.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●33440	M1	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure) (Do not report 33440 in conjunction with 33405, 33406, 33410, 33411, 33412, 33413, 33414, 33416, 33417, 33475, 33608, 33920)	090	64.00

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33411	*~~Replacement, aortic valve~~; with aortic annulus enlargement, noncoronary sinus*
33412	*with transventricular aortic annulus enlargement (Konno procedure)*
	(Do not report 33412 in conjunction with 33413, 33440)
	(For replacement of aortic valve with transventricular aortic annulus enlargement [Konno procedure] in conjunction with translocation of autologous pulmonary valve with allograft replacement of pulmonary valve [Ross procedure], use 33440)
33413	*by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)*
	(Do not report 33413 in conjunction with 33412, 33440)
	(For replacement of aortic valve with transventricular aortic annulus enlargement [Konno procedure] in conjunction with translocation of autologous pulmonary valve with allograft replacement of pulmonary valve [Ross procedure], use 33440)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33440 Tracking Number M1 Original Specialty Recommended RVU: **67.25**
Presented Recommended RVU: **67.25**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **64.00**

CPT Descriptor: Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 4-year-old girl presents with chest pain and syncope. Echocardiography documents mixed aortic valvar stenosis and regurgitation with a transvalvar gradient of 90 mmHg and an aortic valve annulus diameter of 10 mm with tunnel-like left ventricular outflow tract obstruction. The family chooses a Ross procedure (autologous pulmonary valve replacement of the aortic valve). However, due to the multi-level left ventricular outflow tract obstruction, a Konno aortovenetriculoplasty is also performed to enlarge the left ventricular outflow tract at the time of the Ross procedure.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 30% , Overnight stay-more than 24 hours 91%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 59%

Description of Pre-Service Work: Review pre-operative work-up including history and physical, chest x-ray, cardiac catheterization and or MRI results, and echocardiograms. Carefully review the echocardiogram assessing the size of the left ventricular outflow tract including the aortic valve itself, the aortic annulus, and the degree of subaortic and supra-annular narrowing. Review pertinent laboratory findings.

Review the surgical procedure, post-op recovery in and out of the hospital, and expected outcome(s) with patient and family. Discuss options for aortic valve replacement including mechanical valves, bioprosthetic valves, homografts and autografts. Discuss implications of long-term anticoagulation and/or need for further surgical procedures. Answer patient and family questions. Confirm OR start time - notify patient and family. Obtain informed consent.

Write pre-operative orders for peri-operative medications. Review planned incisions and procedure with surgical team including perfusionist. Arrange for surgical assistant. Check with lab - check on availability of blood and x-ray. Review availability of right ventricular outflow tract conduit. Review length and type of anesthesia with anesthesiologist. Review planned procedure and positioning and draping of patient.

Confirm and document that there have been no interim medical changes in the patient before going to the OR. Change into scrub clothes. Verify that all necessary surgical instruments, supplies, and devices are available in the operative suite. Remain available during insertion of monitoring lines and induction of anesthesia. Monitor patient positioning and draping, and assist with positioning as needed.

Scrub and gown. Just prior to incision, perform "time out" confirming identity of patient, planned procedure, administration of antibiotics, and names of all OR nursing, anesthesia, and perfusion personnel.

Description of Intra-Service Work: Under general endotracheal anesthesia, a skin incision is made via a standard median sternotomy. The sternum is divided in the midline. An autologous pericardial patch is harvested for potential use. Cardiac cannulae are placed. Cardiopulmonary bypass is initiated. Snares are snugged down on the caval cannulae allowing for complete heart bypass. Cardioplegia is administered and diastolic arrest of the heart is achieved. A left heart vent is inserted via the right superior pulmonary vein. A vertical aortotomy incision is made extending down to the commissure between the right and left coronary cusps. The thickened aortic valve leaflets are excised. The left and right coronary buttons are separated from the aortic root with a cuff of aortic wall. The aortic annulus is sized to confirm the necessity of aortic annular enlargement and enlargement of the subvalvar left ventricular outflow tract.

Open the pulmonary artery and inspect the pulmonary valve. Remove the entire root of the pulmonary artery and valve taking special care to avoid injury to the septal perforator artery. Identify and protect inter-ventricular septum. Prepare and trim the pulmonary autograft avoiding injury to valve leaflets.

An incision is made in the ascending aorta across the aortic annulus opening the ventricular septum creating a ventricular septal defect (VSD). Subaortic fibrous tissue and muscular hypertrophy are excised with care taken to avoid the area of the conduction tissue.

A prosthetic patch is sutured to the newly created ventricular septal defect enlarging the left ventricular outflow tract and the aortic annulus. The pulmonary autograft is sewn into the newly enlarged left ventricular outflow tract. The left and right coronary buttons are reimplanted into the openings created in the pulmonary autograft. Anastomose the distal autograft to the distal ascending aorta.

Right ventricular to pulmonary artery continuity is established with a valved conduit which is sewn to the distal pulmonary artery orifice and to the right ventricular outflow tract which is augmented with a patch (autologous pericardium or other prosthetic material).

Air is evacuated from the cardiac chambers and the crossclamp is released. After satisfactory rewarming and resuscitation, the left heart vent is removed and then the child is weaned from cardiopulmonary bypass. A transesophageal echocardiogram (if done) is reviewed with the cardiologist or anesthesiologist looking for right or left ventricular outflow tract obstruction, autograft valve function, and residual intracardiac shunts. The cannulae are removed and the sites secured. Chest tubes and temporary pacing wires are placed. The sternum is closed with wires, the abdominal fascia, skin and subcutaneous tissue are closed in layers.

Description of Post-Service Work: Apply dressings. Perform post procedure debriefing, identifying any pre- or intra-operative problems and areas for improvement. Write brief post-op report in chart. Sign OR forms, indicating pre and post-op diagnoses and operation performed. Enter data into database. Write orders for post-op labs, films, medications, diet, and patient activity. Dictate operative note for patient's chart. Dictate procedure outcome and expected recovery letter for referring physician and/or insurance company.

Discuss procedure outcome with family. Discuss procedure outcome with referring physician. Coordinate care with other physicians. Review Intensive Care Unit (ICU) care and medications with staff. Remain with patient in ICU 1-3 hours until patient is hemodynamically stable and there is no evidence of postoperative bleeding. Check for sinus rhythm and absence of heart block and residual murmurs. Review post-op chest x-ray and echocardiogram if performed. Visit ICU 2-3 times (15-20 minutes each) and before leaving hospital at the end of the day.

Examine patient daily or twice daily, check wounds and patient progress. Arrange for transfer out of ICU when appropriate. Review nursing/other staff patient chart notes. Answer patient and family questions. Answer nursing/other staff questions. Write orders for following day's labs, films, medications, diet, and patient activity. Chart patient progress notes.

After transfer out of ICU, examine patient and talk with patient/family daily or twice daily. Check wounds and patient progress. Discuss patient progress with referring physician (verbal and written). Coordinate care with other physicians. Review postoperative echocardiogram, chest x-rays and rhythm strips.

Prior to discharge, carefully explain to patient and a family member dietary management, activities permitted, bathing, management of wound, return appointment to office, etc. Check wounds and patient progress. Coordinate care with other physicians. Review nursing/other staff patient chart notes. Review post-discharge wound care and activity limitations with

patient. Answer patient/family questions. Answer nursing/other staff questions. Answer insurance staff questions. Write orders for post-discharge labs, films, and medications. Chart patient discharge notes.

For postoperative visit, examine and talk with patient. Check wounds and patient progress. Answer insurance staff questions. Discuss patient progress with referring physician (verbal and written). Coordinate care with other physicians. Write orders for medications. Review post-discharge labs/films. Discuss progress with patient/family and answer questions. Remove sutures/drains. Dictate patient progress notes for medical chart and insurance.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018				
Presenter(s):	James M. Levett, MD; Stephen J. Lahey, MD; Kirk R. Kanter, MD				
Specialty(s):	STS and AATS				
CPT Code:	33440				
Sample Size:	158	**Resp N:**	32	**Response:** 20.2 %	
Description of Sample:	Self identifed congenital cardiac surgeons				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	3.00	10.00
Survey RVW:	50.50	62.00	**64.00**	67.25	86.00
Pre-Service Evaluation Time:			**145.00**		
Pre-Service Positioning Time:			**90.00**		
Pre-Service Scrub, Dress, Wait Time:			**90.00**		
Intra-Service Time:	240.00	300.00	**300.00**	360.00	480.00

Immediate Post Service-Time:	**157.50**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**140.00**	99291x **2.00** 99292x **0.00**
Other Hospital time/visit(s):	**325.00**	99231x **2.00** 99232x **3.00** 99233x **3.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**40.00**	99211x **0.00** 12x **0.00** 13x **0.00** 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:	33440	**Recommended Physician Work RVU: 64.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**60.00**	**40.00**	**20.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**20.00**	**20.00**	**0.00**
Intra-Service Time:		**300.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**60.00**	**33.00**	**27.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**140.00**	99291x **2.00** 99292x **0.00**
Other Hospital time/visit(s):	**325.00**	99231x **2.00** 99232x **3.00** 99233x **3.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**40.00**	99211x **0.00** 12x **0.00** 13x **0.00** 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? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33622	090	64.00	**RUC Time**

CPT Descriptor 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33863	090	58.79	**RUC Time**

CPT Descriptor Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
33413	090	59.87	**RUC Time**

CPT Descriptor Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 50.0 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 43.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 33440	**Top Key Reference CPT Code:** 33622	**2nd Key Reference CPT Code:** **33863**
Median Pre-Service Time	95.00	63.00	95.00
Median Intra-Service Time	300.00	300.00	287.00
Median Immediate Post-service Time	60.00	60.00	40.00
Median Critical Care Time	140.0	140.00	140.00
Median Other Hospital Visit Time	325.0	345.00	265.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	40.0	40.00	40.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**998.00**	**986.00**	**905.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	75%	19%	6%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	63%	31%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	13%	50%	38%

Physical effort required	6%	69%	25%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	75%	19%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	0%	50%	50%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	7%	93%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	0%	100%
Physical effort required	0%	0%	100%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	14%	86%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PRE-TIME CHANGES
The Expert Panel selected pre-service time package 4 representing a difficult patient and difficult procedure done in a facility under anesthesia. The Expert Panel is recommending increases in time for the evaluation of the patient and for the positioning of the patient for the aortoventriculoplasty with pulmonary autograft.

ADDITIONAL EVALUATION TIME
For the evaluation, the Expert Panel is recommending a 20-minute increase in time over the package for a total evaluation time of 60 minutes. This is supported by the survey data with 145 minutes of pre-service evaluation. The total evaluation time accounts for the review of the patient, by the surgeon and the collaborative efforts that go into each case. The additional evaluation time of 20 minutes accounts for the time the surgeon spends with the patient's family obtaining consent, reviewing the procedure and explaining the various aspects of the procedure including the additional complexity associated with the combination of the two already complex procedures and the associated aftercare. Extensive planning and review of pertinent imaging is required to identify the extent of left ventricular outflow tract obstruction and the suitability of the pulmonary valve to be used as an autograft. In addition, the surgeon must be sure that there is a suitable homograft available to replace the pulmonary valve. The Expert Panel felt that adding 20 minutes of evaluation time to package 4 was reasonable and would cover all aspects of the pre-service work involved with the procedure.

ADDITIONAL POSITIONING TIME
The Expert Panel is recommending a 12-minute increase in time over the package for a total positioning time of 15 minutes, which is common for cardiac procedures and there are numerous examples in the RUC database supporting this time. The survey supported 90-minutes for positioning of the patient. The additional 12-minutes above the package time can be attributed to the time spent for careful protection of pressure points on the patient with this prolonged operation.

SAME DAY IMMEDIATE POST TIME
The expert panel selected post-time package 9B for a general anesthesia or complex regional block/complex procedure. The Expert Panel is recommending a 27-minute increase in time over the package for a total immediate post time of 60 minutes and there are numerous examples in the RUC database and the cardiothoracic surgery codes supporting this time. The survey supported 157.5 minutes of immediate post time. The additional 27-minutes above the package time can be attributed to additional time for patient stabilization due to cardiopulmonary bypass, monitoring for bleeding, and more extensive documentation and communication requirements due to the complex aspects of the procedure including the final type of repair that was accomplished.

CRITICAL CARE VISIT
For the procedure the survey respondents replied 100% that the procedure was performed in the hospital, and that 91% of the patients stayed overnight for more than 24 hours. 59% of the respondents indicated that they provided an E&M Visit on the same day of surgery.
The survey respondents indicated that they spent over 40 minutes providing critical care services to the patient once the patient arrives in the ICU on the day of the procedure and an additional 40 minutes of critical care the day after the procedure for a total of two critical care visits for the procedure. The critical care visit covers that time that the physician spends with the patient directly related to the procedure providing critical care services. The survey supported two critical care visits for the procedure and the Expert Panel agreed.

RECOMMENDED RVW
The review of the Konno (33412) and Ross (33413) procedures shows that the intra-operative time is 300 and 287 minutes respectively. Furthermore, the RVW of the two codes are 59.00 and 59.87. Although the median intra-service time from the survey was 300 minutes, the Expert Panel felt that the respondents did not account for the additional work involved in combining these two procedures. The Expert Panel felt that the 75th percentile time of 360 minutes more closely reflected the work increment of combining these two procedures. Using the same reasoning, the Expert Panel felt that the 75th percentile of 67.25 was also more appropriate for the RVW. This also resulted in an IWPUT of 0.113 for this complex combined procedure.
The Expert Panel is recommending a work RVW of 67.25, with an intra-service time of 360 minutes, and total time of 1058 minutes. Pre-time package 4 was selected with adjustments made to the evaluation and positioning time for a total pre-service time of 95 minutes. Immediate post-service time package 9b with additional time added for a total time of 60 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.

- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33412 and/or 33413

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 congenital cardiac surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 221
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on four year data from the STS Congenital National Database the prevalence of the disease that is treated by the existing (33412, 33413) and new (334X1) codes is 221 patients per year.

Specialty congenital cardiac surgery Frequency 221 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? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 0

Specialty congenital cardiac surgery Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33413

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AF	AG	AH	AI	AJ	AO	AP	AQ	AR	AS
13	**ISSUE:** Aortoventriculoplasty with Pulmonary Autograft																																				
14	**TAB:** 5																																				
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
17	1st REF	33622	Reconstruction of complex card	16	0.1235			64.00			986	40	3	20			300			60	2		3	1	7	1.0		1									
18	2nd REF	33863	Ascending aorta graft, with card	14	0.1210			58.79			905	60	15	20			287			40	2		3	2	1	1.0		1									
19	Konno Code	33412	Replacement, aortic valve; with		0.122			59.00			866	40	3	20			300			60	2		3	1	1	1.0		1									
20	Ross Code	33413	Replacement, aortic valve; by tra		0.122			59.87			898	60	15	20			297			40	2		3	1	1	1.0		1	1								
21	SVY	33440	Replacement, aortic valve; by tra	32	0.103	50.50	62.00	64.00	67.25	86.00	1326	145	90	90	240	300	300	360	480	157.5	2		3	3	2	1.0		1					0	1	2	3	10
22	REC	33440	Replacement, aortic valve; by tra		0.124			64.00			998	60	15	20			300			60	2		3	3	2	1.0		1									

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE			INTRA					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
					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
1st REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5					1	1.0							1						
2nd REF	22222	def	15	0.055			5.15			137	10	5	5			35			5						1.0							1	1					
CURRENT	55555	abc		0.053			5.00			133	17					27			8					1	1.0							1						
SVY	55555	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10					1	1.0							1						
REC	55555	abc		0.020			4.25			142	17	1	3			30			10										1	1.0			1					

CPT Code: 33440
Specialty Society: STS/ AATS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: *Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)*

Global Period: 090 Meeting Date: January 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An Expert Panel was convened to develop the PE recommendations for code 33440.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   The new code combines the work of two existing codes, 33412 and 33413, these are the two codes that have been chosen as reference codes for the new code 33440. The new code does not replace the existing codes.

3. Is this code(s) typically billed with an E/M service?

   No, this code will not typically be billed with an E/M service

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

CA002	Coordinate pre-surgery services (including test results)	+5 mins
CA003	Schedule space and equipment in facility	+4 mins
CA004	Provide pre-service education/obtain consent	+6 mins

Rationale for increases
CA002
A homograft is used as a part of the procedure. A homograft in this case, is a cadaveric heart valve from a deceased child. Measurements are collated from several imaging modalities including cardiac echo, cardiac MR, CT scan and angiography in addition to x-rays, labs and other data relevant to the patient and procedure. Extensive imaging is necessary to help determine measurements that are used to decide which size homograft is required for each individual patient scheduled for surgery. The office staff must ensure that all imaging is available.
The clinical staff must also coordinate with the other specialists that will be needed to perform the procedure, this will include, at a minimum coordination with anesthesia, the ICU, cardiology for the intraoperative echo, and perfusion.

CA003
Schedule space and equipment

- Based on preoperative assessment of imaging studies, a homograft size is selected and then must be relayed to the hospital operating room staff. This generally is in the form of a size range. Once the

hospital staff elucidate which sizes are available, they must confirm that the size is acceptable with the office staff.
- Equipment to thaw and wash the homograft must be requested when scheduling the procedure.

CA004
Consent/education
The clinical staff will provide education related to the double cardiac valve procedure to the family and sign/witness consent.

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

   N/A

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

   The additional 15 minutes of pre-service of clinical activity from the reference codes is listed in the spreadsheet under "**other activities".** The additional 15 minutes of time in the reference codes is contributed to increased complexity related to the same clinical activities that have been identified in the new code. The increased clinical activities for the reference codes include the following: Coordinate pre-surgery services (including test results), Schedule space and equipment in facility, Provide pre-service education/obtain consent.

7. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   N/A

8. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

   N/A

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

   N/A

10. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

    N/A

11. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

N/A

12. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    N/A

13. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    The only equipment included on the practice expense spreadsheet are the standard post-operative visit equipment, which includes an exam table and exam light for the total post-operative visit time.

14. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

    N/A

15. If there is any other item on your spreadsheet that needs further explanation please include here:

    The majority of offices of our specialty utilize RN's or advance practice providers (PA's or NP's) because of the complexity of triaging outpatient care for cardiac surgery patients. Since CMS does not recognize PAs or NPs as clinical staff, the RN level has been traditionally accepted. This is a long-standing standard and is consistent in the family of cardiothoracic surgery codes that are not typically performed by multiple specialties. The new code 33440 is performed by congenital cardiac surgeons and would not be considered a multi-specialty procedure.

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2018

Hemi-Aortic Arch Replacement

At the September 2017 CPT Editorial Panel meeting, the Panel created one new add-on code to report hemi-aortic arch graft replacement. Existing CPT codes 33860, 33863, 33864 and 33870 were identified as being part of the same family of services.

33866 ***Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 61 physicians and agreed with intra-service time of 165 minutes. The additional work that is involved with the aortic hemiarch replacement procedure is related to the additional time it takes to isolate the arch vessels, create means of establishing antegrade or retrograde cerebral protection/perfusion, cooling the patient for circulatory arrest, the time it takes to rewarm the patient, and the extra time it may take to obtain hemostasis at the end of the procedure. There are limits to how fast a patient can be rewarmed. During that period, the patients all have coagulopathy which makes it difficult to determine whether a patient has surgical bleeding. The RUC reviewed the recommended work RVU of 19.74, which is the 25th percentile and agreed that this value appropriately accounts for the physician work involved. To justify the work RVU of 19.74, the RUC compared the survey code to top key reference code 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)* (work RVU= 19.00, intra-service time of 160 minutes) and noted that the survey code involves somewhat more time and also that 94 percent of the survey respondents which selected this reference code rated the survey code as having more overall intensity and complexity. The RUC noted that this new add-on code was not surveyed along with its corresponding base codes. **The RUC recommends an interim work RVU of 19.74 for CPT code 33866.**

The RUC recommends that CPT codes 33860, 33863, 33864 and 33870 be surveyed as part of this family of services, as the RUC had last reviewed these services in the year 2010 (for 33860, 33863, 33864) and 2000 (for 33870). These codes, along with 33866 will be surveyed and presented at the April 2018 RUC meeting.

Referral to CPT Editorial Panel
The specialty noted that the work of CPT code 33866 hemi-aortic arch graft replacement may be incorrectly coded using CPT code 33870. The RUC observed that the current draft parenthetical following 33870 does not preclude 33870 from being coded with base codes 33860-33864 nor does it direct users to instead use 330X1 when hemi-aortic arch graft replacement is performed. **For CPT code 33870, the RUC recommends the CPT Editorial Panel consider the following parenthetical additions:**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

(Do not report 33870 in conjunction with 33860, 33863, 33864 or 33866)

(Use +330X1 for work on the transverse aortic arch when performed in conjunction with 33860, 33863 or 33864)

Practice Expense
There are no direct practice expense inputs for CPT code 33866. This service is facility-only and does not require any clinical staff pre-service time.

New Technology/New Services
Codes 33866 will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
When ascending aortic disease involves the aortic arch, an aortic hemiarch graft may be necessary in conjunction with the ascending aortic graft and may be reported with add-on code 33866 in conjunction with the appropriate ascending aortic graft code (33860, 33863 or 33864). Aortic hemiarch graft requires all of the following components: 1) either total circulatory arrest or isolated cerebral perfusion (retrograde or antegrade); 2) incision into the transverse arch extending under one or more of the arch vessels (eg, innominate, left common carotid, or left subclavian arteries); and 3) extension of the ascending aortic graft under the aortic arch by construction of a beveled anastomosis to the distal ascending aorta and aortic arch without a cross-clamp (an open anastomosis). An ascending aortic repair with a beveled anastomosis into the arch with a cross-clamp cannot be reported separately as a hemiarch replacement using 33866.				
33860**(f)**	N1	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed	090	Survey for April 2018
33863**(f)**	N2	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall) (Do not report 33863 in conjunction with 33405, 33406, 33410, 33411, 33412, 33413, 33860)	090	Survey for April 2018

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33864**(f)**	N3	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure) (Do not report 33864 in conjunction with 33860, 33863)	090	Survey for April 2018
✚●33866	N4	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure) (Use 33866 in conjunction with 33860, 33863, 33864) (Do not report 33866 in conjunction with 33870)	ZZZ	19.74 (Interim RUC Recommendation – Survey for April 2018)
33870 (f)	N5	Transverse arch graft, with cardiopulmonary bypass (Do not report 33870 in conjunction with 33866)	090	Survey for April 2018

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December 12, 2017

Peter K. Smith, M.D.
Chairperson
RVS Update Committee (RUC)
American Medical Association
AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

RE: Code 33X01, Aortic Hemiarch Replacement Relationship to Ascending Aortic Replacement Procedures

The new add-on code +33X01 *Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion* (List separately in addition to code for primary procedure) was developed to account for the additional work that is involved when the ascending aortic disease extends into the proximal portion of the transverse aortic arch. The additional work that is involved with the aortic hemiarch replacement procedure is related to the additional time it takes to isolate the arch vessels, create means of establishing antegrade or retrograde cerebral protection/perfusion, cooling the patient for circulatory arrest, the time it takes to rewarm the patient, and the extra time it may take to obtain hemostasis at the end of the procedure. The anastomosis of the graft in the arch will be done during the circulatory arrest or perfusion portion of the procedure. In the past, the extension of the disease into the transverse aortic arch would likely not have been repaired or would have required replacement of the total transverse aortic arch (33870).

While the aortic hemiarch replacement procedure is not new, it is a procedure that has become more widely adopted within the last 5 years due to increased familiarity, safety and knowledge surrounding circulatory arrest and cerebral perfusion. An increased understanding of isolated cerebral perfusion/cooling and its protective effects has made it safer to perform procedures with total circulatory arrest and deep hypothermia. This has allowed for advancement in surgical techniques, such as the aortic hemiarch replacement. This procedure is now safer to perform and better for the patient resulting in reduced risk to the patient by avoiding subsequent reoperation that that might be required without the aortic hemiarch replacement or the increased risk associated with a total transverse aortic arch replacement. Data over the past 5 years has provided information on the occurrences of late ruptures, mortality and other effects that result from a failure to surgically resect aortic disease that has extended into the transverse aortic arch.

Although the new add-on code is designed to be reported with the ascending aortic replacement codes, 33860, 33863 or 33864, the work that is involved in the aortic hemiarch replacement procedure does not reflect work that is currently accounted for in these procedures. The ascending aortic replacement procedures (33860, 33863 and 33864) were last reviewed by the RUC in 2010. In review of the STS National Database data, there is no evidence that the work associated with these procedures has changed since they were last reviewed. The utilization has been consistent in the past several years (see Medicare utilization table below). Additionally, non-trimmed data from the Medicare 5% file shows that the -22 modifier is only utilized 8%-9% of the time with the ascending aortic replacement procedures (a total of 358 procedures), which is likely not all related to capture of additional work related to the aortic hemiarch replacement since there are many other factors that would potentially increase the complexity of the work associated with these procedures. If the aortic hemiarch replacement is reported, it would most typically be reported using the transverse aortic arch replacement code 33870. The work involved in the aortic hemiarch replacement is representative of the work involved in the transverse aortic arch replacement code when reduced by 50% with the multiple procedure reduction rule. The utilization data would support this premise. 33870 showed a steady decline in utilization until 2014 when there was a 27% increase in utilization of the code, which is about the time that the aortic hemiarch replacement started to become a more commonly performed procedure. This premise is also supported by the increase in

aortic hemiarch replacement literature beginning in 2013. The Expert Panel feels that the aortic hemiarch replacement procedure represents an advancement in surgical technique that has evolved over the past 5 years. Based on these factors, the Expert Panel did not survey the ascending aortic replacement codes 33860, 33863 or 33864 and do not feel that budget neutrality would apply in this situation.

Modifier 22 (non-trimmed data from RUC)
33860 – 8% = 222
33863– 9% = 119
33864 – 8% = 17

Medicare Utilization Data Table (from RUC Database)

Year	33860	33863	33864		33870	
2006	3198	1739	-		1102	
2007	2978	1666	-		1008	
2008	3091	1526	106		996	
2009	3104	1550	125		973	
2010	3281	1605	141		867	
2011	3300	1726	198		742	
2012	3463	1578	227		683	
2013	3411	1773	238		651	
2014	3640	1743	243		826	27% increase
2015	3643	1734	255		844	2% increase
2016	3829	1751	277		987	17% increase

Although the STS originally estimated utilization of the new aortic hemiarch replacement code in the CPT Coding Application at 5,952 (based on an estimate that it would be performed 33% of the time with each of the ascending aortic codes based on the above 2016 Medicare utilization data), the STS was able to obtain data from the STS National Database. While the aortic hemiarch replacement is a defined field starting in 2011 in the STS National Database, it is difficult to determine the exact number of aortic hemiarch replacement procedures that were performed as defined by the new code. The Database shows that the aortic hemiarch replacement as defined with total circulatory arrest or cerebral perfusion was performed 198 times in 2016 and any aortic hemiarch replacement (includes hemiarch with or without circulatory arrest and/or cerebral perfusion with or without another procedure) was performed 5,481 times in 2016. Based on the data, the Expert Panel feels that the frequency of the aortic hemiarch replacement code, likely falls closer to 198 procedures per year.

We appreciate your consideration regarding this new add-on code, which represents an advancement in surgical techniques. We will be happy to address any additional questions you have regarding the societies rationale and decision not to survey the ascending aortic procedures.

Sincerely,

James M. Levett, MD
STS RUC Advisor

Stephen J. Lahey, MD
AATS RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33866 Tracking Number N4 Original Specialty Recommended RVU: **22.00**
Presented Recommended RVU: **19.74**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **19.74**

CPT Descriptor: Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old male with aortic disease extending from the sino-tubular junction of the aorta to the transverse aortic arch undergoes an ascending aortic graft repair (reported separately). Since the aortic disease extends into the transverse aortic arch, a hemiarch graft repair is also indicated.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Circumferentially dissect around the base of both the innominate and left common carotid arteries and place tapes around both arteries. Initiate hypothermia, once target temperature is obtained, discontinue cardiopulmonary bypass and tighten the tapes around the innominate and common carotid arteries. Hypothermic circulatory arrest is initiated and cerebral perfusion if performed. Remove the cross-clamp and transect the aorta. Inspect the inside of the aorta and determine the extent of the intimal tear. Resect the entirety of the intimal tear. Prepare the distal end of the cut aorta for anastomosis employ additional reinforcing techniques if necessary. Perform anastomosis of the open distal aortic anastomosis to the cut end of the aorta utilizing synthetic graft with a running suture at the origin of the transverse aortic arch superiorly. Inferiorly, the suture line extends obliquely across the lesser curvature of the transverse arch of the aorta. After ensuring hemostasis of this distal anastomosis, a cross-clamp is placed on the aortic graft and full cardiopulmonary bypass is reinstituted. An extended period of re-warming is required.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018				
Presenter(s):	James M. Levett, MD; Stephen J. Lahey, MD; Kirk R. Kanter, MD				
Specialty(s):	STS, AATS				
CPT Code:	33866				
Sample Size:	831	**Resp N:**	61	**Response:** 7.3 %	
Description of Sample:	Self identified adult and congenital cardiac surgeons				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**8.00**	18.00	60.00
Survey RVW:	11.00	19.74	**22.00**	30.00	90.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	25.00	95.00	**165.00**	280.00	360.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	33866	**Recommended Physician Work RVU: 19.74**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**165.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33369	ZZZ	19.00	**RUC Time**

CPT Descriptor 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33523	ZZZ	16.08	**RUC Time**

CPT Descriptor Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (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
		0.00		

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 36 **% of respondents:** 59.0 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 18.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 33866	Top Key Reference CPT Code: 33369	2nd Key Reference CPT Code: **33523**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	165.00	160.00	110.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	28.00
Median Other Hospital Visit Time	0.0	0.00	55.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**165.00**	**160.00**	**193.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	6%	19%	75%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	11%	86%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	3%	97%
Physical effort required	0%	3%	97%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	8%	92%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	45%	55%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	0%	100%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	0%	91%
Physical effort required	0%	27%	73%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	8%	92%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The Expert Panel is recommending the median work RVW of 22.00 with an intra-service time of 165 minutes.

The survey respondents indicated and the Expert Panel agreed that the survey code was significantly more intense than both KRS codes. For both of the KRS codes, over 90% of the survey respondents indicated that the survey code was more or much more complex than both KRS codes for all of the intensity/complexity factors. Placing the patient on total circulatory arrest or isolated cerebral perfusion indicates that circulation to vital organs is interrupted. Therefore, the element of time spent with no perfusion to

critical organs becomes of paramount importance. This is quite different then the clinical situation associated with putting the patient on cardiopulmonary bypass which is done with most other cardiac procedures. Based on these factors, the Expert Panel feels that the increased intensity associated with this code is significant, supporting the median RVW of 22.00 for 165 minutes, which is slightly higher than the KRS 33369 with an RVW of 19.00 and 160 minutes.

As indicated in the accompanying letter, the Expert Panel believes that the frequency of this procedure will be closer to 198 cases per year. The Expert Panel also believes that there will be a reduction in miscoding of the total transverse arch replacement code (33870) since the new add-on code will more closely describe the actual work performed.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33870, 33999, modifier -22 or it was not separtely reported

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 198
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The STS National database collects data on hemi-arch procedures. Although the procedure cannot be isloated, when it is selected in the database and it is performed in the same session with total circulatory arrest and/or cereberal perfusion, the database data indicates that the procedure was performed 198 times in 2016

Specialty cardiothoracic surgery Frequency 198 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 89 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that 45% of the patients that will receive a hemiarch will be Medicare patients

Specialty cardiothoracic surgery Frequency 89 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33369

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AF	AG	AH	AI	AJ	AO	AP	AQ	AR	AS
1			**BBM intensity ->**									0.0224	0.0224	0.008						0.0224	4.50	2.25	2.00	1.39	0.76	1.28	1.90	2.11	1.50	0.97	0.48	0.18					
2			**RUC time ->**																		70	30	55	40	20	38	55	55	40	23	16	7					

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.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will 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: Aortic Hemiarch Replacement

TAB: 6

						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
	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	15	14	13	12	11	MIN	25th	MED	75th	MAX
17	1st REF	33369	Transcatheter aortic valve replac	36	0.1188			19.00			160						160																				
18	2nd REF	33523	Coronary artery bypass, using v	11	0.1116			16.08			193						110				0.4		1														
19	CURRENT				#DIV/0!						0																										
20	SVY	33866	Aortic hemiarch graft including i	61	0.133	11.00	19.74	22.00	30.00	90.00	165				25	95	165	280	360															0	3	8	18	60
21	REC	33866	Aortic hemiarch graft including i		0.120			19.74			165						165																				
22																																					
23						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
24	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
25	1st REF				#DIV/0!						0																										
26	2nd REF				#DIV/0!						0																										
27	CURRENT	33860	Ascending aorta graft, with card		0.114			59.46			931	45	15	20			305			40	2		3	2	1	1.0			1	1							
28	CURRENT	33863	Ascending aorta graft, with card		0.121			58.79			905	60	15	20			287			40	2		3	2	1	1.0			1								
29	CURRENT	33864	Ascending aorta graft, with card		0.130			60.08			853	85	15	20			300			60	2		1	2	1	1.0			1								
30	SVY				#DIV/0!						0																										
31	REC				#DIV/0!						0																										

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE			INTRA					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
					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
1st REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5					1	1.0							1						
2nd REF	22222	def	15	0.055			5.15			137	10	5	5			35			5						1.0							1	1					
CURRENT	55555	abc		0.053			5.00			133	17					27			8					1	1.0							1						
SVY	55555	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10					1	1.0							1						
REC	55555	abc		0.020			4.25			142	17	1	3			30			10										1	1.0			1					

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2018

Leadless Pacemaker Procedures

At the September 2017 CPT Editorial Panel meeting, the Panel replaced leadless pacemaker services Category III codes with the addition of two codes to report transcatheter leadless pacemaker procedures and revised five codes to include evaluation and interrogation services of leadless pacemaker systems.

33274 ***Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed***

The RUC reviewed the survey results from 90 cardiologists and agreed on the following physician time components: 33 minutes for pre-service evaluation time, 3 minutes for pre-service positioning time, 15 minutes for pre-service scrub/dress/wait, 60 minutes for intra-service time, 20 minutes for immediate post-time, half-day discharge visit (99238) and 1, 99213 office visit. The RUC noted that the service typically involves an overnight stay that is less than 24 hours in length.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the 25th percentile work RVU of 8.77. To justify a work RVU of 8.77, the RUC compared the survey code to MPC code 14060 *Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less* (work RVU = 9.23, intra-service time of 60 minutes, total time of 183 minutes) and noted that both services have identical intra-service time however, the surveyed code involves somewhat more intense physician work. **The RUC recommends a work RVU of 8.77 for CPT code 33274.**

33275 ***Transcatheter removal of permanent leadless pacemaker, right ventricular***

The RUC reviewed the survey results from 74 cardiologists and agreed on the following physician time components: 33 minutes for pre-service evaluation time, 3 minutes for pre-service positioning time, 15 minutes for pre-service scrub/dress/wait, 75 minutes for intra-service time, 20 minutes for immediate post-time, half-day discharge visit (99238) and 1 99213 office visit. The RUC noted that the service typically involves an overnight stay that is less than 24 hours in length. The specialties noted and the RUC agreed that it is appropriate for 33275 to have more time than 33274, as 33275 takes more time to perform. The specialties noted that this service is anticipated to be very low volume. Conventional thinking is that additional devices may be placed at the end of device life, and that removal would only occur when transitioning to a different therapeutic modality.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the 25th percentile work RVU of 9.56. To justify a work RVU of 9.56, the RUC compared the survey

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code to MPC code 14060 *Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less* (work RVU= 9.23, intra-service time of 60 minutes, total time of 183 minutes) and noted that the survey code involves 15 more minutes of intra-time and slightly more total time, justifying a somewhat higher valuation relative to the reference code. **The RUC recommends a work RVU of 9.56 for CPT code 33275.**

Practice Expense
The PE Subcommittee changed the clinical activity CA036, *discharge day management* from 12 minutes to 6 minutes as the survey respondents indicated a half day discharge. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

New Technology/New Services
CPT code 33274 and 33275 will be placed on the New Technology/New Services list and will be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Affirmation of RUC Recommendations
The RUC affirmed the recent RUC recommendations for CPT codes 93279, 93286, 93288, 93294 and 93296. The relativity within the family remains correct.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Cardiovascular System **Heart and Pericardium** **Pacemaker and Implantable Defibrillator** *A pacemaker system…* *A single chamber…* A leadless cardiac pacemaker system includes a pulse generator with built-in battery and electrode for implantation in a cardiac chamber via a transcatheter approach. For implantation of a leadless pacemaker system, use 33274~~these services, see codes 0387T, 0388T, 0389T, 0390T, 0391T~~. Insertion, replacement, or removal of a leadless pacemaker system includes insertion of catheter into the right ventricle. Complete right heart catheterization (93451, 93453, 93456, 93457, 93460, 93461, 93530, 93531, 93532, 93533) may not be reported in				

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conjunction with leadless pacemaker insertion and removal codes 33274, 33275 unless complete right heart catheterization is performed for indications distinct from the leadless pacemaker procedure.

Like a pacemaker…

Implantable defibrillator pulse…

The electrodes (leads)…

Removal of a transvenous electrode(s) may first be attempted by transvenous extraction (33234, 33235, or 33244). However, if transvenous extraction is unsuccessful, a thoracotomy may be required to remove the electrodes (33238 or 33243). Use 33212, 33213, 33221, 33230, 33231, 33240 as appropriate, in addition to the thoracotomy or endoscopic epicardial lead placement codes (33202 or 33203) to report the insertion of the generator if done by the same physician during the same session. Removal of a subcutaneous implantable defibrillator electrode may be separately reported using 33272. For removal of a leadless pacemaker system without replacement, use ~~0388T~~ 33275. For removal and replacement of a leadless pacemaker system during the same session, use 33274.

When the "battery"…

In addition, extraction…

Revision of a…

Relocation of a…

Repositioning of a pacemaker electrode, implantable defibrillator electrode(s), or a left ventricular pacing electrode is reported using 33215, 33226, 33273, as appropriate.

Device evaluation codes 93260, 93261, 93279-93299 for pacemaker system with lead(s) may not be reported in conjunction with pulse generator and lead insertion or revision codes 33206-33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273. For leadless pacemaker systems, device evaluation codes ~~0389T, 0390T, 0391T~~ 93279, 93286, 93288, 93294, 93296 may not be reported in conjunction with leadless pacemaker insertion and removal codes ~~0387T, 0388T~~ 33274, 33275. Defibrillator threshold testing (DFT) during transvenous implantable defibrillator insertion or replacement may be separately reported using 93640, 93641. DFT testing during subcutaneous implantable defibrillator system insertion is not separately reportable. DFT testing for transvenous or subcutaneous implantable defibrillator in follow-up or at the time of replacement may be separately reported using 93642 or 93644.

Radiological supervision and interpretation related to the pacemaker or implantable defibrillator procedure is included in 33206-33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, ~~0387T, 0388T~~33274, 33275. Fluoroscopy (76000, 77002), ultrasound guidance for vascular access (76937), right ventriculography (93566), and femoral venography (75820) are included in 33274, 33275, when performed). To report fluoroscopic guidance for diagnostic lead evaluation without lead insertion, replacement, or revision procedures, use 76000.

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The following definitions…. ***Single lead:*** *a…* ***Dual lead:*** *a…* ***Multiple lead:*** *a…* *#33271* *Insertion of subcutaneous implantable defibrillator electrode* *(Do not report 33271 in conjunction with 33240, 33262, 33270, 93260, 93261)* *(For insertion or replacement of a cardiac venous system lead, see 33224, 33225)* *#33272* *Removal of subcutaneous implantable defibrillator electrode* *#33273* *Repositioning of previously implanted subcutaneous implantable defibrillator electrode* *(Do not report 33272, 33273 in conjunction with 93260, 93261)*				
●33274	O1	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	090	8.77
●33275	O2	Transcatheter removal of permanent leadless pacemaker, right ventricular (Do not report 33275 in conjunction with 33274) (Do not report 33274**,** 33275 in conjunction with femoral venography [75820], fluoroscopy [76000, 77002], ultrasound guidance for vascular access [76937], right ventriculography [93566]) (Do not report 33274, 33275 in conjunction with ~~right heart catheterization [~~93451, 93453, 93456, 93457, 93460, 93461, 93530, 93531, 93532, 93533~~]~~ unless complete right heart catheterization is	090	9.56

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		performed for ~~an separate unrelated clinical~~ indications ~~unrelated to insertion of~~ distinct from the leadless pacemaker procedure) (For subsequent leadless pacemaker device evaluation, see 93279, 93286, 93288, 93294, 93296) (For insertion, replacement, repositioning, and removal of pacemaker systems with leads, see 33202, 33203, 33206, 33207, 33208, 33212, 33213, 33214, 33215, 33216, 33217, 33218, 33220, 33221, 33227, 33228, 33229, 33233, 33234, 33235, 33236, 33237)		

33270 *Code is out of numerical sequence. See 33244-33251*

33271 *Code is out of numerical sequence. See 33244-33251*

33272 *Code is out of numerical sequence. See 33244-33251*

33273 *Code is out of numerical sequence. See 33244-33251*

33274 Code is out of numerical sequence. See 33244-33251

33275 Code is out of numerical sequence. See 33244-33251

Arteries and Veins
Transcatheter Procedures
Other Procedures

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*

(For percutaneous retrieval of a vena cava filter, use 37193)

(For transcatheter removal of permanent leadless pacemaker, use ~~0388T~~33275)

Radiology
Diagnostic Radiology (Diagnostic Imaging)
Other Procedures

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76000 *Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time*

(Do not report 76000 in conjunction with 33274, 33275, 33957, 33958, 33959, 33962, 33963, 33964)

Ultrasonic Guidance Procedures

✚*76937* *Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)*

(Do not report 76937 in conjunction with 33274, 33275, 37191, 37192, 37193, 37760, 37761, 76942)

(If extremity venous non-invasive vascular diagnostic study is performed separate from venous access guidance, see 93970, 93971)

Medicine
Cardiovascular
Implantable, Insertable, and Wearable Cardiac Device Evaluations

Cardiac device evaluation …

A service center…

For monitoring by…

ECG rhythm derived…

Do not report…

The pacemaker and…

The following definitions…

Attended surveillance: *the…*

Device, leadless: a leadless cardiac pacemaker system includes a pulse generator with built-in battery and electrode for implantation into the cardiac chamber via a transcatheter approach.

Device, single lead: *a…*

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Device, dual lead: *a…*.

Device, multiple lead: *a…*

Electrocardiographic rhythm derived elements: *elements…*

Implantable cardiovascular physiologic monitor ~~(ICM)~~: *an…*

Implantable defibrillator: *two…*

Interrogation device evaluation: *an…*

The components that…

Pacemaker: Programmed parameters, with or without lead(s), battery, capture and sensing function and heart rhythm.

Implantable defibrillator: *programmed…*

Implantable cardiovascular physiologic monitor: *Programmed…*

~~Implantable loop recorder~~ Subcutaneous cardiac rhythm monitor: *Programmed…*

Interrogation device evaluation (remote): *a…*

The components that…

Pacemaker: Programmed parameters, with or without lead(s), battery, capture and sensing function, and heart rhythm.

Implantable defibrillator: *Programmed…*

Implantable cardiovascular physiologic monitor: *Programmed…*

~~Implantable loop recorder~~Subcutaneous cardiac rhythm monitor: *Programmed…*

Pacemaker: an implantable device that provides low energy localized stimulation to one or more chambers of the heart to initiate contraction in that chamber. Two general categories of pacemakers exist: 1) pacemakers with a subcutaneous generator plus transvenous/epicardial lead(s); and 2) leadless pacemakers. A leadless pacemaker does not require a subcutaneous pocket for the generator. It combines a miniaturized generator with an integrated electrode for implantation in a heart chamber via a transcatheter approach.

Peri-procedural device evaluation and programming: an evaluation of an implantable device system (either a pacemaker or implantable defibrillator) to adjust the device to settings appropriate for the patient prior to a surgery, procedure, or test. The device system data are interrogated to evaluate the lead(s) when present, sensor(s), and battery in addition to review of stored information, including patient and system measurements. The device system data are interrogated to evaluate the lead(s), sensor(s), and battery in addition to review of stored information,

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including patient and system measurements. The device is programmed to settings appropriate for the surgery, procedure, or test, as required. A second evaluation and programming are performed after the surgery, procedure, or test to provide settings appropriate to the post procedural situation, as required. If one performs both the pre- and post-evaluation and programming service, the appropriate code, either 93286 or 93287, would be reported two times. If one performs the pre-surgical service and a separate individual performs the postsurgical service, each reports either 93286 or 93287 only one time.

Physiologic cardiovascular data elements: *data…*

Programming device evaluation (in person): *a procedure performed for patients with a pacemaker, implantable defibrillator, or* ~~*implantable loop recorder*~~*subcutaneous cardiac rhythm monitor. All device functions, including the battery, programmable settings and lead(s), when present, are evaluated. To assess capture thresholds, iterative adjustments (eg, progressive changes in pacing output of a pacing lead) of the programmable parameters are conducted. The iterative adjustments provide information that permits the operator to assess and select the most appropriate final program parameters to provide for consistent delivery of the appropriate therapy and to verify the function of the device. The final program parameters may or may not change after evaluation.*

The programming device…

The components that…

Pacemaker: Programmed parameters, lead(s) when present, battery, capture and sensing function, and heart rhythm. Often, but not always, the sensor rate response, lower and upper heart rates, AV intervals, pacing voltage and pulse duration, sensing value, and diagnostics will be adjusted during a programming evaluation.

Implantable defibrillator: *Programmed…*

~~***Implantable loop recorder***~~***Subcutaneous cardiac rhythm monitor:*** *Programmed…*

Transtelephonic rhythm strip pacemaker evaluation: *service…*

~~***Implantable loop recorder (ILR)***~~***Subcutaneous cardiac rhythm monitor:****…*

▲93279	O3	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 or leadless pacemaker system in one cardiac chamber (Do not report 93279 in conjunction with 93286, 93288)	XXX	0.65 (No Change) (Affirm October 2016 RUC recommendation)

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93280		*dual lead pacemaker system* *(Do not report 93280 in conjunction with 93286, 93288)* *93281* *multiple lead pacemaker system* *(Do not report 93281 in conjunction with 93286, 93288)*		
▲93286	O4	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 or leadless pacemaker system (Report 93286 once before and once after surgery, procedure, or test, when device evaluation and programming is performed before and after surgery, procedure, or test) (Do not report 93286 in conjunction with 93279-93281, 93288, 0408T, 0409T, 0410T, 0411T, 0414T, 0415T)	XXX	0.30 (No Change) (Affirm October 2016 RUC recommendation)
▲93288	O5	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 or leadless pacemaker system (Do not report 93288 in conjunction with 93279-93281, 93286, 93294, 93296)	XXX	0.43 (No Change) (Affirm October 2016 RUC recommendation)
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* *(Do not report 93293 in conjunction with 93294)* *(For in person evaluation, see 93040, 93041, 93042)* *(Report 93293 only once per 90 days)*		

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▲93294	O6	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional (Do not report 93294 in conjunction with 93288, 93293) (Report 93294 only once per 90 days)	XXX	0.60 (No Change) (Affirm February 2017 RUC recommendation)
93295		*single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional* *(For remote monitoring of physiologic cardiovascular data elements derived from an ICD, use 93297)* *(Do not report 93295 in conjunction with 93289)* *(Report 93295 only once per 90 days)*		
▲93296	O7	single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results (Do not report 93296 in conjunction with 93288, 93289, 93299) (Report 93296 only once per 90 days)	XXX	0.00 (PE Only) (Affirm February 2017 RUC recommendation)
Cardiac Catheterization **Injection Procedures**				
✚*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)*		
✚*93566*		*for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)* *(Use 93566 in conjunction with 93451, 93453, 93456, 93457, 93460, 93461, 93530-93533)* (Do not report 93566 in conjunction with ~~0387T~~ 33274 for right ventriculography performed during leadless pacemaker insertion)		

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Category III **~~Pacemaker-Leadless and Pocketless System~~** ~~A leadless cardiac pacemaker system is a pulse generator with built-in battery and electrode for implantation in a cardiac chamber via a transfemoral catheter approach. For these services, see 0387T, 0388T, 0389T, 0390T, 0391T. Codes 0387T, 0388T include fluoroscopy (76000),right ventriculography (93566), and femoral venography (75820) intrinsic to procedure, when performed.~~				
~~**D**0387T~~	-	~~Transcatheter insertion or replacement of permanent leadless pacemaker, ventricular~~ ~~(For insertion, repositioning, or replacement of pacemaker systems with lead[s], use the appropriate epicardial [33202, 33203] or transvenous codes [33206-33222, 33224, 33225, 33226])~~ ~~(Do not report 0387T in conjunction with 0388T, 0389T, 0390T, 0391T)~~ ~~(Do not report 0387T in conjunction with 93566 for right ventriculography performed during leadless pacemaker insertion)~~	XXX	N/A
~~**D**0388T~~	-	~~Transcatheter removal of permanent leadless pacemaker, ventricular~~ ~~(For removal of pacemaker systems with lead[s], see the appropriate transvenous [33227, 33228, 33229, 33233, 33234, 33235] or thoracotomy codes [33236, 33237, 33238])~~ ~~(Do not report 0388T in conjunction with 0387T)~~ (0387T, 0388T have been deleted. To report, see 33274, 33275)	XXX	N/A

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D~~0389T~~	-	~~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, leadless pacemaker system~~ ~~(Do not report 0389T in conjunction with 0387T, 0390T, 0391T)~~ ~~(For programming device evaluations of pacemaker systems with lead[s], see 93279, 93280, 93281)~~	XXX	N/A
D~~0390T~~	-	~~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, leadless pacemaker system~~ ~~(Do not report 0390T in conjunction with 0387T, 0389T, 0391T)~~ ~~(For peri-procedural device evaluation of systems with lead[s], see 93286, 93287)~~	XXX	N/A
D~~0391T~~	-	~~Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, leadless pacemaker system~~ ~~(Do not report 0391T in conjunction with 0387T, 0389T, 0390T)~~ ~~(For interrogation device evaluation of systems with lead[s], see 93288, 93289)~~ (0389T, 0390T, 0391T have been deleted. To report, see 33274, 33275, 93279, 93286, 93288, 93294, 93296)	XXX	N/A

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33274 Tracking Number O1 Original Specialty Recommended RVU: **9.23**
Presented Recommended RVU: **8.77**
Global Period: 090 Current Work RVU: **n/a** RUC Recommended RVU: **8.77**

CPT Descriptor: Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old male presents with persistent dizziness and shortness of breath. on work-up, the patient is diagnosed with bradycardia-tachycardia syndrome and a leadless pacemaker is recommended.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 94% , In the ASC 0%, In the office 6%

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 86% , Overnight stay-more than 24 hours 8%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 39%

Description of Pre-Service Work: History and physical examination and review of non-invasive testing, including standard pre-operative blood work, chest radiograph, echocardiogram, and electrocardiogram. The procedure along with potential risks, benefits and alternatives are discussed with the patient and/or the patient's parents. Signed informed consent is obtained. The femoral region is prepared and local anesthesia is administered.

Description of Intra-Service Work: In the electrophysiology lab, depending on the leadless pacemaker system, surface ECG electrodes may be placed on the patient's chest and connected to the pacemaker programmer. After obtaining access via puncture of the femoral vein using ultrasound guidance, femoral venography may be performed to identify the anatomy. A guidewire is advanced via the femoral vein into the heart. After sequential dilation and upsizing the femoral sheath, including a small incision if needed, the leadless pacemaker introducer is inserted into the femoral vein and the guidewire is removed. Under fluoroscopic guidance, the leadless pacemaker delivery catheter is then inserted into the femoral vein through the introducer. Using steering and deflection, the delivery catheter is advanced through the inferior vena cava to the right atrium and through the tricuspid valve into the right ventricle. Ventriculography may be performed to identify the anatomy. The leadless pacemaker is then fixed to the endocardium, for example by rotating a screw-in helix or retracting an outer sheath to deploy tines. After fixation, the pacemaker is undocked from the delivery system but still connected via tethers. A programming head is placed over the pacemaker, allowing communication with an external programmer. Pacing capture threshold, sensing amplitude, and impedance are measured without applying force on the device. When values are interpreted as inappropriate, the pacemaker can be re-engaged and repositioned within the right ventricle under fluoroscopic guidance. Fixation of the pacemaker to the endocardium is confirmed by performing a gentle "tug test" via the delivery system under fluoroscopic visualization. As needed, the pacemaker can be re-engaged and repositioned within the right ventricle under fluoroscopic guidance. Once appropriate parameters and adequate fixation are confirmed, the tether is cut and the pacemaker is released from the delivery catheter. The tether, delivery catheter and sheath are removed, and the access site is closed with a non-absorbable single figure-of-eight stitch around the vein that is placed prior to sheath pull.

Description of Post-Service Work: The femoral access site is assessed and adequate hemostasis is confirmed. The figure of 8 compression suture is removed. The results of the device interrogation are discussed with the patient and explained in

detail. Timing of the next device interrogation is arranged and a follow-up appointment is made. A final report is prepared, reviewed, signed and entered in the patient's medical record.

The patient is seen during the global period in the office to determine symptomatic status, evaluate the access site, and obtain electrocardiography. Medical therapy is adjusted if needed. Patients are educated on device follow-up procedures, restrictions and limitations in the post-operative period, the importance of compliance with communication with the office and remote monitoring, as well as long term potential sources of electromechanical interference. Coordination is made with referring cardiologist and physicians for proper follow-up of the patient’s medical cardiovascular and arrhythmia management. Patients are setup for remote monitoring.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Mark Schoenfeld, MD; Richard Wright, MD; David Slotwiner, MD; Thad Waites, MD		
Specialty(s):	HRS, ACC		
CPT Code:	33274		
Sample Size:	925	**Resp N:** 90	**Response:** 9.7 %
Description of Sample:	525 targeted from manufacturer implanter list; 400 random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**5.00**	10.00	150.00
Survey RVW:	1.00	8.77	**9.50**	12.00	25.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	16.00	45.00	**60.00**	69.00	150.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**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):	**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)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	33274	**Recommended Physician Work RVU: 8.77**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**28.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 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? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33207	090	7.80	**RUC Time**

CPT Descriptor Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33208	090	8.52	**RUC Time**

CPT Descriptor Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular

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
14060	090	9.23	**RUC Time**	93,291

CPT Descriptor 1 Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	**RUC Time**	59,042

CPT Descriptor 2 Lithotripsy, extracorporeal shock wave

Other Reference CPT Code	Global	Work RVU	Time Source
29824	090	8.98	**RUC Time**

CPT Descriptor Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 43 **% of respondents:** 47.7 **%**

Number of respondents who choose 2nd Key Reference Code: 30 **% of respondents:** 33.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 33274	Top Key Reference CPT Code: 33207	2nd Key Reference CPT Code: **33208**
Median Pre-Service Time	51.00	42.50	40.00
Median Intra-Service Time	60.00	60.00	60.00
Median Immediate Post-service Time	20.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	40.00	40.00
Median Discharge Day Management Time	19.0	38.00	38.00
Median Office Visit Time	23.0	23.00	23.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**173.00**	**233.50**	**231.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	19%	58%	23%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	37%	61%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	5%	19%	76%
Physical effort required	16%	3%	54%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	30%	70%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	7%	63%	30%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	23%	74%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	10%	9%
Physical effort required	0%	37%	63%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	10%	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.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

33274 is a new code to describe the work of transcatheter insertion or replacement of a leadless pacemaker inside the right ventricle. A Category III code was previously created in 2014 to describe this work. One manufacturer obtained FDA approval of this technology in 2016. Another is completing clinical trials. The one-inch-long, self-contained device does not have transvenous leads that run through the heart and connect to a pulse generator.

After consideration consultation with the Research Subcommittee, parallel surveys of a targeted pool of operators supplied by the FDA-approved manufacturer and a random pool of members were executed. The results of those surveys are presented separately and combined. A joint RVS panel of HRS and ACC members reviewed the survey data to develop these recommendations.

The panel reviewed the preservice time and selected package 3, a straightforward patient and a difficult procedure in a facility. The service is typically performed under moderate sedation. The panel selected postservice package 8B for IV sedation of a complex procedure and removed 8 minutes to align with the survey. The service is typically performed in a hospital and the patient is sent home the next day. Based on the survey results and consistent with other EP device implant services, we recommend one 99232 for subsequent hospital care for the physician seeing the patient later that day to ensure vital signs are adequate, checking groin site, ensuring electrocardiographic indications are good, ensuring optimal positioning by radiograph, and assessing thresholds. The patient is discharged from the hospital the following day, a 99238.

Survey respondents identified a median of one 99213 follow-up visit during the global period. The panel agreed this made sense for these patients. We recommend one 99213 in the global period. At this visit the patient is interviewed regarding symptomatic status, the access site is evaluated, electrocardiography is obtained. Medical therapy is adjusted if needed. Patients are educated on device follow-up procedures, restrictions and limitations in the post-operative period, the importance of compliance with communication with the office and remote monitoring, as well as long term potential sources of electromechanical interference. Coordination is made with referring cardiologist and physicians for proper follow-up of the patient's medical cardiovascular and arrhythmia management. Patients are setup for remote monitoring.

The key reference service (KRS) is 33207, insertion or replacement of a ventricular pacemaker with transvenous electrode(s). The KRS is an MPC code and was selected by 43 respondents. 81% of respondents who selected the KRS found 33274 to be more intense/complex than 33207. The second KRS is 33208, insertion of an atrial and ventricular pacemaker with transvenous electrode(s). This code was selected by 30 respondents. 93% of respondents who selected 33208 found 33274 to be more intense/complex.

We recommend the survey median work RVU of 9.50 with 51 minutes of preservice time from package 3, 60 minutes intraservice time, 20 minutes postservice time from package 8B with 8 minutes removed to align with the survey, one level 2 hospital visit (99232), one hospital discharge (99238), and one level-3 office visit (99213). Respondents indicated by magnitude estimation that this service is more intense/complex than the KRS and second KRS and this value captures that difference. We considered the 25th-percentile value of 8.77, but that is identical to the second KRS value and respondents almost universally felt 33274 to be more intense/complex.

Finally, from a relativity standpoint, this code fits well between MPC codes 14060 for tissue transfer, 50590 for lithotripsy, and additional comparator 29824 for shoulder arthroscopy—each has 60 minutes intraservice time, somewhat lower total times, and bracketing work RVU values. These codes are included in the summary spreadsheet.

UPDATE FOR HANDOUTS

Reviewers noted that only 39% of respondents indicated that a patient that stays overnight in the hospital is seen the same day. However, elsewhere respondents indicated that a 99232 hospital visit is typical when they completed the number and level of post-op visits section. After discussion, the expert panel believes that the visit occurs and recommends it be included as part of the valuation. These patients are sicker than transvenous patients for whom a hospital visit is also included. They are selected for a leadless pacemaker because of comorbid conditions like AF or contraindications to other procedures like poor venous access. The thresholds for the leadless devices also change more commonly than with a transvenous device, requiring attention. None of that complexity is described in the streamlined typical patient vignettes.

Reviewers noticed that some of the codes in our RSL—including codes selected as the first and second key reference services—had incorrect values. Through an error, some codes on the RSL were incorrectly 0.25 work RVUs higher from the time before moderate sedation values work was unbundled. That error was repeated throughout our submission package. We have updated SORs and the summary spreadsheet to reflect the correct values for the key reference services. Additionally, while we cannot know for certain, it is plausible to believe that survey respondents indicated work RVUs commensurately higher due to this error. As such, we considered reducing our work RVU recommendation by 0.25 to 9.25 work RVUs. This represents about a 3% change from our original recommendation. Such a change assumes that respondents are assessing the work RVUs of this procedure only in comparison to the reference service list and not respondents knowledge of other procedure RVUs. A direct crosswalk RVU comparable to a 0.25 reduction may be the best

way to address the error. **As such, we recommend a direct crosswalk to the work RVU of 9.23 from MPC code 14060 for tissue transfer.** It has an identical 60 minutes of intraservice time. In every other way, we believe this survey to correctly capture the work and time to perform this service, and do not believe anything would be gained by resurveying.

As an additional check, we went back through survey response data and identified 16 responses that selected a reference code with a correct work RVU. Each of the 16 selected 33270 for SICD implantation. That group indicated a median intraservice time of 60 minutes, a median work RVU of 10.50, and a 25th-percentile work RVU of 10.00.

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) 0387T, Transcatheter insertion or replacement of permanent leadless pacemaker, ventricular

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 cardiac electrophysiology How often? Rarely

Specialty cardiology How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 12000
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. At this time, due to its unique nature, the device is intended for patients who primarily are Medicare-age. A limited number of physicians currently are trained to provide the service. We anticipate that number to increase.

Specialty Cardiac Electrophysiology Frequency 6000 Percentage 50.00 %

Specialty Cardiology Frequency 6000 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 12,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Leadless pacemakers are expected to be utilized for as much as 10% of current transcatheter pacemaker implants. However, at this time a limited number of physicians currently are trained to provide the service and initial utilization will likely be lower. We anticipate that number to increase to the 10% threshold of around 12,000.

Specialty Cardiology Frequency 6000 Percentage 50.00 %

Specialty Cardiac Electrophysiology Frequency 6000 Percentage 50.00 %

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:
Cardiovascular-Pacemaker insertion

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. 33208

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33275 Tracking Number O2 Original Specialty Recommended RVU: **10.15**
Presented Recommended RVU: **9.56**
Global Period: 090 Current Work RVU: **n/a** RUC Recommended RVU: **9.56**

CPT Descriptor: Transcatheter removal of permanent leadless pacemaker, right ventricular

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old male had a leadless pacemaker system placed two years ago. He has developed significantly worsening congestive heart failure. The decision is made to remove the leadless pacemaker in favor of placing a cardiac resynchronization therapy device to simultaneously treat both the arrhythmia and the heart failure.

Percentage of Survey Respondents who found Vignette to be Typical: 77%

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 0%, In the office 7%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 3% , Overnight stay-less than 24 hours 71% , Overnight stay-more than 24 hours 26%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 43%

Description of Pre-Service Work: History and physical examination of the patient and review of non-invasive testing, including chest radiograph, echocardiogram when appropriate and electrocardiogram. Laboratory tests are also reviewed (blood work). If possible, fluoroscopic images from the initial implant procedure are reviewed. The procedure along with potential risks, benefits and alternatives are discussed with the patient and/or the patient's guardian. Signed informed consent is obtained. The femoral region is prepared and local anesthesia is administered.

Description of Intra-Service Work: In the electrophysiology lab, after obtaining access via puncture of the femoral vein, femoral venography may be performed to identify the anatomy. A guidewire is advanced via the femoral vein into the heart. After sequential dilation and upsizing the femoral sheath, including a small incision if needed, the leadless pacemaker retrieval introducer is inserted into the femoral vein and the guidewire is removed. The leadless pacemaker retrieval catheter is then inserted into the femoral vein through the introducer. Using steering and deflection, the retrieval catheter is advanced under fluoroscopic guidance through the inferior vena cava to the right atrium and through the tricuspid valve into the right ventricle. The leadless pacemaker is then engaged by the retrieval catheter, for example by snare. After confirming under fluoroscopy that the retrieval mechanism is engaged and secure, the coupled retrieval catheter and leadless pacemaker are removed and the access site is closed with a non-absorbable single figure-of-eight stitch around the vein.

Description of Post-Service Work: The femoral access site is assessed and adequate hemostasis is confirmed. The figure of 8 compression suture at the femoral site is removed. A final report is prepared, reviewed, signed and distributed to the patient's record, the referring and primary physicians and the attending physician.

The patient is seen during the global period in the office to evaluate the access site(s). Medical therapy is adjusted if needed. Patients are educated on device follow-up procedures, restrictions and limitations in the post-operative period, the importance of compliance with communication with the office and remote monitoring, as well as long term potential sources of electromechanical interference. Coordination is made with referring cardiologist and physicians for proper follow-up of the patient's medical cardiovascular and arrhythmia management.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018				
Presenter(s):	Mark Schoenfeld, MD; Richard Wright, MD; David Slotwiner, MD; Thad Waites, MD				
Specialty(s):	HRS, ACC				
CPT Code:	33275				
Sample Size:	925	**Resp N:**	74	**Response:** 8.0 %	
Description of Sample:	525 targeted from manufacturer implanter list; 400 random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**1.00**	1.00	50.00
Survey RVW:	1.00	9.56	**10.50**	15.00	40.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	0.00	56.00	**75.00**	120.00	190.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**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):	**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)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	33275	**Recommended Physician Work RVU: 9.56**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**75.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**28.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 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? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33270	090	9.10	**RUC Time**

CPT Descriptor Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33207	090	7.80	**RUC Time**

CPT Descriptor Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular

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
60220	090	11.19	**RUC Time**	8,048

CPT Descriptor 1 Total thyroid lobectomy, unilateral; with or without isthmusectomy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
53850	090	10.08	**RUC Time**	5,753

CPT Descriptor 2 Transurethral destruction of prostate tissue; by microwave thermotherapy

Other Reference CPT Code	Global	Work RVU	Time Source
15120	090	10.15	**Other**

CPT Descriptor 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)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 33 **% of respondents:** 44.5 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 14.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 33275	Top Key Reference CPT Code: 33270	2nd Key Reference CPT Code: **33207**
Median Pre-Service Time	51.00	42.50	40.00
Median Intra-Service Time	75.00	60.00	60.00
Median Immediate Post-service Time	20.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	40.00	40.00
Median Discharge Day Management Time	19.0	38.00	38.00
Median Office Visit Time	23.0	23.00	23.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**188.00**	**233.50**	**231.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	3%	30%	67%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	12%	88%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	6%	94%
Physical effort required	0%	27%	73%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	6%	94%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	27%	73%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	9%	82%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	18%	82%
Physical effort required	0%	18%	82%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	0%	100%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

33275 is the inverse of the first code in this family pair, a new code to describe the work of transcatheter removal of a leadless pacemaker from inside the left ventricle. A Category III code was previously created in 2014 to describe this work.

As with the prior code, parallel surveys of a targeted pool of operators supplied by the FDA-approved manufacturer and a random pool of members were executed. The results of those surveys are presented separately and combined. A joint RVS panel of HRS and ACC members reviewed the survey data to develop these recommendations.

The panel reviewed the preservice time and selected package 3, a straightforward patient and a difficult procedure in a facility. The service is generally performed under conscious sedation. The panel selected postservice package 8B for IV sedation of a complex procedure and removed 8 minutes to align with the survey. The service is typically performed in a hospital and the patient is sent home the next day. Based on the survey results and consistent with other EP device implant services, we recommend one 99232 for subsequent hospital care and a hospital discharge.

Survey respondents identified a median of one 99214 follow-up visit during the global period. The panel agreed this made sense for these patients who are more complex than patients receiving a leadless pacemaker. We recommend one 99214 in the global period. At this visit the access sites are evaluated. Medical therapy is adjusted if needed. Patients are educated on device follow-up procedures, restrictions and limitations in the post-operative period, the importance of compliance with communication with the office and remote monitoring, as well as long term potential sources of electromechanical interference. Coordination is made with referring cardiologist and physicians for proper follow-up of the patient's medical cardiovascular and arrhythmia management. Patients are setup for remote monitoring.

The key reference service (KRS) is 33270, insertion or replacement of a subcutaneous implantable defibrillator system. The KRS was selected by 33 respondents. 97% of respondents who selected the KRS found 33275 to be more intense/complex that 33270. The second KRS is MPC code 33207, insertion or replacement of a ventricular pacemaker with transvenous electrode(s). This code was selected by 11 respondents. 100% of respondents who selected 33207 found 33275 to be more intense/complex.

We recommend the survey median work RVU of 10.50 with 51 minutes of preservice time from package 3, 75 minutes intraservice time, 20 minutes postservice time from package 8B with 8 minutes removed to align with the survey, one level 2 hospital visit (99232), one hospital discharge (99238), and one level-4 office visit (99214). Respondents indicated by magnitude estimation that this service is more intense/complex than the KRS and second KRS and this value captures that difference. We also want to note that this procedure is not common. Only 2 removals were reported using Category III code 0388T in 2016. Conventional thinking is that additional devices may be placed at the end of device life, and that removal would only occur when transitioning to a different therapeutic modality. The rationale for removing a device could evolve in the future.

Finally, from a relativity standpoint, this code fits well between MPC codes 60220 for thyroid lobectomy, 53850 for destruction of prostate tissue, and additional comparator 15120 for autograft. These services have intraservice times of 90, 60, and 75, respectively, and values that bracket our recommendation. These codes are included in the summary spreadsheet.

UPDATE FOR HANDOUTS

This code was surveyed using the same RSL as the prior code. In this instance, key reference code listed a correct work RVU, so it is possible the impact of the RSL error is less for this service. Regardless, we have again identified a work RVU crosswalk close to the value we would get if we simply removed 0.25 from our original recommendation. **We recommend a direct crosswalk to the work RVU of 10.15 from code 15120 for autograft.** It has an identical 75 minutes of intraservice time and 6 fewer minutes of total time.

As with the prior code, as a double-check we went back through survey response data and identified 37 responses that selected a reference code with a correct work RVU. Most of those were the 33 who selected KRS 33270 for SICD implantation. That group indicated a median intraservice time of 90 minutes, a median work RVU of 10.55, and a 25th-percentile work RVU of 10.00.

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) 0388T, Transcatherter removal of permanent leadless pacemaker, ventricular

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 cardiac electrophysiology How often? Rarely

Specialty cardiology How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 150
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. At this time, due to its unique nature, the device is intended for patients who primarily are Medicare-age. A limited number of physicians currently are trained to provide the service. We anticipate that number to increase. The likelihood of removing the device at this time remains rare. Current literature indicates that removals occur approximately 1.4% of the time complared to implants. This number will increase in frequency as the implanted devices are in use longer and arrive at their end of battery life.

Specialty Cardiac Electrophysiology Frequency 75 Percentage 50.00 %

Specialty Cardiology Frequency 75 Percentage 50.00 %

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? 150 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Removal at this time is rarely performed and we predict a small number in the first year of use.

Specialty Cardiology Frequency 75 Percentage 50.00 %

Specialty Cardiac Electrophysiology Frequency 75 Percentage 50.00 %

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:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33234

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.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will 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: Leadless Pacemaker Procedures

TAB: 7

						RVW						PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Total Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
T 1st REF	33207	Insertion of new or replacement	35	0.047			7.80			234	10	12.5	20			60			30				1		1.0				1							
T 2nd REF	33208	Insertion of new or replacement	25	0.059			8.52			231	10	15	15			60			30				1		1.0				1							
R 1st REF	33207	Insertion of new or replacement	8	#VALUE!			7.80			####	ck	12.5	20			60			30				1		1.0				1							
R 2nd REF	33208	Insertion of new or replacement	5	0.059			8.52			231	10	15	15			60			30				1		1.0				1							
CURRENT	0387T	Transcatheter insertion or repla		#VALUE!			NA			0																									
Targeted	33274	Transcatheter insertion or repla	74	0.066	1.00	8.83	9.50	12.00	25.00	256	45	15	15	16	45	60	75	150	20				1		1.0				1			1	4	7	10	150
Random	33274	Transcatheter insertion or repla	16	0.073	7.80	8.44	10.00	10.14	16.00	274	50	16	20	20	39	52	60	90	18				1		1.0			1					0	1	2	5	14
Combined	33274	Transcatheter insertion or repla	90	0.066	1.00	8.77	9.50	12.00	25.00	256	45	15	15	16	45	60	69	150	20				1		1.0				1				0	3	5	10	150
REC	33274	Transcatheter insertion or repla		0.096			8.77			173	33	3	15			60			20						0.5				1							
MPC/CXWK	14060	Adjacent tissue transfer or rearr		0.090			9.23			183	15	10	5			60			15										2	2						
MPC	50590	Lithotripsy, extracorporeal shoc		0.091			9.77			207	33	3	15			60			15						0.5				2	1						
COMP	29824	Arthroscopy, shoulder, surgical:		0.065			8.98			225	48					60			20						0.5				2	2						

						RVW						PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Total Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
T 1st REF	33270	Insertion or replacement of pern	30	0.055			9.10			232	33	1	5			90			25						1.0			1								
T 2nd REF	33207	Insertion of new or replacement	8	0.047			7.80			234	10	12.5	20			60			30				1		1.0				1							
R 1st REF	33270	Insertion or replacement of pern	3	0.055			9.10			232	33	1	5			90			25						1.0			1								
R 2nd REF	33207	Insertion of new or replacement	3	0.047			7.80			234	10	12.5	20			60			30				1		1.0				1							
CURRENT	0388T	Transcatheter removal of perma		#VALUE!			NA			0																									
Targeted	33275	Transcatheter removal of perma	61	0.062	1.00	9.99	10.50	15.00	14.00	280	45	15	15	0	55	75	120	190	20				1		1.0			0.5	0.5				0	0	1	1	50
Random	33275	Transcatheter removal of perma	13	0.088	8.00	9.10	12.00	15.00	18.00	304	61	25	20	30	58	60	90	120	20				1		1.0			1					0	0	0	1	2
Combined	33275	Transcatheter removal of perma	74	0.057	1.00	9.56	10.50	15.00	40.00	293	45	20	15	0	56	75	120	190	20				1		1.0			1					0	0	1	1	50
REC	33275	Transcatheter removal of perma		0.088			9.56			188	33	3	15			75			20						0.5				1							

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AF	AG	AH	AI	AJ	AO	AP	AQ	AR	AS
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
41	MPC	60220	Total thyroid lobectomy, unilate		0.071			11.19			267	40	12	20			90			40						0.5				2							
42	MPC	53850	Transurethral destruction of pro		0.091			10.08			204	7	5	15			60			15									1	2	1					
43	CXWK	15120	Split-thickness autograft, face, s		0.068			10.15			258	40	12	20			75			30						0.5				2	1					
44																																					
45						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
46	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	15	14	13	12	11	MIN	25th	MED	75th	MAX
47	1st REF				#DIV/0!						0																									
48	2nd REF				#DIV/0!						0																									
49	CURRENT	93279	Programming device evaluation		0.043			0.65			20	5					10			5																
50	Survey				#DIV/0!						0																									
51	REC				#DIV/0!						0																									
52																																					
53																																					
54						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
55	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	15	14	13	12	11	MIN	25th	MED	75th	MAX
56	1st REF				#DIV/0!						0																									
57	2nd REF				#DIV/0!						0																									
58	CURRENT	93286	Peri-procedural device evaluatio		0.006			0.30			22	5					12			5																
59	Survey				#DIV/0!						0																									
60	REC				#DIV/0!						0																									
61																																					
62						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
63	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	15	14	13	12	11	MIN	25th	MED	75th	MAX
64	1st REF				#DIV/0!						0																									
65	2nd REF				#DIV/0!						0																									
66	CURRENT	93288	Interrogation device evaluation (		0.021			0.43			20	5					10			5																
67	Survey				#DIV/0!						0																									
68	REC				#DIV/0!						0																									
69																																					
70						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
71	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	15	14	13	12	11	MIN	25th	MED	75th	MAX
72	1st REF				#DIV/0!						0																									
73	2nd REF				#DIV/0!						0																									
74	CURRENT	93294	Interrogation device evaluation(s		0.021			0.65			30	7.5					15			7.5																
75	Survey				#DIV/0!						0																									

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AF	AG	AH	AI	AJ	AO	AP	AQ	AR	AS
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
76	REC				#DIV/0!						0																										
77																																					
78																																					
79						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
80	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	15	14	13	12	11	MIN	25th	MED	75th	MAX
81	1st REF				#DIV/0!						0																										
82	2nd REF				#DIV/0!						0																										
83	CURRENT	93296	Interrogation device evaluation(s		#DIV/0!			0.00			0	0					0			0																
84	Survey				#DIV/0!						0																										
85	REC				#DIV/0!						0																										

CPT Code: 33274-33275
Specialty Society HRS, ACC

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: 33274 Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed

33275 Transcatheter removal of permanent leadless pacemaker, right ventricular

Global Period: 090 Meeting Date: January 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: *A joint RVS Committee representing ACC and HRS utilized a consensus panel to develop recommended inputs.*

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: *33207 and 33234 are the transvenous equivalents of the two new codes. All are 90-day services that include standard 90-day inputs for preservice time, appropriate discharge day management, and post-service time that aligns with follow-up visits. Similarly, we recommend post-procedure office visits consistent with the survey and parallel to the reference codes. Should the RUC alter those office visits, those changes would transfer to the clinical staff PE minutes.*

3. Is this code(s) typically billed with an E/M service? *No*

4. What specialty is the dominant provider in the nonfacility? *N/A, the service is only performed in the facility setting.* What percent of the time does the dominant provider provide the service(s) in the nonfacility? *None.* Is the dominant provider in the nonfacility different then for the global? *N/A* (please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: *N/A*

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *The same 090 clinical staff standard inputs used for transvenous pacemaker implant and transvenous electrode removal are necessary for leadless pacemaker implant and leadless pacemaker extraction.*

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, Assist physician or other qualified healthcare professional---directly related to physician work time or Perform procedure/service---NOT directly related to physician work time*: N/A*

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*
13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: *The exam table is used for the post-op visit exam for minutes consistent with the level of office visit and the office visit formula.*

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

16. If there is any other item on your spreadsheet that needs further explanation please include here:

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**					**EFERENCE COI**		**CURRENT**		**RECOMMENDED**		**EFERENCE COD**		**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**33207**		**0387T**		**33274**		**33234**		**0388T**		**33275**	
3		***RUC Collaboration Website***				Insertion of new or replacement of permanent pacemaker		Transcatheter insertion or replacement of permanent leadless		Transcatheter insertion or replacement of permanent leadless		Removal of transvenous pacemaker electrode(s); single lead		Transcatheter removal of permanent leadless pacemaker,		Transcatheter removal of permanent leadless pacemaker, right ventricular	
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 7 Specialty: ACC, HRS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**												
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**090**				**090**		**090**				**090**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**108.0**	**0.0**	**0.0**	**0.0**	**102.0**	**0.0**	**126.0**	**0.0**	**0.0**	**0.0**	**102.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**60.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**12.0**	**0.0**	**0.0**	**0.0**	**6.0**	**0.0**	**12.0**	**0.0**	**0.0**	**0.0**	**6.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**36.0**	**0.0**	**0.0**	**0.0**	**36.0**	**0.0**	**54.0**	**0.0**	**0.0**	**0.0**	**36.0**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$39.96**	**$ -**	**$ -**	**$ -**	**$37.74**	**$ -**	**$ 46.62**	**$ -**	**$ -**	**$ -**	**$ 37.74**
12		**PRE-SERVICE PERIOD**															
13		**Start: Following visit when decision for surgery or procedure made**															
14	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37		5				5		5				5
15	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37		20				20		20				20
16	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		8				8		8				8
17	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37		20				20		20				20
18	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37		7				7		7				7
19	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37												
20	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37												
21	CA008	Perform regulatory mandated quality assurance activity (pre-	L037D	RN/LPN/MTA	0.37												
28		**End: When patient enters office/facility for surgery/procedure**															
29		**SERVICE PERIOD**															
30		**Start: When patient enters office/facility for surgery/procedure:**															
31		**Pre-Service (of service period)**															
58		**Post-Service (of service period)**															
73	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**	**12**	**n/a**		**n/a**	**6**	**n/a**	**12**	**n/a**		**n/a**	**6**
80		**End: Patient leaves office**															
81		**POST-SERVICE PERIOD**															
82		**Start: Patient leaves office/facility**															
83	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37												
84	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37												
85		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
86		99211 16 minutes	16														
87		99212 27 minutes	27										2				
88		99213 36 minutes	36				1				1						1
89		99214 53 minutes	53														0
90		99215 63 minutes	63														
91	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**36.0**	**0.0**	**0.0**	**0.0**	**36.0**	**0.0**	**54.0**	**0.0**	**0.0**	**0.0**	**36.0**
98		**End: with last office visit before end of global period**															

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**					**EFERENCE COI**		**CURRENT**		**RECOMMENDED**		**EFERENCE COD**		**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**33207**		**0387T**		**33274**		**33234**		**0388T**		**33275**	
3		***RUC Collaboration Website***				Insertion of new or replacement of permanent pacemaker		Transcatheter insertion or replacement of permanent leadless		Transcatheter insertion or replacement of permanent leadless		Removal of transvenous pacemaker electrode(s); single lead		Transcatheter removal of permanent leadless pacemaker,		Transcatheter removal of permanent leadless pacemaker, right ventricular	
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 7 Specialty: ACC, HRS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**												
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**090**				**090**		**090**				**090**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**108.0**	**0.0**	**0.0**	**0.0**	**102.0**	**0.0**	**126.0**	**0.0**	**0.0**	**0.0**	**102.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**60.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**12.0**	**0.0**	**0.0**	**0.0**	**6.0**	**0.0**	**12.0**	**0.0**	**0.0**	**0.0**	**6.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**36.0**	**0.0**	**0.0**	**0.0**	**36.0**	**0.0**	**54.0**	**0.0**	**0.0**	**0.0**	**36.0**
99	**Medical**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**													
100		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 6.20**	**$ -**	**$ -**	**$ -**	**$ 6.05**	**$ -**	**$ 7.34**	**$ -**	**$ -**	**$ -**	**$ 6.05**
101	SA048	pack, minimum multi-specialty visit	1.143	pack			1				1		2				1
102	SA052	pack, post-op incision care (staple)	5.056	pack			1						1				
103	SA054	pack, post-op incision care (suture)	4.907	pack							1						1
107		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*															
109	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**												
110		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**##**	**$ 0.11**	**##**	**$ -**	**$ -**	**$ 0.11**	**$ -**	**$ 0.16**	**##**	**$ -**	**$ -**	**$ 0.11**
111	EF023	table, exam	1338.17	Office Visits	0.002976617		36.0				36.0		54.0				36.0
117		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*															

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2017

Cardiac Electrophysiology Device Monitoring Services

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. The specialty societies surveyed 93278-93292 at the October 2016 meeting. The specialty societies indicated that the survey respondents may have been unclear and responded per transmission instead of per 30-90 days for all transmissions. The RUC requested that the remote cardiac device monitoring codes 93293-93298 be resurveyed for January 2017 with specific direction that the service includes all transmissions for 30 or 90 days.

The specialty societies surveyed these remote cardiac monitoring services twice and the intra-service times were similar with each survey. The specialties noted and the RUC confirmed that the current intra-service times for these services were not survey times but were extrapolated from other codes in the family and should not be used to compare the time required to perform these services. Comparing the incorrect existing times demonstrate an artificial decrease in time.

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***
The RUC reviewed the survey responses from 55 cardiologists and determined that the survey 25th percentile work RVU of 0.31 appropriately accounts for the work required to perform this service. The RUC recommends 3 minutes pre-service, 5 minutes intra-service and 5 minutes immediate post-service time. The RUC had previously derived at an appropriate work RVU and time by taking the frequency of reporting this service multiplied by the work RVU for 93010, therefore the previous work and time should not be used as a comparison.

The RUC compared the surveyed code to the top key reference code 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* (work RVU = 0.52 and 15 minutes intra-service time) and agreed with the survey respondents that the surveyed code is slightly more intense and complex to perform, however code 93224 requires 10 more minutes intra-service time and thus is appropriately valued higher. The RUC also compared the surveyed code to the second top key reference service 93018 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only* (work RVU = 0.30 and 5 minutes intra-service time) and noted that these services require similar intensity and complexity, physician time

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and work to perform and are valued similarly. For additional support the RUC referenced MPC codes 72114 *Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views* (work RVU = 0.32 and 5 minutes intra-service time) and 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)* (work RVU = 0.30 and 7 minutes intra-service time), which provide a good comparison relative to services in the Medicare physician payment schedule. **The RUC recommends a work RVU of 0.31 for CPT code 93293.**

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***
The RUC reviewed the survey responses from 64 cardiologists and determined that the survey 25th percentile work RVU of 0.60, below the current value, appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes pre-service, 10 minutes intra-service and 5 minutes immediate post-service time. The RUC had previously derived at an appropriate work RVU and time by taking the frequency of reporting this service multiplied by the work RVU for 93288, therefore the previous work and time should not be used as a comparison.

The RUC compared the surveyed code to the top key reference code 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* (work RVU = 0.52 and 15 minutes intra-service time) and agreed with the survey respondents that the surveyed code is slightly more intense and complex to perform, thus is appropriately valued higher. For additional support the RUC referenced similar MPC codes 76815 *Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses* (work RVU = 0.65 and 5.5 minutes intra-service time) and 69210 *Removal impacted cerumen requiring instrumentation, unilateral* (work RVU = 0.61 and10 minutes intra-service time), which provide a good comparison relative to services in the Medicare physician payment schedule. **The RUC recommends a work RVU of 0.60 for CPT code 93294.**

93295 ***Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional***
The RUC reviewed the survey responses from 64 cardiologists and determined that the survey 25th percentile work RVU of 0.69 and median work RVU of 0.95 did not appropriately account for the work required to perform this service. Based on the RUC pre-facilitation comments, the specialty society and the RUC recommends a direct crosswalk to CPT code 76770 *Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete* (work RVU = 0.74 and 10 minutes intra-service time). The RUC recommends 5 minutes pre-service, 10 minutes intra-service and 5 minutes immediate post-service time. The RUC noted that although 93294 and 93295 require the same physician time, there is an increased intensity and amount of information considered when reading ICD interrogations (93295) versus pacemaker interrogations (93294) and thus are valued differently. The RUC noted that the current intra-time of 22.5 minutes is an extrapolated calculation from that of the times of 93289, additionally the April 2008 survey times are incorrect in the RUC database. The April 2008 survey times were 5 minutes pre/15 minutes intra/5 minutes immediate post-service time and the 25th percentile work RVU of 0.78. The RUC confirmed that the previous times and work RVU calculations could not be used as comparison as they reflect an artificial decrease in physician time.

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The RUC compared the surveyed code to the top key reference code 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* (work RVU = 0.52 and 15 minutes intra-service time) and agreed with the survey respondents that the surveyed code is more intense and complex to perform, thus is appropriately valued higher. For additional support the RUC referenced similar MPC codes 99213 *Office or other outpatient visit for the evaluation and management of an established patient,* (work RVU = 0.97 and 15 minutes intra-service time) and 78306 *Bone and/or joint imaging; whole body* (work RVU = 0.86 and 8 minutes intra-service time), which provide a good comparison relative to services in the Medicare physician payment schedule. **The RUC recommends a work RVU of 0.74 for CPT code 93295.**

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***

The RUC reviewed the survey responses from 56 cardiologists and determined that the current work RVU of 0.52, below the survey 25th percentile, appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes pre-service, 6 minutes intra-service and 5 minutes immediate post-service time. The RUC noted that the current intra-time of 24 minutes is an extrapolated calculation from that of the times of 93290, additionally the April 2008 survey times are incorrect in the RUC database. The April 2008 survey times were 5 minutes pre/12 minutes intra/8 minutes immediate post-service time. The RUC confirmed that the previous times and work RVU calculations could not be used as comparison as they reflect an artificial decrease in physician time.

The RUC compared the surveyed code to the top key reference code 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* (work RVU = 0.52 and 15 minutes intra-service time) and agreed with the survey respondents that the surveyed code is more intense and complex to perform and requires less physician time. For additional support the RUC referenced similar MPC codes 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU = 0.56 and 10 minutes intra-service time) and 76857 *Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)* (work RVU = 0.50 and 7 minutes intra-service time), which provide a good comparison relative to services in the Medicare physician payment schedule. For additional support the RUC reference 92136 *Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation* (work RVU = 0.54 and 5 minutes intra-service time). **The RUC recommends a work RVU of 0.52 for CPT code 93297.**

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***

The RUC reviewed the survey responses from 64 cardiologists and determined that the current work RVU of 0.52, which is also the survey 25th percentile, appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes pre-service, 7 minutes intra-service and 5 minutes immediate post-service time. The RUC noted that the current intra-time of 24 minutes is an extrapolated calculation from

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that of the times of 93290, additionally the April 2008 survey times are incorrect in the RUC database. The April 2008 survey times were 5 minutes pre/10 minutes intra/5 minutes immediate post-service time. The RUC confirmed that the previous times and work RVU calculations could not be used as comparison as they reflect an artificial decrease in physician time.

The RUC compared the surveyed code to the top key reference code 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* (work RVU = 0.52 and 15 minutes intra-service time) and agreed with the survey respondents that the surveyed code is more intense and complex to perform and requires less physician time. For additional support the RUC referenced similar MPC codes 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU = 0.56 and 10 minutes intra-service time) and 76857 *Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)* (work RVU = 0.50 and 7 minutes intra-service time), which provide a good comparison relative to services in the Medicare physician payment schedule. For additional support the RUC reference 92136 *Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation* (work RVU = 0.54 and 5 minutes intra-service time). **The RUC recommends a work RVU of 0.52 for CPT code 93298.**

Affirmation of RUC Recommendations
The RUC affirmed the recent RUC recommendations for CPT codes 93279-93292, previously submitted for the same *CPT 2018* cycle. The relativity within the family remains correct.

Practice Expense
The RUC reviewed the direct practice expense inputs for this entire family at the October 2016 RUC meeting and are attached to this recommendation.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
93279 (f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system	XXX	0.65 (No Change) (Affirmed Oct 2016 RUC Recommendation

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93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	XXX	0.77 (No Change) (Affirmed Oct 2016 RUC Recommendation)
93281 (f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	XXX	0.85 (Affirmed Oct 2016 RUC Recommendation)
93282 (f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	XXX	0.85 (No Change) (Affirmed Oct 2016 RUC Recommendation)
93283 (f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	XXX	1.15 (No Change) (Affirmed Oct 2016 RUC Recommendation)
93284 (f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	XXX	1.25 (No Change) (Affirmed Oct 2016 RUC Recommendation)

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93285(f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system	XXX	0.52 (No Change) (Affirmed Oct 2016 RUC Recommendation)
93286 (f)	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system	XXX	0.30 (No Change) (Affirmed Oct 2016 RUC Recommendation)
93287 (f)	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	XXX	0.45 (No Change) (Affirmed Oct 2016 RUC Recommendation)
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system	XXX	0.43 (No Change) (Affirmed Oct 2016 RUC Recommendation)
93289 (f)	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	XXX	0.75 (Affirmed Oct 2016 RUC Recommendation)

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93290 (f)	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	XXX	0.43 (No Change) (Affirmed Oct 2016 RUC Recommendation)
93291 (f)	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis	XXX	0.37 (Affirmed Oct 2016 RUC Recommendation)
93292 (f)	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	XXX	0.43 (No Change) (Affirmed Oct 2016 RUC Recommendation)
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	XXX	0.31
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	XXX	0.60

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93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	XXX	0.74
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	XXX	PE Only
93297 (f)	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	XXX	0.52 (No Change)
93298 (f)	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	XXX	0.52 (No Change)
93299 (f)	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	XXX	PE Only

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93293 Tracking Number Original Specialty Recommended RVU: **0.32**
Presented Recommended RVU: **0.31**
Global Period: XXX RUC Recommended RVU: **0.31**

CPT Descriptor: 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

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 69-year-old patient with complete heart block has a six-year old DC-PM that is being monitored for battery depletion with transtelephonic rhythm strip pacemaker evaluations. (Note: this service includes all evaluations received within a 90-day period.)

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient records to identify the indication for pacemaker therapy, manufacturer and model of the implanted pacemaker and leads, history of pacemaker dependency, and atrial and ventricular arrhythmias. Review prior records of pacing parameters and compare to prior remote and in-person interrogations.

Description of Intra-Service Work: Record rhythm strip for 30 seconds and evaluate for heart rate, capture and sensing of each of the leads, and atrial or ventricular arrhythmias. Record a second rhythm strip with a magnet located over the pacemaker and evaluate for capture and sensing of each of the leads, for atrial or ventricular arrhythmias, and for the magnet response including paced rate. Physician review of above data produces an assessment of the adequacy of each lead’s sensing and capture and battery function.

Description of Post-Service Work: Inform patient of the test results. Prepare a final report that is reviewed by the attending physician and amend as necessary. Approve, sign, and distribute report to patient’s record, the referring and primary physicians, and the attending physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2017				
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
Specialty(s):	ACC, HRS				
CPT Code:	93293				
Sample Size:	1000	**Resp N:**	55	**Response:** 5.5 %	
Description of Sample:	random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**50.00**	200.00	3000.00
Survey RVW:	0.15	0.31	**0.50**	0.80	5.00
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	4.00	**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:	93293	**Recommended Physician Work RVU: 0.31**		
		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:		**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:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93224	XXX	0.52	**RUC Time**

CPT Descriptor 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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93018	XXX	0.30	**RUC Time**

CPT Descriptor Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72114	XXX	0.32	**RUC Time**	94,995

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92081	XXX	0.30	**RUC Time**	102,308

CPT Descriptor 2 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)

Other Reference CPT Code	Global	Work RVU	Time Source
11720	000	0.32	**RUC Time**

CPT Descriptor Debridement of nail(s) by any method(s); 1 to 5

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 29.0 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 23.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 93293	Top Key Reference CPT Code: 93224	2nd Key Reference CPT Code: **93018**
Median Pre-Service Time	3.00	2.00	2.00
Median Intra-Service Time	5.00	15.00	5.00
Median Immediate Post-service Time	5.00	7.00	4.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**13.00**	**24.00**	**11.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.31	0.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.25	0.31
Urgency of medical decision making	0.25	-0.08
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.38	0.54
Physical effort required	0.13	-0.38

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.06	-0.08
Outcome depends on the skill and judgment of physician	0.38	0.15
Estimated risk of malpractice suit with poor outcome	0.38	0.15

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.38	0.31

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CMS identified several cardiac device monitoring services in CY 2016 PFS rulemaking—93280, 93288, 93293, 93294, 93295, and 93296—as potentially misvalued on its high-expenditure screen. Consistent with RUC policy, the societies expanded the review to include the entire family of cardiac device monitoring codes—19 codes with work and PE and 2 PE-only codes. The RUC finalized recommendations on most of those codes at the October 2016 meeting. The times for five codes that we are grouping as "remote EP device monitoring services" did not align with the rest of the code family. It was not clear if the survey participants accounted for the global period associated with the remote services. After consultation with a prefacilitation committee, we proposed, and RUC agreed, that it may make more sense to resurvey those five codes for the January 2017 meeting. That is the sub-family before the RUC in Tab 23.

We worked with the Research Subcommittee to revise vignettes and to add survey language in an attempt to prompt survey respondents to consider the entirety of the 30- or 90-day billing period when performing these services. As you can see in the summary spreadsheet, these steps did not significantly change the survey results. Times continue to be less than we anticipated. These services describe remotes version of services that are also provided with the patient in the office, but data is collected and interpreted on average more than once per billing period. Regardless, values are fairly consistent for four of the five codes. After surveying twice, we've built work RVU recommendations around the survey times. We highlight to the RUC that that the current times were extrapolated from other codes in the family. We are not making a compelling evidence argument for these codes, but note that after surveying these codes twice it seems correct to accept these times as more accurate than the current, calculated times.

92393 describes the work of reading transtelephonic rhythm strip pacemaker evaluation(s) during a period of as much as 90 days. Transtelephonic technology transmits fewer data elements than more modern remote interrogation. Utilization is declining and will continue to do so, as implanted pacemakers no longer rely on the technology. A random survey of 1000 ACC and HRS members was executed with 55 completed surveys.

The key reference service was selected by 16 respondents. Respondents who selected 48-hour EKG (93224) as the key reference service found 93293 to be identical or somewhat more intense, as shown in the table and intensity-complexity addendum. With shorter times from the survey, the IWPUT for 93293 is in fact slightly higher, so this comparison seems reasonable. The second key reference service was selected by 13 respondents. Respondents who selected stress-test interpretation and report only (93018) as the key reference service found 93293 to be slightly more intense in most

measures. While IWPUTs don't demonstrate that increased intensity, the two services have similar times and values, and the comparison is reasonable in that regard.

Reflecting the January and October surveys, **we recommend the current work RVU of 0.32 with times of 3 minutes preservice, 5 minutes intraservice, and 5 minutes postservice**. This value is less than the October survey 25th-percentile value and one one-hundredth higher than the January survey 25th-percentile value. As shown in the summary spreadsheet, we identified MPC codes and one additional comparator code with similar intraservice times, total times, and RVUs to support the recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93293

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 512000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 280000 Percentage 54.68 %

Specialty cardiac electrophysiology Frequency 12000 Percentage 2.34 %

Specialty other Frequency 112000 Percentage 21.87 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 256,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 140000 Percentage 54.68 %

Specialty cardiac electrophysiology Frequency 60000 Percentage 23.43 %

Specialty other Frequency 56000 Percentage 21.87 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93293

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:93294 Tracking Number Original Specialty Recommended RVU: **0.65**
Presented Recommended RVU: **0.60**
Global Period: XXX RUC Recommended RVU: **0.60**

CPT Descriptor: 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

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 74-year-old patient underwent pacemaker implant 3 months ago for symptomatic sinus node dysfunction. The patient is followed now by wireless remote monitoring which constantly checks both device function and arrhythmias, and sends alerts for any issues, which are then reviewed. (Note: this service includes all evaluations received within a 90-day period.)

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient records to identify the indication for pacemaker therapy, manufacturer and model of the implanted pacemaker and leads, history of pacemaker dependency, and atrial and ventricular arrhythmias. Review prior records of pacing parameters and compare to prior remote and in-person interrogations.

Description of Intra-Service Work: Interrogate information from the pacemaker by telemetric communication and either print out for review or review on the programmer or computer monitor. Perform critical review of interrogated data with assessment of the pacemaker's function, safety of current programmed parameters, and determination of whether device function is normal. Data review includes the following items. (1) Presenting EGMs for appropriateness or presence of arrhythmia and appropriate sensing and capture. (2) Review stored episodes of data for appropriate sensing, capture, and appropriate magnet reversion and noise reversions. (3) Alerts generated from the pacemaker device. (4) Battery voltage and impedance, pacing lead impedance, and sensed electrogram voltage amplitude for each lead. (5) Counters of paced and sensed events from each chamber for which there are leads located. (6) Stored episodes of sensed events including arrhythmias, ectopic beats, nonsustained and sustained atrial and ventricular arrhythmias, and, when appropriate, mode switch episodes. Note the frequency, rate, and duration. (7) Heart rate response during activities, rate histograms, and indicators of patient activity level.

Description of Post-Service Work: Prepare final report that is reviewed by attending physician and amend as necessary. Approve, sign, and distribute report to patient's record, the referring and primary physicians, and the attending physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2017				
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
Specialty(s):	ACC, HRS				
CPT Code:	93294				
Sample Size:	1000	**Resp N:**	64	**Response:** 6.4 %	
Description of Sample:	random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	94.00	**250.00**	500.00	3000.00
Survey RVW:	0.25	0.60	**0.70**	1.00	55.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	5.00	**10.00**	15.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93294	**Recommended Physician Work RVU: 0.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93224	XXX	0.52	**RUC Time**

CPT Descriptor 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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93750	XXX	0.92	**RUC Time**

CPT Descriptor Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76815	XXX	0.65	**RUC Time**	16,683

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
69210	000	0.61	**RUC Time**	1,538,900

CPT Descriptor 2 Removal impacted cerumen requiring instrumentation, unilateral

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 25 **% of respondents:** 39.0 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 12.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 93294	Top Key Reference CPT Code: 93224	2nd Key Reference CPT Code: **93750**
Median Pre-Service Time	5.00	2.00	0.00
Median Intra-Service Time	10.00	15.00	30.00
Median Immediate Post-service Time	5.00	7.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**24.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.88	0.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.00	-0.13
Urgency of medical decision making	0.76	-0.25
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.80	0.25
Physical effort required	0.24	0.25

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.68	-0.25
Outcome depends on the skill and judgment of physician	0.80	0.00
Estimated risk of malpractice suit with poor outcome	0.88	0.00

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.84	0.13

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

92394 describes the work of reading pacemaker device interrogation(s) during a period of as much as 90 days. A random survey of 1000 ACC and HRS members was executed with 64 completed surveys.

The key reference service was selected by 25 respondents. Most respondents who selected 48-hour EKG (93224) as the key reference service found 93294 to be somewhat more intense, as shown in the table and intensity-complexity addendum. The second key reference service was selected by 8 respondents. Respondents who selected VAD interrogation (93750) as the key reference service found 93294 to be of similar intensity in most measures.

Reflecting the January and October surveys, **we recommend the current work RVU of 0.65 with times of 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice**. This value is between the survey 25th-percentile and median values from both the October survey the January survey 25th-percentile value. As shown in the summary spreadsheet, we identified MPC codes with similar intraservice times, total times, and RVUs to support the recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.

☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93294

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1260000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 680000 Percentage 53.96 %

Specialty cardiac electrophysiology Frequency 470000 Percentage 37.30 %

Specialty other Frequency 110000 Percentage 8.73 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 630,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 340000 Percentage 53.96 %

Specialty cardiac electrophysiology Frequency 235000 Percentage 37.30 %

Specialty other Frequency 55000 Percentage 8.73 %

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 93294

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:93295 Tracking Number Original Specialty Recommended RVU: **0.95**
Presented Recommended RVU: **0.74**
Global Period: XXX RUC Recommended RVU: **0.74**

CPT Descriptor: Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year old patient with coronary artery disease and severely reduced left ventricular function underwent ICD implant 3 months ago for primary prevention of sudden cardiac death. The patient is followed now by wireless remote monitoring which constantly checks both device function and arrhythmias, and sends alerts for any issues, which are then reviewed. (Note: this service includes all evaluations received within a 90-day period.)

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review history to identify the indication for ICD therapy. Review records to identify the manufacturer and model of the ICD generator and lead(s). Review prior records of the implanted ICD generator and lead hardware and the programmed parameters as well as the presence or absence of pacemaker dependence. Review prior assessments of capture thresholds, sensing thresholds, and arrhythmia therapies (if any) from prior remote and in-person interrogations. Review patient's arrhythmia history including any recent clinical events. Query changes in antiarrhythmic medications since the last device evaluation.

Description of Intra-Service Work: Interrogate information from the ICD by telemetric communication and either print out for review or review on the programmer or computer monitor. Perform a critical review of the interrogated data with assessment of the appropriateness of the function of ICD, safety of the current programmed pacing and antitachycardia parameters, and assessment of device function. Data reviewed include the following items: (1) Presenting EGMs for appropriateness of pacing and sensing. (2) Review stored episodes of data. (3) Alerts generated from the device. (4) Battery voltage and impedance, pacing and shocking lead impedance, and sensed electrogram voltage amplitude for each lead. (5) Histogram and/or counters of paced and sensed events from each chamber. (6) Note stored episodes of sensed arrhythmia events including the type, frequency, rate and duration. (7) Evaluate adequacy of heart rate response.

Description of Post-Service Work: After physician review of above data, make a decision as to the adequacy of the programmed parameters including the appropriate data collection set-up and the interval for the next scheduled programming or interrogation evaluation. Inform of test results. Prepare final summary report of the interrogation evaluations performed every 90 days. Prepare final report that is reviewed by the attending physician and amend as necessary. Approve, sign, and distribute report to patient's record, the referring and primary physicians, and the attending physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2017				
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
Specialty(s):	ACC, HRS				
CPT Code:	93295				
Sample Size:	1000	**Resp N:**	64	**Response:** 6.4 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	5.00	87.00	**238.00**	500.00	3000.00
Survey RVW:	0.25	0.69	**0.95**	1.40	5.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	5.00	**10.00**	15.00	90.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93295	**Recommended Physician Work RVU: 0.74**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93224	XXX	0.52	**RUC Time**

CPT Descriptor 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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93750	XXX	0.92	**RUC Time**

CPT Descriptor Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	99,675,084

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	293,063

CPT Descriptor 2 Bone and/or joint imaging; whole body

Other Reference CPT Code	Global	Work RVU	Time Source
78472	XXX	0.98	**RUC Time**

CPT Descriptor 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

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RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93295	**Top Key Reference CPT Code:** 93224	**2nd Key Reference CPT Code:** **93750**
Median Pre-Service Time	5.00	2.00	0.00
Median Intra-Service Time	10.00	15.00	30.00
Median Immediate Post-service Time	5.00	7.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**24.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	1.06	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.12	0.00
Urgency of medical decision making	0.82	0.13

Technical Skill/Physical Effort (Mean)

Technical skill required	0.88	0.25
Physical effort required	0.24	0.25

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.82	0.13
Outcome depends on the skill and judgment of physician	1.00	0.13
Estimated risk of malpractice suit with poor outcome	0.88	0.13

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.18	0.25

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

92395 describes the work of reading implanted defibrillator device interrogation(s) during a period of as much as 90 days. A random survey of 1000 ACC and HRS members was executed with 64 completed surveys.

The key reference service was selected by 17 respondents. Most respondents who selected 48-hour EKG (93224) as the key reference service found 93295 to be much more intense, as shown in the table and intensity-complexity addendum. The second key reference service was selected by 8 respondents. Respondents who selected VAD interrogation (93750) as the key reference service found 93295 to be of slightly higher intensity in most measures.

Reflecting the January and October surveys, **we recommend the survey median work RVU of 0.95 with times of 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice**. While survey times for this code are identical to 93294, we do not believe a value at the 25th-percentile appropriately captures the increased intensity and amount of information considered when reading ICD interrogations versus pacemaker interrogations. As shown in the summary spreadsheet, we identified MPC codes and one additional comparator code with similar intraservice times, total times, and RVUs to support the recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93295

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 884000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 400000 Percentage 45.24 %

Specialty cardiac electrophysiology Frequency 410000 Percentage 46.38 %

Specialty other Frequency 74000 Percentage 8.37 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 442,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 200000 Percentage 45.24 %

Specialty cardiac electrophysiology Frequency 205000 Percentage 46.38 %

Specialty other Frequency 37000 Percentage 8.37 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93295

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:93297 Tracking Number Original Specialty Recommended RVU: **0.52**
Presented Recommended RVU: **0.52**
Global Period: XXX RUC Recommended RVU: **0.52**

CPT Descriptor: 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

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 71-year-old man with ischemic cardiomyopathy and symptomatic systolic congestive heart failure has undergone implantation of a physiologic monitor to aide in the titration of heart failure therapies. The patient is followed now by wireless remote monitoring which constantly checks both device function and arrhythmias. (Note: this includes all such services within a 30-day period.)

Percentage of Survey Respondents who found Vignette to be Typical: 0%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient records to identify the indication for ICM monitoring and therapy, manufacturer and model of the ICM, and leads and sensors (both internal and external) as appropriate. Review prior records of ICM parameters and compare to prior remote and in-person interrogations.

Description of Intra-Service Work: Interrogate information from the ICM by telemetric communication and either print out for review or review on the programmer or computer monitor. Perform a critical review of the interrogated data with assessment of the appropriateness of the ICM's function and appropriateness of the current programmed parameters.
Data reviewed may include, but are not limited to: (1) weight; (2) systemic blood pressure; (3) right atrial, right ventricular, left atrial, left ventricular, and pulmonary arterial pressures; (4) intrathoracic impedance measurements; and (5) other measures of physiologic parameters.

In addition, review stored episodes of data to assess the history and trends identified by any of the collected data. Also review alerts generated from the ICM along with battery voltage and sensor information to validate the integrity of the ICM system.

Description of Post-Service Work: After physician review of above data, make a decision as to the adequacy of the programmed parameters including the appropriate data collection set-up and the interval for the next scheduled interrogation evaluation. Modify patient's medical regimen as appropriate. Inform patient of test results. Prepare a final report that is reviewed by the attending physician and amend as necessary. Approve, sign, and distribute report to patient's record, the referring and primary physicians, and the attending physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2017				
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
Specialty(s):	ACC, HRS				
CPT Code:	93297				
Sample Size:	1000	**Resp N:**	56	**Response:** 5.6 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.00	**50.00**	263.00	2000.00
Survey RVW:	0.30	0.57	**0.70**	0.95	4.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	5.00	**6.00**	15.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93297	**Recommended Physician Work RVU: 0.52**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**6.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93224	XXX	0.52	**RUC Time**

CPT Descriptor 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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93750	XXX	0.92	**RUC Time**

CPT Descriptor Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report

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
76536	XXX	0.56	**RUC Time**	798,297

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76857	XXX	0.50	**RUC Time**	223,865

CPT Descriptor 2 Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)

Other Reference CPT Code	Global	Work RVU	Time Source
92136	XXX	0.54	**RUC Time**

CPT Descriptor Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 26.7 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 12.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 93297	Top Key Reference CPT Code: 93224	2nd Key Reference CPT Code: **93750**
Median Pre-Service Time	5.00	2.00	0.00
Median Intra-Service Time	6.00	15.00	30.00
Median Immediate Post-service Time	5.00	7.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**16.00**	**24.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.73	0.29
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.87	0.00
Urgency of medical decision making	0.60	0.14
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.73	0.14
Physical effort required	0.20	0.00

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.47	-0.43
Outcome depends on the skill and judgment of physician	0.80	0.14
Estimated risk of malpractice suit with poor outcome	0.60	0.14

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.80	0.14

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

92397 describes the work of reading implanted loop recorder device interrogation(s) during a period of as much as 30 days. A random survey of 1000 ACC and HRS members was executed with 56 completed surveys.

The key reference service was selected by 15 respondents. Most respondents who selected 48-hour EKG (93224) as the key reference service found 93297 to be somewhat more intense, as shown in the table and intensity-complexity addendum. The second key reference service was selected by 7 respondents. Respondents who selected VAD interrogation (93750) as the key reference service found 93297 to be of slightly higher or slightly lower intensity, and overall rather similar.

Reflecting the January and October surveys, **we recommend the current work RVU of 0.52 with times of 5 minutes preservice, 6 minutes intraservice, and 5 minutes postservice**. This value is below the 25th-percentile of both the October and January surveys. As shown in the summary spreadsheet, we identified MPC codes and one additional comparator code with similar intraservice times, total times, and RVUs to support the recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.

☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93297

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 464000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 250000 Percentage 53.87 %

Specialty cardiac electrophysiology Frequency 164000 Percentage 35.34 %

Specialty other Frequency 50000 Percentage 10.77 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 232,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 125000 Percentage 53.87 %

Specialty cardiac electrophysiology Frequency 82000 Percentage 35.34 %

Specialty other Frequency 25000 Percentage 10.77 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93297

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:93298 Tracking Number Original Specialty Recommended RVU: **0.52**
Presented Recommended RVU: **0.52**
Global Period: XXX RUC Recommended RVU: **0.52**

CPT Descriptor: Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 41-year-old patient with unexplained recurrent traumatic syncope underwent implantable loop recorder placement 1 month ago. The device is sensing the intrinsic rhythm. The patient is followed now by wireless remote monitoring which constantly checks both device function and arrhythmias, and sends alerts for any issues, which are then reviewed. (Note: this service includes all evaluations received within a 30-day period.)

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review history for cardiac rhythm monitoring indications and for changes in, or the development of, new symptoms. Review programmed parameters and results of prior ILR interrogations and remote monitoring.

Description of Intra-Service Work: The following data is analyzed:
1. Initial interrogation is reviewed to determine if any alert conditions have occurred and if electrograms have been stored.
2. Current interrogation results are compared to historical values and previous trends.
a. Battery status
b. Appropriate sensing
3. Alert conditions are then reviewed in detail
a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the ILR.
b. Compare arrhythmia to historical events to determine if it is clinically significant and requires further investigation and/or treatment.

Description of Post-Service Work: Prepare a final report that is reviewed by the attending physician and amend as necessary. Approve, sign, and distribute report to the patient's record, the referring and primary physicians, and the attending physician. Prepare communication to patient (letter) informing them of the status of their ILR (e.g. normal battery function, no arrhythmias detected). If abnormality is detected on remote interrogation, contact patient to discuss management strategy and document discussion.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2017				
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
Specialty(s):	ACC, HRS				
CPT Code:	93298				
Sample Size:	1000	**Resp N:** 64	**Response:** 6.4 %		
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	5.00	29.00	**100.00**	200.00	2000.00
Survey RVW:	0.30	0.52	**0.60**	0.90	52.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	5.00	**7.00**	15.00	45.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93298	**Recommended Physician Work RVU: 0.52**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93224	XXX	0.52	**RUC Time**

CPT Descriptor 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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93018	XXX	0.30	**RUC Time**

CPT Descriptor Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only

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
76536	XXX	0.56	**RUC Time**	798,297

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76857	XXX	0.50	**RUC Time**	223,865

CPT Descriptor 2 Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)

Other Reference CPT Code	Global	Work RVU	Time Source
92136	XXX	0.54	**RUC Time**

CPT Descriptor Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 35 **% of respondents:** 54.6 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 9.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 93298	Top Key Reference CPT Code: 93224	2nd Key Reference CPT Code: **93018**
Median Pre-Service Time	5.00	2.00	2.00
Median Intra-Service Time	7.00	15.00	5.00
Median Immediate Post-service Time	5.00	7.00	4.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**17.00**	**24.00**	**11.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.29	-0.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.40	-0.17
Urgency of medical decision making	0.31	0.17
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.49	0.33
Physical effort required	0.11	-0.67

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.17	0.17
Outcome depends on the skill and judgment of physician	0.40	0.17
Estimated risk of malpractice suit with poor outcome	0.40	-0.33

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.46	-0.17

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

92398 describes the work of reading implanted cardiac device monitor interrogation(s) during a period of as much as 30 days. A random survey of 1000 ACC and HRS members was executed with 64 completed surveys.

The key reference service was selected by 35 respondents. Most respondents who selected 48-hour EKG (93224) as the key reference service found 93298 to be identical or somewhat more intense, as shown in the table and intensity-complexity addendum. The second key reference service was selected by 6 respondents. Respondents who selected stress test interpretation and report (93018) as the key reference service found 93298 to be of slightly higher or slightly lower intensity, and overall very rather similar.

Reflecting the January and October surveys, **we recommend the current work RVU of 0.52 with times of 5 minutes preservice, 7 minutes intraservice, and 5 minutes postservice**. This value is also the 25th-percentile of both the October and January surveys. As shown in the summary spreadsheet, we identified MPC codes and one additional comparator code with similar intraservice times, total times, and RVUs to support the recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.

☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93298

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 300000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 150000 Percentage 50.00 %

Specialty cardiac electrophysiology Frequency 120000 Percentage 40.00 %

Specialty other Frequency 30000 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 150,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 75000 Percentage 50.00 %

Specialty cardiac electrophysiology Frequency 60000 Percentage 40.00 %

Specialty other Frequency 15000 Percentage 10.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
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 93298

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	93293	**# of Respondents:**	55
Survey Code Descriptor:	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		

Top Ref Code:	93224	**# of Respondents:**	16	**% of Respondents:**	29%
Top Ref Code Descriptor:	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				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is:**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	0%	69%	25%	6%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	12%	50%	38%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	19%	44%	37%
	Urgency of medical decision making	6%	69%	25%
Technical Skill:		0%	69%	31%
Physical Effort:		6%	81%	13%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	6%	56%	38%
	Outcome depends on the skill and judgment of physician	0%	69%	31%
	Estimated risk of malpractice suite with poor outcome	12%	44%	44%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	93294	**# of Respondents:**	64
Survey Code Descriptor:	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		

Top Ref Code:	93224	**# of Respondents:**	25	**% of Respondents:**	39%
Top Ref Code Descriptor:	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				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is:**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
4%	0%	16%	68%	12%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	0%	24%	76%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	8%	92%
	Urgency of medical decision making	0%	36%	64%
Technical Skill:		0%	40%	60%
Physical Effort:		4%	72%	24%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	4%	40%	56%
	Outcome depends on the skill and judgment of physician	0%	32%	68%
	Estimated risk of malpractice suite with poor outcome	0%	36%	64%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	93295	**# of Respondents:**	64
Survey Code Descriptor:	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional		

Top Ref Code:	93224	**# of Respondents:**	17	**% of Respondents:**	27%
Top Ref Code Descriptor:	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				

		Survey Code Compared to Top Ref Code — Survey Code is:				
		Much Less	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall Intensity and Complexity:		6%	0%	12%	35%	47%

Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**
		0%	24%	76%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**
		0%	12%	88%
	Urgency of medical decision making	**Less**	**Identical**	**More**
		0%	29%	71%
Technical Skill:		**Less**	**Identical**	**More**
		0%	41%	59%
Physical Effort:		**Less**	**Identical**	**More**
		0%	82%	18%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**
		6%	29%	65%
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**
		0%	24%	76%
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**
		0%	47%	53%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	93297	**# of Respondents:**	56
Survey Code Descriptor:	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		

Top Ref Code:	93224	**# of Respondents:**	15	**% of Respondents:**	27%
Top Ref Code Descriptor:	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				

		Survey Code Compared to Top Ref Code — Survey Code is:				
		Much Less	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall Intensity and Complexity:		0%	0%	33%	54%	13%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less** 0%	**Identical** 33%	**More** 67%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less** 0%	**Identical** 20%	**More** 80%		
	Urgency of medical decision making	**Less** 0%	**Identical** 47%	**More** 53%		
Technical Skill:		**Less** 0%	**Identical** 40%	**More** 60%		
Physical Effort:		**Less** 0%	**Identical** 87%	**More** 13%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less** 6%	**Identical** 47%	**More** 47%		
	Outcome depends on the skill and judgment of physician	**Less** 0%	**Identical** 33%	**More** 67%		
	Estimated risk of malpractice suite with poor outcome	**Less** 7%	**Identical** 40%	**More** 53%		

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	93298	**# of Respondents:**	64
Survey Code Descriptor:	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional		

Top Ref Code:	93224	**# of Respondents:**	35	**% of Respondents:**	55%
Top Ref Code Descriptor:	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				

		Survey Code Compared to Top Ref Code — Survey Code is:				
		Much Less	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall Intensity and Complexity:		0%	2%	49%	49%	0%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less** 6%	**Identical** 60%	**More** 34%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less** 6%	**Identical** 51%	**More** 43%		
	Urgency of medical decision making	**Less** 0%	**Identical** 69%	**More** 31%		
Technical Skill:		**Less** 0%	**Identical** 57%	**More** 43%		
Physical Effort:		**Less** 3%	**Identical** 83%	**More** 14%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less** 9%	**Identical** 66%	**More** 26%		
	Outcome depends on the skill and judgment of physician	**Less** 3%	**Identical** 57%	**More** 40%		
	Estimated risk of malpractice suite with poor outcome	**Less** 3%	**Identical** 57%	**More** 40%		

SS Rec Summary

ISSUE: EP Device Monitoring

TAB: 23

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	93224	External electrocardiographic re	16	0.021			0.52			24	2					15			7
2nd REF	93018	Cardiovascular stress test using	13	0.033			0.30			11	2					5			4
CURRENT	93293	Transtelephonic rhythm strip pa		0.010			0.32			20	5					10			5
SVY	93293		55	0.064	0.15	0.31	0.50	0.80	5.00	13	3			0	4	5	10	30	5
REC	93293	25th		0.026			0.31			13	3					5			5
MPC	72114	Radiologic examination, spine, l		0.051			0.32			8	1					5			2
MPC	92081	Visual field examination, unilate		0.033			0.30			10	3					7			0
COMP	11720	Debridement of nail(s) by any m		0.024			0.32			14	5	2				5			2

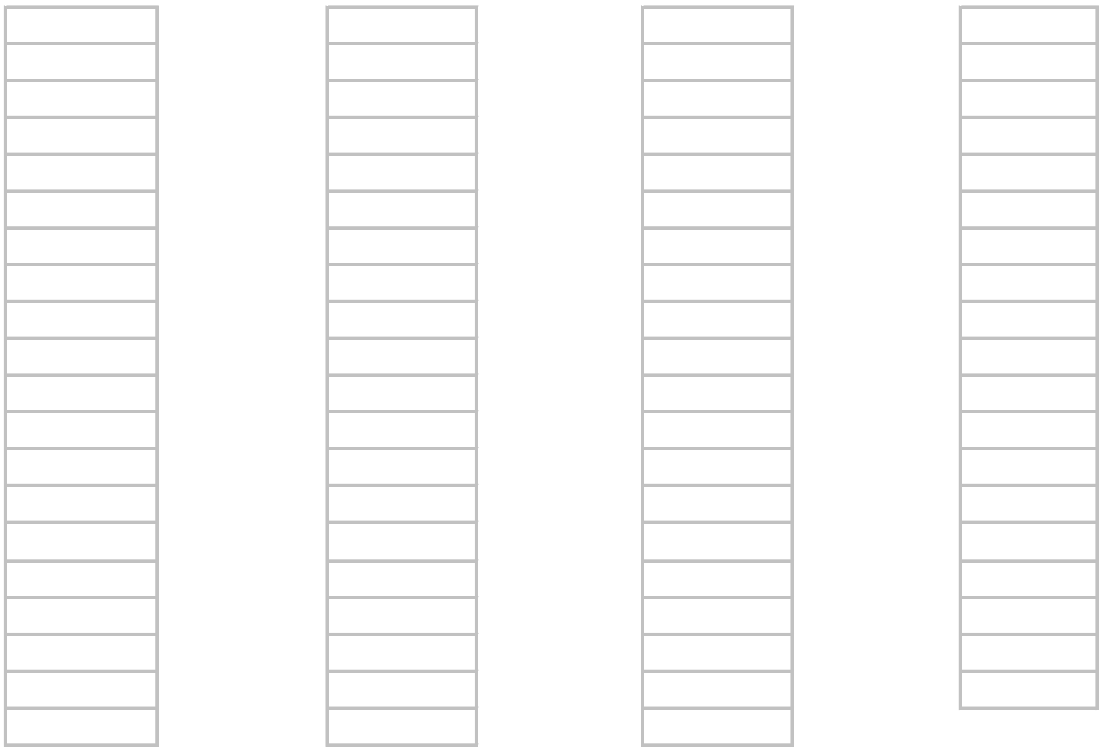
Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	93224	External electrocardiographic re	25	0.021			0.52			24	2					15			7
2nd REF	93750	Interrogation of ventricular assis	8	0.031			0.92			30						30			
CURRENT	93294	Interrogation device evaluation(s		0.021			0.65			30	7.5					15			7.5
SVY	93294		64	0.048	0.25	0.60	0.70	1.00	55.00	20	5			2	5	10	15	60	5
REC	93294	25th		0.038			0.60			20	5					10			5
MPC	76815	Ultrasound, pregnant uterus, rea		0.077			0.65			15.5	5					5.5			5
MPC	69210	Removal impacted cerumen requ		0.045			0.61			17	3	2				10			2

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	93224	External electrocardiographic re	17	0.021			0.52			24	2					15			7
2nd REF	93750	Interrogation of ventricular assis	8	0.031			0.92			30						30			
CURRENT	93295	Interrogation device evaluation(s		0.042			1.29			37.5	7.5					22.5			7.5
SVY	93295		64	0.073	0.25	0.69	0.95	1.40	5.00	20	5			2	5	10	15	90	5
REC	93295	76770 crosswalk		0.052			0.74			20	5					10			5
MPC	99213	Office or other outpatient visit fo		0.053			0.97			23	3					15.0			5
MPC	78306	Bone and/or joint imaging; whol		0.080			0.86			18	5					8			5
COMP	78472	Cardiac blood pool imaging, gat		0.076			0.98			20	5					10			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	93224	External electrocardiographic re	15	0.021			0.52			24	2					15			7
2nd REF	93750	Interrogation of ventricular assis	7	0.031			0.92			30						30			
CURRENT	93297	Interrogation device evaluation(s		-0.003			0.52			50	10					24			16

Code	Desc	2016 wRVU	2016 Intra	2016 Total
93279	PM DEVICE PROGR EVAL SNGL	0.65	10	20
93280	PM DEVICE PROGR EVAL DUAL	0.77	17	27
93281	PM DEVICE PROGR EVAL MULTI	0.90	20	30
93282	ICD DEVICE PROGR EVAL SNGL	0.85	15	28
93283	ICD DEVICE PROGR EVAL DUAL	1.15	15	33
93284	ICD DEVICE PROGR EVAL MULTI	1.25	15	33.5
93285	ILR DEVICE PROGR EVAL	0.52	12	22
93286	PERI-PX PACEMAKER DEVICE EV	0.30	12	22
93287	PERI-PX ICD DEVICE EV	0.45	13.5	26
93288	PM DEVICE INTERROGATION EVAL IN PERSON	0.43	10	20
93289	ICD DEVICE INTERROGATION EVAL IN PERSON	0.92	15	25
93290	ICM DEVICE INTERROGATION EVAL IN PERSON	0.43	12	25
93291	ILR DEVICE INTERROGATION EVAL IN PERSON	0.43	12	22
93292	WCD DEVICE INTERROGATION EVAL IN PERSON	0.43	10	20
93293	TRANSTELEPHONIC PM PHONE R-STRIP DEVICE EVAL	0.32	10	20
93294	PM DEVICE INTERROGATION REMOTE, 90-DAY	0.65	15	30
93295	ICD DEVICE INTERROGATION REMOTE, 90-DAY	1.29	22.5	37.5
93297	ICM DEVICE INTERROGATION REMOTE, 30-DAY	0.52	24	50
93298	ILR DEVICE INTERROGATION REMOTE, 30-DAY	0.52	24	44

2008 RUC Rationale Notes
survey times, work neutrality calculated wRVU
survey times with modification, survey wRVU
RUC noted increasing intensity
survey times, survey 25th wRVU
survey times, survey 25th wRVU 1.18 (later reduced by CMS)
survey times, survey 25th wRVU
survey times, survey 25th wRVU; identical time to 93291, but harder
survey times, roughly half wRVU of 93279 since reported twice
survey times, roughly half wRVU of 93282 since reported twice
survey times, work neutrality calculated wRVU
survey times, wRUV crosswalk to 99213 was below survey 25th of 1.00
survey times, crosswalk to 93288/93291 wRVU
survey times, crosswalk to 93288 wRVU
survey times, crosswalk to 93288/93291/93290 wRVU
1.9 transmissions per 90 days; 190% of survey times; 190% wRVU of 93010
1.5 transmissions per 90 days; 150% of 93288 times; 150% wRVU of 93288
1.5 transmissions per 90 days; 150% of 93289 times; 150% wRVU of 93289 (later reduced by CMS)
2 transmissions per 30 days; 200% of 93290 times; wRVU crosswalk to 93228
2 transmissions per 30 days; 200% of 93290 times; wRVU crosswalk to 93228





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SS Rec Summary

ISSUE: Excision of bone

TAB: 84

source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	FAC-obs 38	39	26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5				1	1.0							1							
2nd REF	22222	def	15	0.055			5.15			137	10	5	5			35			5					1.0							1	1						
CURRENT	55555	abc		0.053			5.00			133	17					27			8				1	1.0							1							
SVY	55555	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10				1	1.0							1							
REC	55555	abc		0.020			4.25			142	17	1	3			30			10					1			1.0				1						

23
Tab Number

EP Remote Device Monitoring
Issue

93293-93298
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Mark H. Schoenfeld, MD

Signature

Mark Schoenfeld, MD, FHRS
Printed Signature

Heart Rhythm Society
Specialty Society

12/13/2016
Date

11, 19, 23, 24
Tab Number

Incompetent Vein, INR Monitoring, EP Device Monitoring, 3D Mapping
Issue

36470-71, 36475, 364X3-X6; 993X1-X2; 93293-95, 93297-98; 93613
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

12/12/16
Date

CPT Code: 93293-93295, 93297-93298
Specialty Society('s) ACC, HRS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Global Period: XXX Meeting Date: January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: **The ACC/HRS reviewer panel has provided the PE inputs approved for these codes at the October meeting in our submission materials. We have no additional materials or 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:

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:

CPT Code: 93293
Specialty Society('s) ACC, HRS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

93293 Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days

Global Period: XXX Meeting Date: October 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The ACC and HRS utilized a consensus panel process to develop recommended inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current PE Inputs

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Electrodiagnostic tech receives and reviews remote transmissions, prepares report and distribution of results.

RN/LPN/MTA enrolls patient, educates patient on use of device/service; physician notification

Post-Service Clinical Labor Activities:

CPT Code: 93296, 93299
Specialty Society('s) ACC, HRS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

93296 Interrogation device evaluation(s), (remote), per 90 days, pacemaker or implantable cardioverter defibrillator, remote data acquisitions), receipt of transmissions and technician review, technical support and distribution of results
93299 Interrogation device evaluation(s), (remote), per 30 days, implantable cardiovascular monitor or implantable loop recorder, remote data acquisition9s), receipt of transmissions and technician review, technical support and distribution of results

Global Period: XXX Meeting Date: October 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The ACC and HRS utilized a consensus panel process to develop recommended inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current PE Inputs

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: Code 93299 is carrier priced. We propose to crosswalk inputs from 93296 to 93299.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Electrodiagnostic tech enrolls patient, educates patient on use of device/service, receives and reviews remote transmissions, prepares report and distribution of results.

~~RN/LPN/MTA enrolls patient, educates patient on use of device/service; physician notification~~

Post-Service Clinical Labor Activities:

***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**

			REFERENCE CODE				REFERENCE CODE			
			93288		93288		93279		93279	
Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	**CMS Code**	**Staff Type**	Interrogation device evaluation (in person) with physician analysis, review and report, includes		Interrogation device evaluation (in person) with physician analysis, review and report, includes		Programming device evaluation with iterative adjustment of the implantable device to test the function of		Programming device evaluation with iterative adjustment of the implantable device to test the function of	
LOCATION			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
GLOBAL PERIOD	**XXX**									
TOTAL CLINICAL LABOR TIME			**30.0**	**0.0**	**33.0**	**0.0**	**33.0**	**0.0**	**33.0**	**0.0**
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**20.0**	**0.0**	**20.0**	**0.0**	**23.0**	**0.0**	**20.0**	**0.0**
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**2.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**18.0**	**0.0**	**18.0**	**0.0**	**21.0**	**0.0**	**18.0**	**0.0**
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst	**10.0**	**0.0**	**13.0**	**0.0**	**10.0**	**0.0**	**13.0**	**0.0**
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst	**10.0**	**0.0**	**13.0**	**0.0**	**10.0**	**0.0**	**13.0**	**0.0**
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
PRE-SERVICE										
Start: Following visit when decision for surgery or procedure made										
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**	
Coordinate pre-surgery services										
Schedule space and equipment in facility										
Provide pre-service education/obtain consent										
Follow-up phone calls & prescriptions										
Other Clinical Activity - *specify:*										
End: When patient enters office/facility for surgery/procedure										
SERVICE PERIOD										
Start: When patient enters office/facility for surgery/procedure:										
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst	**3**		**3**		**3**		**3**	
Obtain vital signs	L026A	Med Tech/Asst			**3**				**3**	
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**	
Prepare room, equipment, supplies	L026A	Med Tech/Asst	**2**		**2**		**2**		**2**	
Setup scope (non facility setting only)										
Prepare and position patient/ monitor patient/ set up IV										
Sedate/apply anesthesia										
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**	

LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	XXX									
Intra-service										
Assist physician in performing procedure	L037D	RN/LPN/MTA	10		10		13		10	
Assist physician/moderate sedation (% of physician time)										
Post-Service										
Monitor pt. following moderate sedation										
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)										
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)										
Clean room/equipment by physician staff	L026A	Med Tech/Asst	3		3		3		3	
Clean Scope										
Clean Surgical Instrument Package										
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	3		3		3		3	
Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst	2		2		2		2	
Review/read X-ray, lab, and pathology reports										
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions										
Other Clinical Activity - *specify:*										
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a	
Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a	
Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a	
End: Patient leaves office										
POST-SERVICE Period										
Start: Patient leaves office/facility										
Conduct phone calls/call in prescriptions										
Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
99211 16 minutes		16								
99212 27 minutes		27								
99213 36 minutes		36								
99214 53 minutes		53								
99215 63 minutes		63								
Total Office Visit Time			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Clinical Activity - *specify:*										
End: with last office visit before end of global period										
MEDICAL SUPPLIES*	**CODE**	**UNIT**								
pack, minimum multi-specialty visit	SA048	pack	1		1		1		1	
swab-pad, alcohol	SJ053	item	4		4		4		4	
electrode adhesive disk	SJ019	item	4		5		4		5	
paper, laser printing (each sheet)	SK057	item	10		10		10		10	
electrode, ECG (single)	SD053	item	4		5		4		5	
EQUIPMENT	**CODE**									
table, exam	EF023	minutes	18		31		21		31	
pacemaker follow-up system (incl software and hardware)	EQ198	minutes	18		31		21		31	

***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**

			e Codes											
			REFERENCE CODE		REFERENCE CODE		REFERENCE CODE				REFERENCE CODE			
			93280		93280		93281		93281		93289		93289	
Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	**CMS Code**	**Staff Type**	Programming device evaluation with iterative adjustment of the implantable device to test the function of		Programming device evaluation with iterative adjustment of the implantable device to test the function of		Programming device evaluation with iterative adjustment of the implantable device to test the function of		Programming device evaluation with iterative adjustment of the implantable device to test the function of		Interrogation device evaluation (in person) with physician analysis, review and report, includes		Interrogation device evaluation (in person) with physician analysis, review and report, includes	
LOCATION			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
GLOBAL PERIOD	**XXX**													
TOTAL CLINICAL LABOR TIME			**37.0**	**0.0**	**38.0**	**0.0**	**43.0**	**0.0**	**39.0**	**0.0**	**38.0**	**0.0**	**33.0**	**0.0**
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**27.0**	**0.0**	**25.0**	**0.0**	**33.0**	**0.0**	**26.0**	**0.0**	**28.0**	**0.0**	**20.0**	**0.0**
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**2.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**25.0**	**0.0**	**23.0**	**0.0**	**31.0**	**0.0**	**24.0**	**0.0**	**26.0**	**0.0**	**18.0**	**0.0**
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst	**10.0**	**0.0**	**13.0**	**0.0**	**10.0**	**0.0**	**13.0**	**0.0**	**10.0**	**0.0**	**13.0**	**0.0**
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst	**10.0**	**0.0**	**13.0**	**0.0**	**10.0**	**0.0**	**13.0**	**0.0**	**10.0**	**0.0**	**13.0**	**0.0**
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
PRE-SERVICE														
Start: Following visit when decision for surgery or procedure made														
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	
Coordinate pre-surgery services														
Schedule space and equipment in facility														
Provide pre-service education/obtain consent														
Follow-up phone calls & prescriptions														
Other Clinical Activity - *specify:*														
End: When patient enters office/facility for surgery/procedure														
SERVICE PERIOD														
Start: When patient enters office/facility for surgery/procedure:														
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst	**3**		**3**		**3**		**3**		**3**		**3**	
Obtain vital signs	L026A	Med Tech/Asst			**3**				**3**				**3**	
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**	
Prepare room, equipment, supplies	L026A	Med Tech/Asst	**2**		**2**		**2**		**2**		**2**		**2**	
Setup scope (non facility setting only)														
Prepare and position patient/ monitor patient/ set up IV														
Sedate/apply anesthesia														
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	

LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	**XXX**													
Intra-service														
Assist physician in performing procedure	L037D	RN/LPN/MTA	17		15		23		16		18		10	
Assist physician/moderate sedation (% of physician time)														
Post-Service														
Monitor pt. following moderate sedation														
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)														
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)														
Clean room/equipment by physician staff	L026A	Med Tech/Asst	3		3		3		3		3		3	
Clean Scope														
Clean Surgical Instrument Package														
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	3		3		3		3		3		3	
Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst	2		2		2		2		2		2	
Review/read X-ray, lab, and pathology reports														
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions														
Other Clinical Activity - *specify:*														
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a		n/a		n/a	
Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a		n/a	
Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a		n/a	
End: Patient leaves office														
POST-SERVICE Period														
Start: Patient leaves office/facility														
Conduct phone calls/call in prescriptions														
Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
99211 16 minutes		16												
99212 27 minutes		27												
99213 36 minutes		36												
99214 53 minutes		53												
99215 63 minutes		63												
Total Office Visit Time			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Clinical Activity - *specify:*														
End: with last office visit before end of global period														
MEDICAL SUPPLIES*	**CODE**	**UNIT**												
pack, minimum multi-specialty visit	SA048	pack	1		1		1		1		1		1	
swab-pad, alcohol	SJ053	item	4		4		4		4		4		4	
electrode adhesive disk	SJ019	item	4		5		4		5		4		5	
paper, laser printing (each sheet)	SK057	item	15		15		15		15		15		15	
electrode, ECG (single)	SD053	item	4		5		4		5		4		5	
EQUIPMENT	**CODE**													
table, exam	EF023	minutes	25		36		31		37		26		31	
pacemaker follow-up system (incl software and hardware)	EQ198	minutes	25		36		31		37		18		31	

***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**

Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	CMS Code	Staff Type	ICD Office Codes REFERENCE CODE 93282 Programming device evaluation (in person) with iterative adjustment of the implantable device to		REFERENCE CODE 93282 Programming device evaluation (in person) with iterative adjustment of the implantable device to		REFERENCE CODE 93283 Programming device evaluation (in person) with iterative adjustment of the implantable device to		REFERENCE CODE 93283 Programming device evaluation (in person) with iterative adjustment of the implantable device to		REFERENCE CODE 93284 Programming device evaluation (in person) with iterative adjustment of the implantable device to		93284 Programming device evaluation (in person) with iterative adjustment of the implantable device to	
LOCATION			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
GLOBAL PERIOD	**XXX**													
TOTAL CLINICAL LABOR TIME			**38.0**	**0.0**	**35.0**	**0.0**	**44.0**	**0.0**	**38.0**	**0.0**	**50.0**	**0.0**	**40.5**	**0.0**
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**28.0**	**0.0**	**22.0**	**0.0**	**34.0**	**0.0**	**25.0**	**0.0**	**40.0**	**0.0**	**27.5**	**0.0**
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**2.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**26.0**	**0.0**	**20.0**	**0.0**	**32.0**	**0.0**	**23.0**	**0.0**	**38.0**	**0.0**	**25.5**	**0.0**
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst	**10.0**	**0.0**	**13.0**	**0.0**	**10.0**	**0.0**	**13.0**	**0.0**	**10.0**	**0.0**	**13.0**	**0.0**
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst	**10.0**	**0.0**	**13.0**	**0.0**	**10.0**	**0.0**	**13.0**	**0.0**	**10.0**	**0.0**	**13.0**	**0.0**
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
PRE-SERVICE														
Start: Following visit when decision for surgery or procedure made														
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	
Coordinate pre-surgery services														
Schedule space and equipment in facility														
Provide pre-service education/obtain consent														
Follow-up phone calls & prescriptions														
Other Clinical Activity - *specify:*														
End: When patient enters office/facility for surgery/procedure														
SERVICE PERIOD														
Start: When patient enters office/facility for surgery/procedure:														
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst	**3**		**3**		**3**		**3**		**3**		**3**	
Obtain vital signs	L026A	Med Tech/Asst			**3**				**3**				**3**	
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**	
Prepare room, equipment, supplies	L026A	Med Tech/Asst	**2**		**2**		**2**		**2**		**2**		**2**	
Setup scope (non facility setting only)														
Prepare and position patient/ monitor patient/ set up IV														
Sedate/apply anesthesia														
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	

LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	**XXX**													
Intra-service														
Assist physician in performing procedure	L037D	RN/LPN/MTA	18		12		24		15		30		17.5	
Assist physician/moderate sedation (% of physician time)														
Post-Service														
Monitor pt. following moderate sedation														
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)														
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)														
Clean room/equipment by physician staff	L026A	Med Tech/Asst	3		3		3		3		3		3	
Clean Scope														
Clean Surgical Instrument Package														
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	3		3		3		3		3		3	
Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst	2		2		2		2		2		2	
Review/read X-ray, lab, and pathology reports														
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions														
Other Clinical Activity - *specify:*														
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a		n/a		n/a	
Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a		n/a	
Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a		n/a	
End: Patient leaves office														
POST-SERVICE Period														
Start: Patient leaves office/facility														
Conduct phone calls/call in prescriptions														
Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
99211 16 minutes		16												
99212 27 minutes		27												
99213 36 minutes		36												
99214 53 minutes		53												
99215 63 minutes		63												
Total Office Visit Time			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Clinical Activity - *specify:*														
End: with last office visit before end of global period														
MEDICAL SUPPLIES*	**CODE**	**UNIT**												
pack, minimum multi-specialty visit	SA048	pack	1		1		1		1		1		1	
swab-pad, alcohol	SJ053	item	4		4		4		4		4		4	
electrode adhesive disk	SJ019	item	4		5		4		5		4		5	
paper, laser printing (each sheet)	SK057	item	15		15		20		20		20		20	
electrode, ECG (single)	SD053	item	4		5		4		5		4		5	
EQUIPMENT	**CODE**													
table, exam	EF023	minutes	26		33		32		36		38		38.5	
pacemaker follow-up system (incl software and hardware)	EQ198	minutes	26		33		32		36		38		38.5	

***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**

			ILR Office Codes										ICM/WCD C	
			REFERENCE CODE		REFERENCE CODE						REFERENCE CODE			
			93291		93291		93285		93285		93290		93290	
Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	**CMS Code**	**Staff Type**	Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Interrogation device evaluation (in person) with analysis, review and report by a physician or other	
LOCATION			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
GLOBAL PERIOD	**XXX**													
TOTAL CLINICAL LABOR TIME			**26.0**	**0.0**	**26.0**	**0.0**	**28.0**	**0.0**	**29.0**	**0.0**	**17.0**	**0.0**	**27.0**	**0.0**
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**19.0**	**0.0**	**16.0**	**0.0**	**21.0**	**0.0**	**19.0**	**0.0**	**9.0**	**0.0**	**15.0**	**0.0**
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**18.0**	**0.0**	**15.0**	**0.0**	**20.0**	**0.0**	**18.0**	**0.0**	**8.0**	**0.0**	**14.0**	**0.0**
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst	**7.0**	**0.0**	**10.0**	**0.0**	**7.0**	**0.0**	**10.0**	**0.0**	**8.0**	**0.0**	**12.0**	**0.0**
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst	**7.0**	**0.0**	**10.0**	**0.0**	**7.0**	**0.0**	**10.0**	**0.0**	**8.0**	**0.0**	**12.0**	**0.0**
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
PRE-SERVICE														
Start: Following visit when decision for surgery or procedure made														
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**1**		**1**		**1**		**1**		**1**		**1**	
Coordinate pre-surgery services														
Schedule space and equipment in facility														
Provide pre-service education/obtain consent														
Follow-up phone calls & prescriptions														
Other Clinical Activity - *specify:*														
End: When patient enters office/facility for surgery/procedure														
SERVICE PERIOD														
Start: When patient enters office/facility for surgery/procedure:														
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst	**3**		**3**		**3**		**3**		**3**		**3**	
Obtain vital signs	L026A	Med Tech/Asst			**3**				**3**				**3**	
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**1**		**1**	
Prepare room, equipment, supplies	L026A	Med Tech/Asst	**1**		**2**		**1**		**2**		**1**		**2**	
Setup scope (non facility setting only)														
Prepare and position patient/ monitor patient/ set up IV														
Sedate/apply anesthesia														
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	

LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	**XXX**													
Intra-service														
Assist physician in performing procedure	L037D	RN/LPN/MTA	11		7		13		10		4		10	
Assist physician/moderate sedation (% of physician time)														
Post-Service														
Monitor pt. following moderate sedation														
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)														
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)														
Clean room/equipment by physician staff	L026A	Med Tech/Asst	3		3		3		3		3		3	
Clean Scope														
Clean Surgical Instrument Package														
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	2		2		2		2		1		1	
Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst	1		1		1		1		1		1	
Review/read X-ray, lab, and pathology reports														
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions														
Other Clinical Activity - *specify:*														
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a		n/a		n/a	
Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a		n/a	
Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a		n/a	
End: Patient leaves office														
POST-SERVICE Period														
Start: Patient leaves office/facility														
Conduct phone calls/call in prescriptions														
Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
99211 16 minutes		16												
99212 27 minutes		27												
99213 36 minutes		36												
99214 53 minutes		53												
99215 63 minutes		63												
Total Office Visit Time			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Clinical Activity - *specify:*														
End: with last office visit before end of global period														
MEDICAL SUPPLIES*	**CODE**	**UNIT**												
pack, minimum multi-specialty visit	SA048	pack	1		1		1		1		1		1	
swab-pad, alcohol	SJ053	item	4		4		4		4		4		4	
electrode adhesive disk	SJ019	item	4		5		4		5		4		5	
paper, laser printing (each sheet)	SK057	item	15		15		20		20		10		10	
electrode, ECG (single)	SD053	item	4		5		4		5		4		5	
EQUIPMENT	**CODE**													
table, exam	EF023	minutes	18		25		20		28		8		26	
pacemaker follow-up system (incl software and hardware)	EQ198	minutes	18		25		20		28		8		26	

***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**

			Office Codes				PM/ICD Periprocedural Codes							
			REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
			93292		93292		93286		93286		93287		93287	
Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	**CMS Code**	**Staff Type**	Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Peri-procedural device evaluation and programming of device system parameters before or after a		Peri-procedural device evaluation and programming of device system parameters before or after a		Peri-procedural device evaluation and programming of device system parameters before or after a		Peri-procedural device evaluation and programming of device system parameters before or after a	
LOCATION			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
GLOBAL PERIOD	**XXX**													
TOTAL CLINICAL LABOR TIME			**20.0**	**0.0**	**29.0**	**0.0**	**19.0**	**0.0**	**28.0**	**0.0**	**21.0**	**0.0**	**28.0**	**0.0**
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**12.0**	**0.0**	**17.0**	**0.0**	**14.0**	**0.0**	**18.0**	**0.0**	**16.0**	**0.0**	**18.0**	**0.0**
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**11.0**	**0.0**	**16.0**	**0.0**	**13.0**	**0.0**	**17.0**	**0.0**	**15.0**	**0.0**	**17.0**	**0.0**
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst	**8.0**	**0.0**	**12.0**	**0.0**	**5.0**	**0.0**	**10.0**	**0.0**	**5.0**	**0.0**	**10.0**	**0.0**
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst	**8.0**	**0.0**	**12.0**	**0.0**	**5.0**	**0.0**	**10.0**	**0.0**	**5.0**	**0.0**	**10.0**	**0.0**
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
PRE-SERVICE														
Start: Following visit when decision for surgery or procedure made														
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**1**		**1**		**1**		**1**		**1**		**1**	
Coordinate pre-surgery services														
Schedule space and equipment in facility														
Provide pre-service education/obtain consent														
Follow-up phone calls & prescriptions														
Other Clinical Activity - *specify:*														
End: When patient enters office/facility for surgery/procedure														
SERVICE PERIOD														
Start: When patient enters office/facility for surgery/procedure:														
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst	**3**		**3**		**3**		**3**		**3**		**3**	
Obtain vital signs	L026A	Med Tech/Asst			**3**		**1**		**0**		**1**		**0**	
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	
Prepare room, equipment, supplies	L026A	Med Tech/Asst	**1**		**2**				**2**				**2**	
Setup scope (non facility setting only)														
Prepare and position patient/ monitor patient/ set up IV														
Sedate/apply anesthesia														
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	

LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	**XXX**													
Intra-service														
Assist physician in performing procedure	L037D	RN/LPN/MTA	5		10		5		10		7		10	
Assist physician/moderate sedation (% of physician time)														
Post-Service														
Monitor pt. following moderate sedation														
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)														
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)														
Clean room/equipment by physician staff	L026A	Med Tech/Asst	3		3				3				3	
Clean Scope														
Clean Surgical Instrument Package														
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	2		2		3		3		3		3	
Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst	1		1		2		2		2		2	
Review/read X-ray, lab, and pathology reports														
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions														
Other Clinical Activity - *specify:*														
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a		n/a		n/a	
Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a		n/a	
Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a		n/a	
End: Patient leaves office														
POST-SERVICE Period														
Start: Patient leaves office/facility														
Conduct phone calls/call in prescriptions														
Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
99211 16 minutes		16												
99212 27 minutes		27												
99213 36 minutes		36												
99214 53 minutes		53												
99215 63 minutes		63												
Total Office Visit Time			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Clinical Activity - *specify:*														
End: with last office visit before end of global period														
MEDICAL SUPPLIES*	**CODE**	**UNIT**												
pack, minimum multi-specialty visit	SA048	pack	1		1		1		1		1		1	
swab-pad, alcohol	SJ053	item	4		4		4		4		4		4	
electrode adhesive disk	SJ019	item	4		5		5		5		5		5	
paper, laser printing (each sheet)	SK057	item	10		10		10		10		10		10	
electrode, ECG (single)	SD053	item	4		5		5		5		5		5	
							2		2		2		2	
EQUIPMENT	**CODE**													
table, exam	EF023	minutes	11		28		13		27		15		27	
pacemaker follow-up system (incl software and hardware)	EQ198	minutes	11		28		13		27		15		27	

						Transtelephonic							
						REFERENCE CODE				REFERENCE CODE			
*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.			*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.			93293		93293		93296		93296	
Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	**CMS Code**	**Staff Type**	**Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS**	**CMS Code**	**Staff Type**	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead		Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead		Interrogation device evaluation(s), (remote), per 90 days, pacemaker or implantable		Interrogation device evaluation(s), (remote), per 90 days, pacemaker or implantable	
LOCATION			**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
GLOBAL PERIOD	**XXX**		**GLOBAL PERIOD**	**XXX**									
TOTAL CLINICAL LABOR TIME			**TOTAL CLINICAL LABOR TIME**			**48.0**	**0.0**	**48.0**	**0.0**	**28.0**	**0.0**	**28.0**	**0.0**
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9.0**	**0.0**	**9.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9.0**	**0.0**	**9.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst	**TOTAL CLINICAL LABOR TIME**	L037A	EDX Tech	**39.0**	**0.0**	**39.0**	**0.0**	**27.0**	**0.0**	**28.0**	**0.0**
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037A	EDX Tech	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037A	EDX Tech	**39.0**	**0.0**	**39.0**	**0.0**	**27.0**	**0.0**	**28.0**	**0.0**
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037A	EDX Tech	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
PRE-SERVICE			**PRE-SERVICE**										
Start: Following visit when decision for surgery or procedure made			**Start: Following visit when decision for surgery or procedure made**										
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA								
Coordinate pre-surgery services			Coordinate pre-surgery services										
Schedule space and equipment in facility			Schedule space and equipment in facility										
Provide pre-service education/obtain consent			Provide pre-service education/obtain consent										
Follow-up phone calls & prescriptions			Follow-up phone calls & prescriptions										
Other Clinical Activity - *specify:*			Other Clinical Activity - *specify:*										
End: When patient enters office/facility for surgery/procedure			**End: When patient enters office/facility for surgery/procedure**										
SERVICE PERIOD			**SERVICE PERIOD**										
Start: When patient enters office/facility for surgery/procedure:			**Start: When patient enters office/facility for surgery/procedure:**										
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst	Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst								
Obtain vital signs	L026A	Med Tech/Asst	Obtain vital signs	L037D	RN/LPN/MTA								
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA								
Prepare room, equipment, supplies	L026A	Med Tech/Asst	Prepare room, equipment, supplies	L026A	Med Tech/Asst								
Setup scope (non facility setting only)			Setup scope (non facility setting only)										
Prepare and position patient/ monitor patient/ set up IV			Prepare and position patient/ monitor patient/ set up IV										
Sedate/apply anesthesia			Sedate/apply anesthesia										
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA	Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA								

LOCATION			LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	**XXX**		**GLOBAL PERIOD**	**XXX**									
Intra-service			**Intra-service**										
Assist physician in performing procedure	L037D	RN/LPN/MTA	Assist physician in performing procedure	L037A	EDX Tech	**39**		**39**		**27**		**28**	
Assist physician/moderate sedation (% of physician time)			Assist physician in performing procedure	L037D	RN/LPN/MTA	**9**		**9**		**1**		**0**	
Post-Service			Assist physician/moderate sedation (% of physician time)										
Monitor pt. following moderate sedation			**Post-Service**										
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)			Monitor pt. following moderate sedation										
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)			Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)										
Clean room/equipment by physician staff	L026A	Med Tech/Asst	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)										
Clean Scope			Clean room/equipment by physician staff	L026A	Med Tech/Asst								
Clean Surgical Instrument Package			Clean Scope										
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	Clean Surgical Instrument Package										
Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA								
Review/read X-ray, lab, and pathology reports			Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst								
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			Review/read X-ray, lab, and pathology reports										
Other Clinical Activity - *specify:*			Check dressings & wound/ home care instructions /coordinate office visits /prescriptions										
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			Other Clinical Activity - *specify:*										
Dischrg mgmt (1.0 x 99238) (enter 12 min)			Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**	
Dischrg mgmt (1.0 x 99239) (enter 15 min)			Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**	
End: Patient leaves office			Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**	
POST-SERVICE Period			**End: Patient leaves office**										
Start: Patient leaves office/facility			**POST-SERVICE Period**										
Conduct phone calls/call in prescriptions			**Start: Patient leaves office/facility**										
Office visits: List Number and Level of Office Visits			Conduct phone calls/call in prescriptions										
99211 16 minutes		16	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
99212 27 minutes		27	99211 16 minutes		16								
99213 36 minutes		36	99212 27 minutes		27								
99214 53 minutes		53	99213 36 minutes		36								
99215 63 minutes		63	99214 53 minutes		53								
Total Office Visit Time			99215 63 minutes		63								
Other Clinical Activity - *specify:*			**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
End: with last office visit before end of global period			Other Clinical Activity - *specify:*										
MEDICAL SUPPLIES*	**CODE**	**UNIT**	**End: with last office visit before end of global period**										
pack, minimum multi-specialty visit	SA048	pack	**MEDICAL SUPPLIES***	**CODE**	**UNIT**								
swab-pad, alcohol	SJ053	item	pack, minimum multi-specialty visit	SA048	pack								
electrode adhesive disk	SJ019	item	swab-pad, alcohol	SJ053	item								
paper, laser printing (each sheet)	SK057	item	electrode adhesive disk	SJ019	item								
electrode, ECG (single)	SD053	item	paper, laser printing (each sheet)	SK057	item	**10**		**10**		**10**		**10**	
			electrode, ECG (single)	SD053	item								
EQUIPMENT	**CODE**		gloves, non-sterile	SB022	pair								
table, exam	EF023	minutes	**EQUIPMENT**	**CODE**									
pacemaker follow-up system (incl software and hardware)	EQ198	minutes	table, exam	EF023	minutes								
			pacemaker follow-up system (incl software and hardware)	EQ198	minutes			**39**				**28**	
			pacemaker interrogation, system	EQ320	minutes	**39**		**0**		**27**		**0**	

***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**

			90-Day Remote Codes							
			REFERENCE CODE				REFERENCE CODE			
			93294		93294		93295		93295	
Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	**CMS Code**	**Staff Type**	Interrogation device evaluation(s) (remote), up to 90 days; single, dual or multiple lead pacemaker system		Interrogation device evaluation(s) (remote), up to 90 days; single, dual or multiple lead pacemaker system		Interrogation device evaluation(s) (remote), up to 90 days; single, dual or multiple lead implantable		Interrogation device evaluation(s) (remote), up to 90 days; single, dual or multiple lead implantable	
LOCATION			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
GLOBAL PERIOD	**XXX**									
TOTAL CLINICAL LABOR TIME			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
PRE-SERVICE										
Start: Following visit when decision for surgery or procedure made										
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA								
Coordinate pre-surgery services										
Schedule space and equipment in facility										
Provide pre-service education/obtain consent										
Follow-up phone calls & prescriptions										
Other Clinical Activity - *specify:*										
End: When patient enters office/facility for surgery/procedure										
SERVICE PERIOD										
Start: When patient enters office/facility for surgery/procedure:										
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst								
Obtain vital signs	L026A	Med Tech/Asst								
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA								
Prepare room, equipment, supplies	L026A	Med Tech/Asst								
Setup scope (non facility setting only)										
Prepare and position patient/ monitor patient/ set up IV										
Sedate/apply anesthesia										
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA								

LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	**XXX**									
Intra-service										
Assist physician in performing procedure	L037D	RN/LPN/MTA								
Assist physician/moderate sedation (% of physician time)										
Post-Service										
Monitor pt. following moderate sedation										
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)										
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)										
Clean room/equipment by physician staff	L026A	Med Tech/Asst								
Clean Scope										
Clean Surgical Instrument Package										
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA								
Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst								
Review/read X-ray, lab, and pathology reports										
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions										
Other Clinical Activity - *specify:*										
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)										
Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**	
Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**	
End: Patient leaves office			**n/a**		**n/a**		**n/a**		**n/a**	
POST-SERVICE Period										
Start: Patient leaves office/facility										
Conduct phone calls/call in prescriptions										
Office visits: List Number and Level of Office Visits										
99211 16 minutes		16	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
99212 27 minutes		27								
99213 36 minutes		36								
99214 53 minutes		53								
99215 63 minutes		63								
Total Office Visit Time										
Other Clinical Activity - *specify:*			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
End: with last office visit before end of global period										
MEDICAL SUPPLIES*	**CODE**	**UNIT**								
pack, minimum multi-specialty visit	SA048	pack								
swab-pad, alcohol	SJ053	item								
electrode adhesive disk	SJ019	item								
paper, laser printing (each sheet)	SK057	item								
electrode, ECG (single)	SD053	item								
EQUIPMENT	**CODE**									
table, exam	EF023	minutes								
pacemaker follow-up system (incl software and hardware)	EQ198	minutes								

***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**

			REFERENCE CODE		REFERENCE CODE			
			93296		93299		93299	
Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	**CMS Code**	**Staff Type**	Interrogation device evaluation(s), (remote), per 90 days, pacemaker or implantable		Interrogation device evaluation(s), (remote), per 30 days, implantable cardiovascular monitor		Interrogation device evaluation(s), (remote), per 30 days, implantable cardiovascular monitor	
LOCATION			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
GLOBAL PERIOD	**XXX**							
TOTAL CLINICAL LABOR TIME			**28.0**	**0.0**	**0.0**	**0.0**	**28.0**	**0.0**
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**1.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**1.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst	**27.0**	**0.0**	**0.0**	**0.0**	**28.0**	**0.0**
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst	**27.0**	**0.0**	**0.0**	**0.0**	**28.0**	**0.0**
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
PRE-SERVICE								
Start: Following visit when decision for surgery or procedure made								
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA						
Coordinate pre-surgery services								
Schedule space and equipment in facility								
Provide pre-service education/obtain consent								
Follow-up phone calls & prescriptions								
Other Clinical Activity - *specify:*								
End: When patient enters office/facility for surgery/procedure								
SERVICE PERIOD								
Start: When patient enters office/facility for surgery/procedure:								
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst						
Obtain vital signs	L026A	Med Tech/Asst						
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA						
Prepare room, equipment, supplies	L026A	Med Tech/Asst						
Setup scope (non facility setting only)								
Prepare and position patient/ monitor patient/ set up IV								
Sedate/apply anesthesia								
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA						

LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	**XXX**							
Intra-service								
Assist physician in performing procedure	L037D	RN/LPN/MTA	**27**				**28**	
Assist physician/moderate sedation (% of physician time)			**1**				**0**	
Post-Service								
Monitor pt. following moderate sedation								
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)								
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)								
Clean room/equipment by physician staff	L026A	Med Tech/Asst						
Clean Scope								
Clean Surgical Instrument Package								
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA						
Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst						
Review/read X-ray, lab, and pathology reports								
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
Other Clinical Activity - *specify:*								
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)								
Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	
Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	
End: Patient leaves office			**n/a**		**n/a**		**n/a**	
POST-SERVICE Period								
Start: Patient leaves office/facility								
Conduct phone calls/call in prescriptions								
Office visits: List Number and Level of Office Visits								
99211 16 minutes		16	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
99212 27 minutes		27						
99213 36 minutes		36						
99214 53 minutes		53						
99215 63 minutes		63						
Total Office Visit Time								
Other Clinical Activity - *specify:*			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
End: with last office visit before end of global period								
MEDICAL SUPPLIES*	**CODE**	**UNIT**						
pack, minimum multi-specialty visit	SA048	pack						
swab-pad, alcohol	SJ053	item						
electrode adhesive disk	SJ019	item						
paper, laser printing (each sheet)	SK057	item						
electrode, ECG (single)	SD053	item	**10**				**10**	
EQUIPMENT	**CODE**							
table, exam	EF023	minutes						
pacemaker follow-up system (incl software and hardware)	EQ198	minutes						
							28	
			27				**0**	

***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**

			30-Day Remote Codes							
			REFERENCE CODE				REFERENCE CODE			
			93297		93297		93298		93298	
Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	**CMS Code**	**Staff Type**	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor		Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor		Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system,		Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system,	
LOCATION			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
GLOBAL PERIOD	**XXX**									
TOTAL CLINICAL LABOR TIME			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
PRE-SERVICE										
Start: Following visit when decision for surgery or procedure made										
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA								
Coordinate pre-surgery services										
Schedule space and equipment in facility										
Provide pre-service education/obtain consent										
Follow-up phone calls & prescriptions										
Other Clinical Activity - *specify:*										
End: When patient enters office/facility for surgery/procedure										
SERVICE PERIOD										
Start: When patient enters office/facility for surgery/procedure:										
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst								
Obtain vital signs	L026A	Med Tech/Asst								
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA								
Prepare room, equipment, supplies	L026A	Med Tech/Asst								
Setup scope (non facility setting only)										
Prepare and position patient/ monitor patient/ set up IV										
Sedate/apply anesthesia										
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA								

LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	**XXX**									
Intra-service										
Assist physician in performing procedure	L037D	RN/LPN/MTA								
Assist physician/moderate sedation (% of physician time)										
Post-Service										
Monitor pt. following moderate sedation										
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)										
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)										
Clean room/equipment by physician staff	L026A	Med Tech/Asst								
Clean Scope										
Clean Surgical Instrument Package										
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA								
Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst								
Review/read X-ray, lab, and pathology reports										
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions										
Other Clinical Activity - *specify:*										
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)										
Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**	
Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**	
End: Patient leaves office			**n/a**		**n/a**		**n/a**		**n/a**	
POST-SERVICE Period										
Start: Patient leaves office/facility										
Conduct phone calls/call in prescriptions										
Office visits: List Number and Level of Office Visits										
99211 16 minutes		16	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
99212 27 minutes		27								
99213 36 minutes		36								
99214 53 minutes		53								
99215 63 minutes		63								
Total Office Visit Time										
Other Clinical Activity - *specify:*			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
End: with last office visit before end of global period										
MEDICAL SUPPLIES*	**CODE**	**UNIT**								
pack, minimum multi-specialty visit	SA048	pack								
swab-pad, alcohol	SJ053	item								
electrode adhesive disk	SJ019	item								
paper, laser printing (each sheet)	SK057	item								
electrode, ECG (single)	SD053	item								
EQUIPMENT	**CODE**									
table, exam	EF023	minutes								
pacemaker follow-up system (incl software and hardware)	EQ198	minutes								

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

October 2016

Cardiac Electrophysiology Device Monitoring Services

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT codes 93280, 93288, 93293, 93294, 93295, and 93296 were identified and the specialty societies indicated they will survey the entire family services for the October 2016 RUC meeting.

To survey this large family of services, the specialty societies obtained the RUC's approval to complete traditional surveys for the three benchmark codes 93280, 93283 and 93288. These services were selected because they are commonly performed and well understood, encompassing the two main devices, pacemakers and implantable cardioverter defibrillator s (ICDs). Respondents then surveyed the remaining services for physician time and work RVU.

Pacemaker Services

93279 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system
The RUC reviewed the survey results from 78 cardiologists and determined that the current value 0.65, below the survey 25th percentile work RVU of 0.70, appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes pre-service time, 10 minutes intra-service time and 7 minutes immediate post-service time. The specialty societies indicated and the RUC agreed that the physician work and time has not changed since this service was last reviewed. For additional support the RUC referenced MPC code 76830 *Ultrasound, transvaginal* (work RVU = 0.69 and 10 minutes intra-service time) and similar service 95937 *Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method* (work RVU = 0.65 and 12 minutes intra-service time). **The RUC recommends a work RVU of 0.65 for CPT code 93279.**

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93280 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system

The RUC reviewed the survey results from 78 cardiologists and determined that the current value 0.77, similar to the survey 25th percentile work RVU of 0.75, appropriately accounts for the work required to perform this service. The RUC recommends 7 minutes pre-service time, 15 minutes intra-service time and 10 minutes immediate post-service time. The specialty societies indicated and the RUC agreed that the physician work has not changed since this service was last reviewed. The RUC compared 93280 to the top to key reference services 93750 *Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report* (work RVU = 0.92 and 30 minutes of intra-service time) and 99213 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU = 0.97 and 15 minutes of intra-service time) and determined that this service requires slightly less physician work to complete. For additional support the RUC referenced MPC codes 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* (work RVU = 0.75 and 20 minutes intra-service time) and 76816 *Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus* (work RVU = 0.85 and 15 minutes intra-service time). **The RUC recommends a work RVU of 0.77 for CPT code 93279.**

93281 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system

The RUC reviewed the survey results from 78 cardiologists and determined that a crosswalk to a work RVU of 0.85 appropriately accounts for the work required to perform this service. The RUC noted that the intra-service time had decreased by 5 minutes, therefore the current value of 0.90 and survey 25th percentile work RVU of 0.89 were slightly high given the decrease in time. The RUC recommends 7 minutes pre-service time, 15 minutes intra-service time and 10 minutes immediate post-service time. The RUC recommended to crosswalk the work RVU to MPC code 76816 *Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus* (work RVU = 0.85 and 15 minutes intra-service time). **The RUC recommends a work RVU of 0.85 for CPT code 93281.**

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93288 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system
The RUC reviewed the survey results from 78 cardiologists and determined that the current value 0.43, below the survey 25th percentile work RVU of 0.60 appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes pre-service time, 10 minutes intra-service time and 7 minutes immediate post-service time. The specialty societies indicated and the RUC agreed that the physician work and time has not changed since this service was last reviewed. The RUC noted that 93288 is parallel to the other interrogation codes 93290 and 93292, which all require the same physician work and 10 minutes of intra-service time. For additional support the RUC referenced MPC code 29540 *Strapping; ankle and/or foot* (work RVU = 0.39 and 9 minutes intra-service time) and similar service 75902 *Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation* (work RVU = 0.39 and 10 minutes intra-service time). **The RUC recommends a work RVU of 0.43 for CPT code 93288.**

Implantable Cardioverter Defibrillator (ICD) Services

93282 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system
The RUC reviewed the survey results from 78 cardiologists and determined that the current value 0.85, which is the survey 25th percentile work as well, appropriately accounts for the work required to perform this service. The RUC recommends 6 minutes pre-service time, 12 minutes intra-service time and 10 minutes immediate post-service time. For additional support the RUC referenced MPC code 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU = 0.81 and 11 minutes intra-service time) which appropriately requires slightly less physician work and time. **The RUC recommends a work RVU of 0.85 for CPT code 93282.**

93283Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system
The RUC reviewed the survey results from 78 cardiologists and determined that the current work value 1.15, in between the survey 25th percentile work RVU of 0.91 and survey median work RVU of 1.25, appropriately accounts for the work required to perform this service. The RUC recommends 10 minutes pre-service time, 15 minutes intra-service time and 10 minutes immediate post-service time. The RUC compared 93283 to the top to key reference services 93750 *Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report* (work RVU = 0.92 and 30 minutes of intra-service time) and 99238 *Hospital discharge day management; 30 minutes or less* (work RVU = 1.28 and 20 minutes of intra-service time) and determined that this service requires slightly less physician work to complete. For additional support the RUC referenced MPC codes 70460 *Computed tomography, head or brain; with contrast material(s)* (work RVU = 1.13 and 12 minutes intra-service time) and 95819 *Electroencephalogram (EEG); including recording awake and asleep* (work RVU = 1.08 and 15 minutes intra-service time). **The RUC recommends a work RVU of 1.15 for CPT code 93283.**

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93284 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system
The RUC reviewed the survey results from 78 cardiologists and determined that the current work value 1.25, which is between the survey 25th percentile work of 0.95 and survey median of 1.40, appropriately accounts for the work required to perform this service. The RUC recommends 9 minutes pre-service time, 18 minutes intra-service time and 10 minutes immediate post-service time. For additional support the RUC referenced MPC code 99238 *Hospital discharge day management; 30 minutes or less* (work RVU = 1.28 and 20 minutes of intra-service time), which appropriately requires similar physician work and time. **The RUC recommends a work RVU of 1.25 for CPT code 93284.**

93289 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements
The RUC reviewed the survey results from 78 cardiologists and determined that the survey 25th percentile work RVU of 0.75 appropriately accounts for the work required to perform this service. The intra-service time had decreased by 5 minutes from the last time it was surveyed therefore, the RUC determined that decreasing the work RVU from the current 0.92 to the 25th percentile appropriately addresses the decrease in time, while maintaining rank order among these service. The RUC recommends 5 minutes pre-service time, 10 minutes intra-service time and 9 minutes immediate post-service time. For additional support the RUC referenced MPC code 76817 *Ultrasound, pregnant uterus, real time with image documentation, transvaginal* (work RVU = 0.75 and 10 minutes intra-service time) which appropriately requires the same physician work. **The RUC recommends a work RVU of 0.75 for CPT code 93289.**

Peri-Procedural Services

93286 Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system
The RUC reviewed the survey results from 78 cardiologists and determined that the current work value 0.30, which is below the survey 25th percentile work of 0.60, appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes pre-service time, 10 minutes intra-service time and 7 minutes immediate post-service time, which is the same total time as it is currently. The RUC noted that 93286 is similar to 93279 (recommended work RVU =0.65) and is valued approximately half the physician work of 93279 because 93286 will be reported peri-procedurally, once before the procedure and once after the procedure. Additionally, code 93286 and 93279 are comparable because both involve interrogation and programming of a pacemaker device. The RUC determined a lesser relative value for 93286 is appropriate because this service involves only interrogating certain parameters and programming certain parameters. For additional support the RUC referenced comparable code 94726 *Plethysmography for determination of lung volumes and, when performed, airway resistance* (work RVU = 0.26 and 5 minutes of intra-service time) which requires less physician work and time. **The RUC recommends a work RVU of 0.30 for CPT code 93286.**

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93287 Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system
The RUC reviewed the survey results from 78 cardiologists and determined that the current work value 0.45, which is below the survey 25th percentile work of 0.70, appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes pre-service time, 10 minutes intra-service time and 10 minutes immediate post-service time. The RUC determined that while this service is similar to 93282 (recommended work RVU= 0.85), due to both involving interrogation and programming of a defibrillator device, the surveyed code should be valued approximately half the work because 93287 will be reported peri-procedurally, once before the procedure and once after the procedure.For additional support the RUC referenced comparable code 77002 *Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)* (work RVU = 0.54 and 15 minutes of intra-service time) which requires more physician work and time. **The RUC recommends a work RVU of 0.45 for CPT code 93287.**

Other Cardiac Device Services

93285 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system
The RUC reviewed the survey results from 78 cardiologists and determined that the current work value 0.52, which is below the survey 25th percentile work of 0.60, appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes pre-service time, 10 minutes intra-service time and 5 minutes immediate post-service time. The RUC questioned why 93285 is more intense than 93292 (recommended work RVU = 0.43), as they have the same physician time. The specialty society indicated that the loop recorder, 93285, has multiple parameters to program to make sure it is sensing and detecting appropriately. There are many different ways to program depending on what type of rhythm the physician is looking for, bradyarrhythmia, tachyarrhythmia or irregular arrhythmia and sensing needs to be adjusted based on where it is placed and the movement of the patient. Given this explanation and supported by the IWPUT of 0.030, the RUC determined 93285 is more intense than 93292. For additional support the RUC referenced comparable codes 93926 *Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study* (work RVU = 0.50 and 10 minutes of intra-service time) and 76820 *Doppler velocimetry, fetal; umbilical artery* (work RVU = 0.50 and 10 minutes intra-service time) which require similar physician work and time. **The RUC recommends a work RVU of 0.52 for CPT code 93285.**

93290 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors
The RUC reviewed the survey results from 78 cardiologists and determined that the current work value 0.43, which is below the survey 25th percentile work of 0.58, appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes pre-service time,

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10 minutes intra-service time and 8 minutes immediate post-service time. The RUC noted that 93290 is parallel to the pacemaker interrogation code 93288 and wearable defibrillator interrogation code 93292, all require the same physician work and 10 minutes of intra-service time. For additional support the RUC referenced comparable code 29540 *Strapping; ankle and/or foot* (work RVU = 0.39 and 9 minutes intra-service time) which requires similar physician work and time. **The RUC recommends a work RVU of 0.43 for CPT code 93290.**

93291 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis

The RUC reviewed the survey results from 78 cardiologists and determined that the a crosswalk to 0.37 work RVUs is appropriate due to the 5 minute decrease in intra-service time. The RUC recommends 5 minutes pre-service time, 7 minutes intra-service time and 5 minutes immediate post-service time. The RUC crosswalked 93291 to 96446 *Chemotherapy administration into the peritoneal cavity via indwelling port or catheter* (work RVU = 0.37 and 7 minutes intra-service time). For additional support the RUC referenced comparable code 92228 *Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral* (work RVU = 0.37 and 8 minutes intra-service time) which requires similar physician work and time. **The RUC recommends a work RVU of 0.37 for CPT code 93291.**

93292 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system

The RUC reviewed the survey results from 78 cardiologists and determined that the current work value 0.43, which is below the survey 25th percentile work of 0.60, appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes pre-service time, 10 minutes intra-service time and 5 minutes immediate post-service time. The RUC noted that 93292 is parallel to the other interrogation codes 93288 and 93290, all require the same physician work and 10 minutes of intra-service time. For additional support the RUC referenced comparable code 29540 *Strapping; ankle and/or foot* (work RVU = 0.39 and 9 minutes intra-service time) which requires similar physician work and time. **The RUC recommends a work RVU of 0.43 for CPT code 93292.**

Remote Monitoring Services **(93293, 93294, 93295, 93297 & 93298)**

The specialty societies indicated and the RUC agreed that the survey respondents may have based their responses on a single transmission and not all transmissions for the 30-90 days as described. **The specialty society will resurvey the remote monitoring codes 93293, 93294, 93295, 93297 and 93298 with specific instructions vetted via the Research Subcommittee directing survey respondents to account for the work and time required for all transmissions provided. These services will be resurveyed in January 2017 and will be included in the same cycle, CPT 2018.**

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Practice Expense
The Practice Expense Subcommittee reviewed the direct practice expense inputs and made the following modifications:

1) Reduced vital signs from 5 to 3 minutes;
2) Reduced the assist anting the physician in performing the procedure to line 35 to reflect the physician intra-service time was at least the clinical staff intra-time or more ;
3) Revised the PE SORs to clearly distinguish the different activities of the two clinical staff on lines 44 and 45 as they are completing different forms and performing different work;
4) Adjusted all the equipment by a couple minutes based on the changes in intra-service time; and
5) Discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. **The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.**

The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
93279 (f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system	XXX	0.65 (No Change)

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93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	XXX	0.77 (No Change)
93281 (f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	XXX	0.85
93282 (f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	XXX	0.85 (No Change)
93283 (f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	XXX	1.15 (No Change)
93284 (f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	XXX	1.25 (No Change)
93285(f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system	XXX	0.52 (No Change)

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93286 (f)	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system	XXX	0.30 (No Change)
93287 (f)	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	XXX	0.45 (No Change)
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system	XXX	0.43 (No Change)
93289 (f)	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	XXX	0.75
93290 (f)	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	XXX	0.43 (No Change)
93291 (f)	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis	XXX	0.37

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93292 (f)	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	XXX	0.43 (No Change)
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	XXX	Survey for January 2017 (2016: 0.32)
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	XXX	Survey for January 2017 (2016: 0.65)
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	XXX	Survey for January 2017 (2016: 1.29)
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	XXX	PE Only
93297 (f)	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	XXX	Survey for January 2017 (2016: 0.52)

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93298 (f)	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	XXX	Survey for January 2017 (2016: 0.52)
93299 (f)	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	XXX	PE Only

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Overview

CMS identified several cardiac device monitoring services in CY 2016 PFS rulemaking—93280, 93288, 93293, 93294, 93295, and 93296—as potentially misvalued on its high-expenditure screen. Consistent with RUC policy, the societies expanded the review to include the entire family of cardiac device monitoring codes—19 codes with work and PE and 2 PE-only codes.

Motivated by the difficulty of surveying this many codes at once, but also a need for survey respondents to review all codes in an effort to ensure appropriate rank order, the societies sought and received Research Subcommittee approval for an alternative survey methodology. Survey respondents completed traditional RUC surveys of three benchmark services in the family—93280 (Dual pacemaker programming evaluation), 93283 (Dual ICD programming evaluation), and 93298 (30-day remote implantable loop recorder interrogation). These codes were selected because they are commonly performed and well understood, encompassing the two main devices—pacemakers and ICDs—and the two types of services—in-office programming and remote interrogation. Respondents were then taken to a table of all 19 codes divided into groups by service similarity. Time and work RVU responses from the three comprehensive surveys were transferred into that table. Survey respondents then completed the table for pre-service, intra-service, post-service times, and work RVUs. During this step, respondents also could adjust their responses from the three benchmark surveys. That survey tool is included in Tab 25 materials.

The societies also requested Research Subcommittee review of the RSL and vignettes. The Subcommittee supported the range of the RSL and appreciated the mix of MPC services. With the entire, large code-family being surveyed at once, we appreciated the Subcommittee's suggestions and applied their revisions.

Survey respondents generally appear to have understood the exercise of constructing rank order within the smaller groupings and for the most part these fit together within the larger family. However, there are exceptions where either rank order within a device family rank order across device families does not perfectly align. We identified some of these in our initial submission. Others were pointed out by preliminary reviewers. We have made some modifications to our initial recommendations in an attempt to more carefully address these inconsistencies. This rank order (as shown in Table 1) reflects the increasing intensity and decision-making complexity of these services.

One common theme we heard from reviewers was a desire to better understand differences in intensity between services and between devices. In response, we have updated the work descriptors in each SOR to eliminate errors, eliminate confusion about whether certain aspects of the services are performed by the physician or clinical staff, and to more simply present the physician work so services can be better compared. We also added vignettes to the SORs where they had previously been left out because they were not surveyed.

We note that the current values and times were often internally crosswalked or imputed by building block. Survey results at the 25th-percentile closely aligned with the current values in many instances. When possible, we have used the survey to validate work RVUs and update times. We had hoped to rely entirely on the surveys, but found that in certain instances it still made more sense to impute times for some of the services.

Finally, reviewer comments and suggestions helped us identify an issue that may address some questions service time. Reviewers noted reductions in survey intraservice time were often accompanied by increases in survey postservice times, and often that survey work RVUs did not decrease. After further scrutiny, we suggest that survey respondents are not as equipped as members of the RUC to distinguish intraservice time from postservice time for these services. Some respondents may have considered certain activities as postservice—there could be a blurring of the line as they interpret data but also prepare and finalize a report. This would explain a shift in the allocation of time from intraservice to postservice in some instances, additional increases to postservice time in some cases for devices with advanced features, and the lack of reduction in survey work RVUs.

Table 1: Recommendations in Rank Order

Code	Desc	wRVU	Intra	Total	Notes
93286	PERI-PX PACEMAKER DEVICE EV	0.30	10	21.5	Maintain. Below survey 25th 0.60.
93293	TRANSTELEPHONIC PM PHONE R-STRIP DEVICE EVAL, 90-DAY	0.32	5	15	Maintain. Below survey 25th 0.40.
93288	PM DEVICE INTERROGATION EVAL IN PERSON	0.43	10	22	Maintain. Below survey 25th 0.60.
93290	ICM DEVICE INTERROGATION EVAL IN PERSON	0.43	10	23	Maintain. Below survey 25th 0.58.
93291	ILR DEVICE INTERROGATION EVAL IN PERSON	0.43	7	17	Maintain. Below survey 25th 0.50.
93292	WCD DEVICE INTERROGATION EVAL IN PERSON	0.43	10	20	Maintain. Below survey 25th 0.60.
93287	PERI-PX ICD DEVICE EV	0.45	10	25	Maintain. Below survey 25th 0.70.
93285	ILR DEVICE PROGR EVAL	0.52	10	20	Maintain. Below survey 25th 0.60.
93297	ICM DEVICE INTERROGATION REMOTE, 30-DAY	0.52	10	46	Maintain. Below survey 25th 0.55. RUC derived current times as double 93290. We propose that method again.
93298	ILR DEVICE INTERROGATION REMOTE, 30-DAY	0.52	10	34	Maintain. Matches survey 25th 0.52. RUC derived current times as double 93290. We propose that method again, doubling 93291.
93294	PM DEVICE INTERROGATION REMOTE, 90-DAY	0.65	15	33	Maintain. RUC derived current times and values as 1.5 of 93288. We propose that method again.
93279	PM DEVICE	0.65	10	22	Maintain. Below survey 25th 0.70.

	PROGR EVAL SNGL				
93289	ICD DEVICE INTERROGATIO N EVAL IN PERSON	0.75	10	23.5	Reduce to survey 25th 0.75.
93280	PM DEVICE PROGR EVAL DUAL	0.77	15	32	Maintain. Above survey 25th 0.75. Time increase.
93282	ICD DEVICE PROGR EVAL SNGL	0.85	12	28	Maintain. Matches survey 25th 0.85.
93281	PM DEVICE PROGR EVAL MULTI	0.90	20	37	Maintain. Above survey 25th 0.89. Time increase.
93295	ICD DEVICE INTERROGATIO N REMOTE, 90-DAY	1.13	15	35.5	Reduce. RUC derived current times and values as 1.5 of 93289. We propose that method again.
93283	ICD DEVICE PROGR EVAL DUAL	1.15	15	35	Maintain. Above survey 25th 0.91. Time increase.
93284	ICD DEVICE PROGR EVAL MULTI	1.25	17.5	37.5	Maintain. Above survey 25th 0.95. Time increase.

1,500 non-duplicative members were randomly surveyed (1,000 from ACC, 500 from HRS). 78 respondents completed the survey, so each code has 78 respondents. This meets the response threshold of 75 completed surveys for services with utilization over 1,000,000; that was necessary for code 93280.

Pacemaker Office Services

93280 In this group of four codes, we used code 93280 for programming evaluation of a dual-chamber pacemaker as the benchmark survey. Respondents completed the traditional RUC survey for this code. Key reference service 93750 for Ventriclar Assist Device interrogation was selected by 18 respondents. These respondents found 93280 to be slightly more intense/complex in some measures, slightly less in others, and overall equivalent to 93750. These results are summarized in the SOR and the new intensity/complexity addendum. Second key reference code 99213 for a level-3 office visit was selected by 14 respondents. These respondents found 93280 to be slightly more intense/complex in some measures, slightly less in others, and overall slightly more intense/complex than 99213.

Despite the comparison to higher-valued key reference services and the slight increase in total time indicated by survey respondents, we do not believe we have a compelling evidence argument to recommend the survey median. As such, we are **recommending the current work RVU of 0.77 with median survey times of 7 minutes preservice, 15 minutes intraservice, and 10 minutes postservice.** These times result in a 2-minute decrease in intraservice time but a 5-minute increase in total time that we believe supports the current value. This value is near the survey 25th-percentile value of 0.75. It aligns well with identified MPC services as shown in the summary spreadsheet and the SOR—cardiovascular stress test code 93015 with a work RVU of 0.75 and times of 2 minutes preservice, 20 minutes intraservice, 4 minutes postservice, and ultrasound of pregnant uterus code 76816 with a work RVU of 0.86 and times of 6 minutes preservice, 15 minutes intraservice, 10 minutes postservice.

93279 For the second code in this group, we move down in rank order and present code 93279 for programming evaluation of a single-chamber pacemaker. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.65 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 7 minutes postservice.** These times result in a 2-minute increase in total time that we believe supports the current value. This value is slightly below the survey 25th-percentile value of 0.70. This is one of several instances where we followed the precedent of maintaining the current value when it falls below the 25th-percentile, as we do not have a compelling evidence argument for this code. For validation, we suggest comparing this code to MPC code 76830 for transvaginal ultrasound with a work RVU of 0.69 and times of 5 minutes preservice, 10 minutes intraservice, and 8 minutes postservice as presented in the summary spreadsheet.

93288 For the third code in this group, we move another step down in rank order and present 93288 for interrogation evaluation of a single, dual, or multi-chamber pacemaker. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.43 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 7 minutes postservice.** These times result in a 2-minute increase in total time that we believe supports the current value. This value is below the 25th-percentile value of 0.60. Acknowledging that survey respondents indicated this service to have the same time inputs as 93279, we note this is currently the case with these two codes and the difference based on intensity. For validation, we suggest comparing this code to MPC code 29540 for ankle strapping which is slightly shorter and lower-valued with a work RVU of 0.39 and times of 7 minutes preservice, 9 minutes intraservice, and 2 minutes postservice as presented in the summary spreadsheet.

93281 For the fourth and final code in this group, we go back above the benchmark survey code in rank order to code 93281 for programming evaluation of a multi-chamber pacemaker. This is one instance where the survey table did not provide a reasonable rank order. Respondents indicated this 93281 to have 30 seconds less preservice time and the same intraservice time as dual-chamber code 93280. **As such, we recommend the current work RVU of 0.90 with 93280's preservice time of 7 minutes, an expert consensus intraservice time of 16 minutes, and survey median postservice time of 10 minutes.** These times more sensibly align this service as the most difficult in-office pacemaker programming code, and also make sense in comparison to the multi-lead ICD code that will be presented later. This value is slightly above the survey 25th-percentile value of 0.89. For validation, we suggest comparing this code to slightly shorter MPC code 76816 for ultrasound of pregnant uterus with a work RVU of 0.86 and times of 6 minutes preservice, 15 minutes intraservice, and 10 minutes post-service.

ICD Office Services

93283 In this group of four codes, we start with benchmark survey code 93283 for programming evaluation of a dual-chamber ICD. Respondents completed the traditional RUC survey for this code. Key reference service 93750 for VAD interrogation was selected by 13 respondents. These respondents found 93283 to be slightly more intense/complex in every measure. These results are summarized in the SOR and the new intensity/complexity addendum. Second key reference code 99238 for hospital discharge day management was selected by 11 respondents. These respondents found 93283 to be more intense/complex every measure than 99238.

Reflecting the survey and reasonable alignment between key reference services and MPC comparators as shown in the summary spreadsheet, the societies recommend **the current work RVU of 1.15 with median survey times of 10 minutes preservice, 15 minutes intraservice, and 10 minutes postservice.** These times result in a 2-minute increase in total time that we believe supports the current value. This value is between the survey 25th-percentile and median values. It aligns well with identified MPC services as shown in the summary spreadsheet and the SOR—CT head code 70460 with a work RVU of 1.13 and times of 5 minutes preservice, 12 minutes intraservice, 5 minutes postservice, and asleep and awake EEG code 95819 with a work RVU of 1.08 and times of 5 minutes preservice, 15 minutes intraservice, 6 minutes postservice.

93282 For the second code in this group, we move down in rank order and present code 93282 for programming evaluation of a single-chamber ICD. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.85 with median survey times of 6 minutes preservice, 12 minutes intraservice, and 10 minutes postservice.** These times result in no change in total time that we believe supports the current value. This value also happens to match the survey 25th-percentile. For validation, we suggest comparing this code to slightly shorter MPC code 76700 for complete abdominal ultrasound with a work RVU of 0.81 and times of 5 minutes preservice, 11 minutes intraservice, and 5 minutes postservice as presented in the summary spreadsheet.

93289 For the third code in this group, we move another step down in rank order and present 93289 for interrogation evaluation of a single, dual, or multi-chamber ICD. Respondents indicated service times and a work RVU for this code using the table. After considering reviewer comments that this value creates a rank order issue within the ICD codes by placing interrogation higher than single-lead programming, **we recommend the survey 25th-percentile work RVU of 0.75 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 8.5 minutes postservice.** This ICD group will now

mirror the pacemaker group, with a progression in work from interrogation to single-, dual-, then multi-lead device programming services. This value also accounts for small reduction in total time that includes a shift of time from intraservice to postservice. Acknowledging that survey respondents indicated this service to have the same 10 minutes of intraservice time as 93288, we note that a difference remains in total time and intensity. For validation, we suggest comparing this code to nearly identical code 76817 for transvaginal ultrasound with a work RVU of 0.75 and times of 5 minutes preservice, 10 minutes intraservice, and 8 minutes postservice as presented in the summary spreadsheet.

93284 For the fourth and final code in this group, we go back above the benchmark survey code in rank order to code 93284 for programming evaluation of a multi-chamber ICD. Respondents indicated service times and a work RVU for this code using the table. This is a second instance where the survey table did not provide a reasonable rank order, as respondents indicated 93284 to have 1 minute less preservice time than dual-chamber code 93283. **As such, we recommend the current work RVU of 1.25 with 93283's preservice time of 10 minutes, then median survey times of 17.5 minutes intraservice and 10 minutes postservice.** These times result in a 2.5-minute increase intraservice time and 4-minute increase in total time that we believe supports the current value. This value falls between the survey 25th-percentile value of 0.95 and the median of 1.40. For validation we suggest comparing this code to slightly longer MPC code 99238 for hospital discharge day management with a work RVU of 1.28 and times of 8 minutes preservice, 20 minutes intraservice, and 10 minutes postservice as presented in the summary spreadsheet.

Pacemaker & ICD Peri-procedural Services

Two codes exist for evaluation of an implantable pacemaker or ICD to adjust device settings appropriate for the patient before and/or after a procedure or test.

93286 The first code of this pair describes peri-procedural device programming of a single, dual, or multi-chamber pacemaker. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.30 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 6.5 minutes postservice.** As discussed previously, we see some time shift between intraservice and postservice, which we believe supports the current value. This value is below the 25th-percentile RVU of 0.60. For validation, we suggest comparing this code to commonly performed, slightly shorter, and lower-valued code 94726 for plethysmography with a work RVU of 0.26 and times of 5 minutes preservice, 5 minutes intraservice, and 5 minutes postservice as presented in the summary spreadsheet.

93287 The second code of this pair describes peri-procedural device programming of a single, dual, or multi-chamber ICD. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.45 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 10 minutes postservice.** We again see some time shift between intraservice and postservice, which we believe supports the current value. This value is below the 25th-percentile RVU of 0.70. For validation, we suggest comparing this code to commonly performed, longer, and higher-valued code 77002 for fluoroscopic needle guidance with a work RVU of 0.54 and times of 7 minutes preservice, 15 minutes intraservice, and 5 minutes postservice as presented in the summary spreadsheet.

Other Device Office Services

Rounding out the services performed with the patient present is a group of four codes: three interrogation and one programming. This group is somewhat challenging because total time stays the same or goes down slightly, but the survey 25th-percentile values are still higher than the current value. We note that when these codes were previously valued, the work of the three interrogation codes was felt to be roughly the same as a crosswalk, pacemaker interrogation code 93288, even though the codes had slightly different time inputs. That work consistency remains, as does the slight time variation.

93290 The most common of these codes describes interrogation of an implantable cardiovascular monitor. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.43 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 8 minutes postservice.** This value is below the 25th-percentile RVU of 0.58. For validation, we suggest comparing this code to slightly shorter and lower-valued MPC code 29540 for ankle strapping with a work RVU of 0.39 and times of 7 minutes preservice, 9 minutes intraservice, and 2 minutes postservice as presented in the summary spreadsheet.

93292 The least common of these codes describes interrogation of a wearable cardiac defibrillator. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.43 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice.** This value is below the 25th-percentile RVU of 0.60. For validation, we again suggest comparing this code to slightly shorter and lower-valued MPC code 29540 for ankle strapping with a work RVU of 0.39 and times of 7 minutes preservice, 9 minutes intraservice, and 2 minutes postservice as presented in the summary spreadsheet.

93291 The third and fourth codes in this group are both related for implantable loop recorders. 93291 describes the in-office interrogation of that device. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.43 with median survey times of 5 minutes preservice, 7 minutes intraservice, and 5 minutes postservice.** This value is below the 25th-percentile RVU of 0.50. As we noted earlier, this code and the previous two were all deemed equal to pacemaker interrogation code 93288 even though the codes had slightly different time inputs. We believe that methodology is still appropriate. For validation, we again suggest comparing this code to slightly longer and higher-valued code 93971 for limited duplex scan of extremity veins with a work RVU of 0.45 and times of 3 minutes preservice, 10 minutes intraservice, and 5 minutes postservice as presented in the summary spreadsheet.

93285 The final code in this group describes in-office programming of an implantable loop recorder. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.52 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice.** This value is below the 25th-percentile RVU of 0.60. For validation, we suggest comparing this code to commonly performed, and similarly-valued code 93926 for limited lower extremity duplex scan with a work RVU of 0.50 and identical times of 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice as presented in the summary spreadsheet.

Remote Monitoring Services

The final group of codes describes five remote device interrogation services. It is important to note that the times and values for these codes were imputed by societies and the RUC from other services when they were first valued in 2008. Those rationales are briefly summarized below in Table 2 for reference. Certain aspects of those assumptions still hold true. We again rely on calculated times after finding some inconsistencies within device families in our initial submission.

Table 2: Current Imputed times and values for remote services

Code	Desc	wRVU	Intra	Total	2008 RUC Rationale Notes
93293	TRANSTELEPHONIC PM PHONE R-STRIP DEVICE EVAL	0.32	10	20	1.9 transmissions per 90 days; 190% of survey times; 190% wRVU of 93010
93294	PM INTERROGATION REMOTE, 90-DAY	0.65	15	30	1.5 transmissions per 90 days; 150% of 93288 times; 150% wRVU of 93288
93295	ICD INTERROGATION REMOTE, 90-DAY	1.29	22.5	37.5	1.5 transmissions per 90 days; 150% of 93289 times; 150% wRVU of 93289 (later reduced by CMS)
93297	ICM INTERROGATION REMOTE, 30-DAY	0.52	24	50	2 transmissions per 30 days; 200% of 93290 times; wRVU crosswalk to 93228
93298	ILR INTERROGATION REMOTE, 30-DAY	0.52	24	44	2 transmissions per 30 days; 200% of 93290 times; wRVU crosswalk to 93228

93298 In this group of codes, we set code 93298 for 30-day remote interrogation evaluation of an implantable loop recorder as the benchmark survey. Respondents completed the traditional RUC survey for this code. Key reference service 93224 for 48-hour ECG recording was selected by 31 respondents. These respondents found 93298 to be somewhat more intense/complex in every measure. These results are summarized in the SOR and the new intensity/complexity addendum. Second key reference code 93015 for cardiovascular stress test was selected by 10 respondents. These respondents found 93298 to be more intense/complex every measure than 99238.

Median survey times for 93298 are 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice. In considering reviewer comments and further scrutinizing our original recommendations, we realized that these times do not reflect a large enough increment from in-office interrogation code 93291 that has times of 5 minutes preservice, 7 minutes intraservice, and 5 minutes postservice. This suggests to us that survey respondents did not correctly consider the multiple transmissions that occur in a 30-day period. The current assumption that two transmissions are reviewed per 30 days remains reasonable, if not somewhat conservative. As such, **we recommend doubling the times from 93291 and using the 93298 survey 25th-percentile work RVU of 0.52, which also happens to be the current value. This produces calculated times of 10 minutes preservice, 14 minutes intraservice, and 10 minutes postservice.** MPC codes with bracketing values but shorter times are included in the SOR and summary sheet. We would also direct the RUC's attention to additional comparator 95926 for lower limb somatosensory evoked potential study, with a work RVU of 0.54 and times of 6.5 minutes preservice, 15 minutes intraservice, and 10 minutes postservice.

93297 The second code of this group describes 30-day remote interrogation evaluation of an implantable cardiac monitor, most commonly heart failure data from a CRT-D device. Respondents indicated service times and a work RVU for this code using the table. Median survey times for 93297 are 5 minutes preservice, 7.5 minutes intraservice, and 5 minutes postservice. In considering reviewer comments and further scrutinizing our original recommendations, we realized that these times create a rank order issue with in-office interrogation code 93290 that has longer survey times of 5 minutes preservice, 10 minutes intraservice, and 8 minutes postservice. This suggests to us that survey respondents did not correctly consider the multiple transmissions that occur in a 30-day period. The current assumption that two transmissions are reviewed per 30 days remains reasonable, if not somewhat conservative. As such, **we recommend doubling the times from 93290 and using the current 93297 work RVU of 0.52. This produces calculated times of 10 minutes preservice, 20 minutes intraservice, and 16 minutes postservice.** This value is below the 25th-percentile RVU of 0.55. As with the previous code, it seems the current crosswalk value of 0.52 is about right while the imputed time was an overestimate, as suggested by the negative IWPUT. As providers of this service, we also believe it is reasonable for this service to have the same work RVU as 93298 with a slightly higher time. The decision-making for this patient population is more complex. We acknowledge this service will still have a negative IWPUT, but aside from recommending an increase in work RVU we see no way to avoid that outcome. For validation, a comparison can be made to slightly shorter and lower-valued code 92548 for computerized posturography, with a work RVU of 0.50 and times of 10 minutes preservice, 15 minutes intraservice, and 15 minutes postservice.

93293 Now that we've addressed the two 30-day remote codes, we shift to 90-day remote codes in rank order. The third remote code we'll present describes transtelephonic rhythm strip pacemaker evaluation of a single, dual, or multi-lead pacemaker. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.32 with median survey times of 5 minutes preservice, 5 minutes intraservice, and 5 minutes postservice.** This value is below the 25th-percentile RVU of 0.40. For validation of our recommendations, we suggest comparing 93293 to another common cardiovascular service with slightly shorter times and values, code 93018 for interpretation of a stress test with a work RVU of 0.30 and times of 2 minutes preservice, 5 minutes intraservice, and 4 minutes postservice as presented in the summary spreadsheet.

93294 The next 90-day remote code is another pacemaker service, 90-day remote interrogation evaluation of a single, dual, or multi-lead pacemaker. Respondents indicated service times and a work RVU for this code using the table. It will be helpful for the RUC to be reminded that the current times and RVU for this code was calculated as 150% of the times and value of in-office pacemaker interrogation code 93288. Median survey times for 93294 are 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice. In considering reviewer comments and further scrutinizing our original recommendations, we realized that these times create a rank order issue with in-office interrogation code 93288 that has longer times of 5 minutes preservice, 10 minutes intraservice, and 7 minutes postservice. This suggests to us that survey respondents did not correctly consider the multiple transmissions that occur in a 90-day period. The current assumption that 1.5 transmissions are reviewed per 90 days remains reasonable. As such, **we recommend adding 50% to the times and value from 93288 as a recommendation for 93294. This produces calculated times of 7.5 minutes preservice, 15 minutes intraservice, and 10.5 minutes postservice and maintains the work RVU at 0.65.** This value is just above the survey 25th-percentile value and still makes sense since the current times and value were also imputed. For validation of our recommendations, we suggest comparing 93294 to slightly longer and higher valued code 76872 for transrectal ultrasound with a work RVU of 0.69 and times of 10

minutes preservice, 15 minutes intraservice, and 10 minutes postservice as presented in the summary spreadsheet.

93295 The final remote code is 90-day remote interrogation of a single, dual, or multi-lead ICD. Respondents indicated service times and a work RVU for this code using the table. As with the prior code, it will be helpful for the RUC to be reminded that the current times and RVU for this code were calculated as 150% of the times and value of in-office ICD interrogation code 93289. Median survey times for 93295 are 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice. In considering reviewer comments and further scrutinizing our original recommendations, we realized that these times create a rank order issue with in-office interrogation code 93289 that has longer times of 5 minutes preservice, 10 minutes intraservice, and 8.5 minutes postservice. The 25th-percentile work value would also create a rank order issue with 93289. This suggests to us that survey respondents did not correctly consider the multiple transmissions that occur in a 90-day period. The current assumption that 1.5 transmissions are reviewed per 90 days remains reasonable. As such, **we recommend adding 50% to the times and value from 93289 as a recommendation for 93295. This produces calculated times of 7.5 minutes preservice, 15 minutes intraservice, and 13 minutes postservice and results in a work RVU of 1.13.** This results in a reduction from the current value of 1.29 and incorporates the value of code 93289 where we previously used the 25th-percentile work RVU to improve rank order in the ICD family. For validation of our recommendations, we suggest comparing 93294 to slightly shorter and lower valued MPC code 95819 for awake and asleep EEG with a work RVU of 1.08 and times of 5 minutes preservice, 15 minutes intraservice, and 6 minutes postservice as presented in the summary spreadsheet.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93279 Tracking Number Original Specialty Recommended RVU: **0.65**
Presented Recommended RVU: **0.65**
Global Period: XXX RUC Recommended RVU: **0.65**

CPT Descriptor: Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female with chronic atrial fibrillation and complete heart block had a single chamber (SC) rate adaptive ventricular pacemaker (VVIR (ventricular pacing, ventricular sensing, inhibition response and rate-adaptive)) implanted two years ago. The patient contacted her internist because she had "passed out." The physician has the patient come in for a symptom assessment and a programming device evaluation.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: OReview history for pacing indications and changes in symptoms or development of new symptoms. Review prior records of the implanted pacemaker, lead hardware, and programmed parameters, prior assessments of capture thresholds, sensing thresholds, and pacemaker dependency. Review interim remote monitoring results if available.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm. Inhibit pacing to record the underlying rhythm. Pacing capture thresholds are determined for the lead by iteratively reducing the pacing voltage while maintaining a fixed pulse width (and/or by iteratively reducing the pulse width while maintaining a fixed voltage). Next, the autocapture feature (available for most pacemakers) is evaluated to ensure appropriate function for the lead.

The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.).
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery voltage, impedance and estimated longevity
    b. Lead sensing value
    c. Pacing threshold
    d. Lead impedance
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the pacemaker (e.g. episode identified as atrial fibrillation is not double counting far-field ventricular activity on the atrial lead)
    b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).

4. Reprogramming

a. Based upon the findings above, programmed parameters are adjusted as needed (such as pacing outputs, sensing thresholds, alert parameters, etc.).

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation and explain any programming changes to the device. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
Specialty(s):	ACC, HRS				
CPT Code:	93279				
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:	0.31	0.70	**0.88**	1.30	2.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	5.00	**10.00**	15.00	30.00

Immediate Post Service-Time:	**7.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93279	**Recommended Physician Work RVU: 0.65**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**7.00**	**0.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76830	XXX	0.69	**RUC Time**	453,238

CPT Descriptor 1 Ultrasound, transvaginal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93279	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	10.00	0.00	0.00
Median Immediate Post-service Time	7.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**22.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93279

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 418000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 250000 Percentage 59.80 %

Specialty cardiac electrophysiology Frequency 110000 Percentage 26.31 %

Specialty other Frequency 58000 Percentage 13.87 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 209,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 125000 Percentage 59.80 %

Specialty cardiac electrophysiology Frequency 55000 Percentage 26.31 %

Specialty other Frequency 29000 Percentage 13.87 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93279

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93280 Tracking Number Original Specialty Recommended RVU: **0.77**
Presented Recommended RVU: **0.77**
Global Period: XXX RUC Recommended RVU: **0.77**

CPT Descriptor: Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old male with acquired complete heart block had a dual chamber (DC) pacemaker (DC-PM) implanted five years ago. The patient calls his general cardiologist concerned about increasing "shortness of breath" and some "palpitations." The cardiologist orders a programming device evaluation.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review history for pacing indications and changes in symptoms or development of new symptoms. Review prior records of the implanted pacemaker, lead hardware, and programmed parameters, prior assessments of capture thresholds, sensing thresholds, and pacemaker dependency. Review interim remote monitoring results if available.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm. Inhibit pacing to record the underlying rhythm. Pacing capture thresholds are determined for each lead individually by iteratively reducing the pacing voltage while maintaining a fixed pulse width (and/or by iteratively reducing the pulse width while maintaining a fixed voltage). Next, the autocapture feature (available for most pacemakers) is evaluated to ensure appropriate function for each lead.

The following data is analyzed for both leads:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.).
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery voltage, impedance and estimated longevity
    b. Lead sensing values
    c. Pacing thresholds
    d. Lead impedances
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the pacemaker (e.g. episode identified as atrial fibrillation is not double counting far-field ventricular activity on the atrial lead)
    b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).
4. Reprogramming

a. Based upon the findings above, programmed parameters are adjusted as needed (such as pacing outputs, sensing thresholds, alert parameters, etc.).

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation and explain any programming changes to the device. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
Specialty(s):	ACC, HRS				
CPT Code:	93280				
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	60.00	**250.00**	437.00	2000.00
Survey RVW:	0.35	0.75	**1.00**	1.50	3.00
Pre-Service Evaluation Time:			**7.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	10.00	**15.00**	20.00	45.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93280	**Recommended Physician Work RVU: 0.77**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**0.00**	**7.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93750	XXX	0.92	**RUC Time**

CPT Descriptor Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	0.97	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76816	XXX	0.85	**RUC Time**	17,762

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93015	XXX	0.75	**RUC Time**	1,075,476

CPT Descriptor 2 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 18 **% of respondents:** 23.0 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 17.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 93280	**Top Key Reference CPT Code:** 93750	**2nd Key Reference CPT Code:** **99213**
Median Pre-Service Time	7.00	0.00	3.00
Median Intra-Service Time	15.00	30.00	15.00
Median Immediate Post-service Time	10.00	0.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**32.00**	**30.00**	**23.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

Mental Effort and Judgment (Mean)

	Top Key Ref Code	**2nd Key Ref Code**
The number of possible diagnosis and/or the number of management options that must be considered	0.35	-0.21
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.12	-0.21
Urgency of medical decision making	-0.12	0.57

Technical Skill/Physical Effort (Mean)

Technical skill required	0.24	0.57
Physical effort required	-0.24	-0.29

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.00	0.43
Outcome depends on the skill and judgment of physician	0.18	0.50
Estimated risk of malpractice suit with poor outcome	0.12	0.50

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.00	0.14

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93280

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2262000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 1380000 Percentage 61.00 %

Specialty cardiac electrophysiology Frequency 882000 Percentage 38.99 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,131,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 690000 Percentage 61.00 %

Specialty cardiac electrophysiology Frequency 441000 Percentage 38.99 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93280

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93281 Tracking Number Original Specialty Recommended RVU: **0.90**
Presented Recommended RVU: **0.85**
Global Period: XXX RUC Recommended RVU: **0.85**

CPT Descriptor: Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old male with a nonischemic cardiomyopathy, a left ventricular ejection fraction (LVEF) of 35%, and sinus rhythm and QRS duration of 160 ms (millisecond) had a biventricular pacemaker implanted for treatment of moderately severe heart failure symptoms. The patient returns for a programming device evaluation of his pacemaker and lead function one year since his last programming device evaluation.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review history for pacing indications and changes in symptoms or development of new symptoms. Review prior records of the implanted pacemaker, lead hardware, and programmed parameters, prior assessments of capture thresholds, sensing thresholds, and pacemaker dependency. Review interim remote monitoring results if available.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm. Inhibit pacing to record the underlying rhythm. Pacing capture thresholds are determined for each lead individually by iteratively reducing the pacing voltage while maintaining a fixed pulse width (and/or by iteratively reducing the pulse width while maintaining a fixed voltage). Next, the autocapture feature (available for most pacemakers) is evaluated to ensure appropriate function for each lead.

The following data is analyzed for all three leads:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.).
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery voltage, impedance and estimated longevity
    b. Lead sensing values
    c. Pacing thresholds
    d. Lead impedances
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the pacemaker (e.g. episode identified as atrial fibrillation is not double counting far-field ventricular activity on the atrial lead)
    b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).

4. Reprogramming

a. Based upon the findings above, programmed parameters are adjusted as needed (such as pacing outputs, sensing thresholds, alert parameters, etc.).

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation and explain any programming changes to the device. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016					
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD					
Specialty(s):	ACC, HRS					
CPT Code:	93281					
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %		
Description of Sample:	random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate						
Survey RVW:	0.37	0.89	**1.20**	1.70	3.50	
Pre-Service Evaluation Time:			**6.50**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	3.00	10.00	**15.00**	20.00	45.00	
Immediate Post Service-Time:	**10.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93281	**Recommended Physician Work RVU: 0.85**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**0.00**	**7.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76816	XXX	0.85	**RUC Time**	17,762

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93281	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	7.00	0.00	0.00
Median Intra-Service Time	15.00	0.00	0.00
Median Immediate Post-service Time	10.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**32.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93281

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 116000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 58000 Percentage 50.00 %

Specialty cardiac electrophysiology Frequency 46000 Percentage 39.65 %

Specialty other Frequency 12000 Percentage 10.34 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 58,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 29000 Percentage 50.00 %

Specialty cardiac electrophysiology Frequency 23000 Percentage 39.65 %

Specialty other Frequency 6000 Percentage 10.34 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93281

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93282 Tracking Number Original Specialty Recommended RVU: **0.85**
Presented Recommended RVU: **0.85**
Global Period: XXX RUC Recommended RVU: **0.85**

CPT Descriptor: Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female with sinus rhythm and an ischemic cardiomyopathy with an LVEF of 30% had a SC implantable cardioverter-defibrillator (ICD), a VVI (ventricle pacing, ventricle sensing, and inhibition response) ICD, implanted. The patient tells her cardiologist that she "fainted" without palpitations, warning, or feeling a shock. The cardiologist requests a programming device evaluation.

Percentage of Survey Respondents who found Vignette to be Typical: n/a

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Assess patient history for ICD indications and for changes in symptoms or development of interval symptoms or clinical episodes of ventricular tachyarrhythmia. Review prior arrhythmia history and previous programmed settings of the device as well as interim remote assessments if available.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm. Inhibit pacing to record the underlying rhythm. Pacing capture thresholds are determined for each lead individually by iteratively reducing the pacing voltage while maintaining a fixed pulse width (and/or by iteratively reducing the pulse width while maintaining a fixed voltage).

The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.), and to determine if any antitachycardia therapies have been delivered.
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery voltage, impedance and estimated longevity
    b. Capacitor charge time
    c. Lead sensing value
    d. Pacing threshold
    e. Lead impedance
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the ICD and treated by the device.
    b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).
4. Reprogramming

a. Based upon the findings above, programmed parameters are adjusted as needed (such as ventricular tachycardia and ventricular fibrillation detection zones, time to declare episode as sustained and deliver therapy, and therapies (defibrillation and antitachycardia pacing parameters are adjusted based upon findings of any treated arrhythmias since the previous interrogation.

b. Pacing output, sensing threshold, alert parameters, etc. are also adjusted based upon interrogation findings.

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation and explain any programming changes to the device. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016					
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD					
Specialty(s):	ACC, HRS					
CPT Code:	93282					
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %		
Description of Sample:	random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate						
Survey RVW:	0.43	0.85	**1.15**	1.75	3.00	
Pre-Service Evaluation Time:			**6.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	2.00	8.00	**12.00**	15.00	45.00	
Immediate Post Service-Time:	**10.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93282	**Recommended Physician Work RVU: 0.85**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**6.00**	**0.00**	**6.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**12.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	**RUC Time**	987,043

CPT Descriptor 1 Ultrasound, abdominal, real time with image documentation; complete

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93282	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	6.00	0.00	0.00
Median Intra-Service Time	12.00	0.00	0.00
Median Immediate Post-service Time	10.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**28.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93282

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 304000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 186000 Percentage 61.18 %

Specialty cardiac electrophysiology Frequency 110000 Percentage 36.18 %

Specialty other Frequency 28000 Percentage 9.21 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 152,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 83000 Percentage 54.60 %

Specialty cardiac electrophysiology Frequency 55000 Percentage 36.18 %

Specialty other Frequency 14000 Percentage 9.21 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93282

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93283 Tracking Number Original Specialty Recommended RVU: **1.15**
Presented Recommended RVU: **1.15**
Global Period: XXX RUC Recommended RVU: **1.15**

CPT Descriptor: Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old male with intermittent complete heart block had a dual chamber pacemaker defibrillator (ddd icd) implanted. the patient had an interrogation device evaluation (remote) that noted a marked elevation of shocking impedance. the icd clinic contacted the patient to assess his current symptoms and to urge him to come to the icd clinic for a programming device evaluation.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Assess patient history for ICD indications and for changes in symptoms or development of interval symptoms or clinical episodes of ventricular tachyarrhythmia. Review prior arrhythmia history and previous programmed settings of the device as well as interim remote assessments if available.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm. Inhibit pacing to record the underlying rhythm. Pacing capture thresholds are determined for each lead individually by iteratively reducing the pacing voltage while maintaining a fixed pulse width (and/or by iteratively reducing the pulse width while maintaining a fixed voltage). Next, the autocapture feature (available for many ICDs) is evaluated to ensure appropriate function for each lead.

The following data is analyzed for both leads:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.), and to determine if any antitachycardia therapies have been delivered.
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery voltage, impedance and estimated longevity
    b. Capacitor charge time
    c. Lead sensing values
    d. Pacing thresholds
    e. Lead impedances
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the ICD and treated by the device.
    b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).

4. Reprogramming

a. Based upon the findings above, programmed parameters are adjusted as needed (such as ventricular tachycardia and ventricular fibrillation detection zones, time to declare episode as sustained and deliver therapy, and therapies (defibrillation and antitachycardia pacing parameters are adjusted based upon findings of any treated arrhythmias since the previous interrogation.

b. Pacing outputs, sensing thresholds, alert parameters, etc. are also adjusted based upon interrogation findings.

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation and explain any programming changes to the device. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
Specialty(s):	ACC, HRS				
CPT Code:	93283				
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	62.00	**150.00**	450.00	2000.00
Survey RVW:	0.48	0.91	**1.25**	1.90	3.50
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**15.00**	20.00	45.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93283	**Recommended Physician Work RVU: 1.15**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93750	XXX	0.92	**RUC Time**

CPT Descriptor Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99238	XXX	1.28	**RUC Time**

CPT Descriptor Hospital discharge day management; 30 minutes or less

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70460	XXX	1.13	**RUC Time**	35,427

CPT Descriptor 1 Computed tomography, head or brain; with contrast material(s)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95819	XXX	1.08	**RUC Time**	237,498

CPT Descriptor 2 Electroencephalogram (EEG); including recording awake and asleep

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 **% of respondents:** 15.3 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 14.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 93283	Top Key Reference CPT Code: 93750	2nd Key Reference CPT Code: **99238**
Median Pre-Service Time	10.00	0.00	8.00
Median Intra-Service Time	15.00	30.00	20.00
Median Immediate Post-service Time	10.00	0.00	10.00
Median Critical Care Time	0.0		
Median Other Hospital Visit Time	0.0		0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**35.00**	**30.00**	**23.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.75	0.55
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.33	0.73
Urgency of medical decision making	0.33	1.18
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.75	1.36
Physical effort required	0.08	0.18

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.08	1.27
Outcome depends on the skill and judgment of physician	0.58	0.91
Estimated risk of malpractice suit with poor outcome	0.42	1.36

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.33	1.09

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93283

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 564000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 306000 Percentage 54.25 %

Specialty cardiac electrophysiology Frequency 258000 Percentage 45.74 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 282,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 153000 Percentage 54.25 %

Specialty cardiac electrophysiology Frequency 129000 Percentage 45.74 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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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 93283

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93284 Tracking Number Original Specialty Recommended RVU: **1.25**
Presented Recommended RVU: **1.25**
Global Period: XXX RUC Recommended RVU: **1.25**

CPT Descriptor: Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male with an ischemic cardiomyopathy, LVEF of 35%, New York Heart Association (NYHA) functional class (FC) III heart failure symptoms, and a complete left bundle branch block had an ICD with biventricular pacemaker stimulation implanted. The patient returns to the ICD clinic for a programming device evaluation six months later because although the patient initially improved he is now feeling more "short of breath."

Percentage of Survey Respondents who found Vignette to be Typical: 0%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Assess patient history for ICD indications and for changes in symptoms or development of interval symptoms or clinical episodes of ventricular tachyarrhythmia. Review prior arrhythmia history and previous programmed settings of the device as well as interim remote assessments if available.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm. Inhibit pacing to record the underlying rhythm. Pacing capture thresholds are determined for each lead individually by iteratively reducing the pacing voltage while maintaining a fixed pulse width (and/or by iteratively reducing the pulse width while maintaining a fixed voltage). Next, the autocapture feature (available for many ICDs) is evaluated to ensure appropriate function for each lead. Left ventricular lead pacing thresholds are evaluated in multiple vectors (up to 16) to determine optimal threshold and evaluate for phrenic nerve capture.

The following data is analyzed for all three leads:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.), and to determine if any antitachycardia therapies have been delivered.
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery voltage, impedance and estimated longevity
    b. Capacitor charge time
    c. Lead sensing values
    d. Pacing thresholds
    e. Lead impedances
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the ICD and treated by the device.

b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).

4. Reprogramming

a. Based upon the findings above, programmed parameters are adjusted as needed (such as ventricular tachycardia and ventricular fibrillation detection zones, time to declare episode as sustained and deliver therapy, and therapies (defibrillation and antitachycardia pacing parameters are adjusted based upon findings of any treated arrhythmias since the previous interrogation.

b. Pacing outputs, sensing thresholds, alert parameters, etc. are also adjusted based upon interrogation findings.

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation and explain any programming changes to the device. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016					
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD					
Specialty(s):	ACC, HRS					
CPT Code:	93284					
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %		
Description of Sample:	random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate						
Survey RVW:	0.51	0.95	**1.40**	2.00	3.74	
Pre-Service Evaluation Time:			**9.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	3.00	12.00	**17.50**	25.00	50.00	
Immediate Post Service-Time:	**10.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93284	**Recommended Physician Work RVU: 1.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**9.00**	**0.00**	**9.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**18.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99238	XXX	1.28	**RUC Time**	3,460,124

CPT Descriptor 1 Hospital discharge day management; 30 minutes or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93284	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	9.00	0.00	0.00
Median Intra-Service Time	18.00	0.00	0.00
Median Immediate Post-service Time	10.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**37.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93284

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 570000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 300000 Percentage 52.63 %

Specialty cardiac electrophysiology Frequency 220000 Percentage 38.59 %

Specialty other Frequency 50000 Percentage 8.77 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 285,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 150000 Percentage 52.63 %

Specialty cardiac electrophysiology Frequency 110000 Percentage 38.59 %

Specialty other Frequency 25000 Percentage 8.77 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93284

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93285 Tracking Number Original Specialty Recommended RVU: **0.52**
Presented Recommended RVU: **0.52**
Global Period: XXX RUC Recommended RVU: **0.52**

CPT Descriptor: Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 52-year-old male with coronary artery disease and diabetes who received an implantable loop recorder (ILR) implant two months ago presents for in-office device evaluation of near-syncope and palpitations and adjustment of his rhythm detection parameters with a programming device evaluation.

Percentage of Survey Respondents who found Vignette to be Typical: n/a

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review history for cardiac rhythm monitoring indications and for changes in, or the development of, new symptoms. Review programmed parameters and results of prior ILR interrogations and remote monitoring. If available, correlate diary of symptoms with manually triggered recordings.

Description of Intra-Service Work: Intraservice: The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred and if electrograms have been stored.
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery status
    b. Appropriate sensing
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the ILR.
    b. Compare arrhythmia to historical events to determine if it is clinically significant and requires further investigation and/or treatment.
4. Programming
    a. As indication and events warrant, reprogramming of the device is performed.

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation and explain any programming changes to the device. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
Specialty(s):	ACC, HRS				
CPT Code:	93285				
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:	0.27	0.60	**0.85**	1.20	2.60
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	5.00	**10.00**	15.00	40.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93285	**Recommended Physician Work RVU: 0.52**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
93296	XXX	0.50	**RUC Time**

CPT Descriptor Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93285	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	10.00	0.00	0.00
Median Immediate Post-service Time	5.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93285

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 46000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 24000 Percentage 52.17 %

Specialty cardiac electrophysiology Frequency 18000 Percentage 39.13 %

Specialty other Frequency 4000 Percentage 8.69 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 23,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 12000 Percentage 52.17 %

Specialty cardiac electrophysiology Frequency 9000 Percentage 39.13 %

Specialty other Frequency 2000 Percentage 8.69 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93285

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93286 Tracking Number Original Specialty Recommended RVU: **0.30**
Presented Recommended RVU: **0.30**
Global Period: XXX RUC Recommended RVU: **0.30**

CPT Descriptor: Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old patient with history of sustained VT treated with an ICD is followed with interrogation device evaluations (remote) from patient's home. The patient has dyspnea on exertion and intermittent palpitations with light-headedness.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review available records to determine need for device interrogation in advance of procedure. Obtain device hardware details (pulse generator and lead models). Obtain indications for pacemaker implant.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm. Inhibit pacing to record the underlying rhythm. Pacing capture thresholds are determined for each lead individually by iteratively reducing the pacing voltage while maintaining a fixed pulse width (and/or by iteratively reducing the pulse width while maintaining a fixed voltage).

The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.).
2. Current interrogation results are reviewed for:
    a. Battery voltage, impedance and estimated longevity
    b. Lead sensing values
    c. Pacing thresholds
    d. Lead impedances
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the pacemaker (e.g. episode identified as atrial fibrillation is not double counting far-field ventricular activity on the atrial lead)
    b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).
4. Reprogramming:

a. Preprocedure: The device is programmed to asynchronous mode if indicated based upon planned surgical procedure.

b. Postprocedure: The device is programmed to normal sensing and demand mode if indicated after planned surgical procedure.

Description of Post-Service Work: Prepare and sign final report. Place report in medical record and ensure follow-up with the patient’s treating physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016					
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD					
Specialty(s):	ACC, HRS					
CPT Code:	93286					
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %		
Description of Sample:	random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate						
Survey RVW:	0.28	0.60	**1.00**	1.25	3.00	
Pre-Service Evaluation Time:			**5.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	1.00	7.00	**10.00**	15.00	45.00	
Immediate Post Service-Time:	**6.50**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93286	**Recommended Physician Work RVU: 0.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**7.00**	**0.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
94726	XXX	0.26	**RUC Time**

CPT Descriptor Plethysmography for determination of lung volumes and, when performed, airway resistance

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93286	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	10.00	0.00	0.00
Median Immediate Post-service Time	7.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**22.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93286

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty cardiac electrophysiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 24000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 16500 Percentage 68.75 %

Specialty cardiac electrophysiology Frequency 6500 Percentage 27.08 %

Specialty other Frequency 1000 Percentage 4.16 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 12,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 8250 Percentage 68.75 %

Specialty cardiac electrophysiology Frequency 3250 Percentage 27.08 %

Specialty other Frequency 500 Percentage 4.16 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93286

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93287 Tracking Number Original Specialty Recommended RVU: **0.45**
Presented Recommended RVU: **0.45**
Global Period: XXX RUC Recommended RVU: **0.45**

CPT Descriptor: Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old female with chronic atrial fibrillation and complete heart block had a SC VVIR ICD implanted. The patient requires abdominal aortic aneurysm surgery. To avoid ICD shocks during the surgery related to electrosurgical cautery and manipulation, the surgeon requests evaluation and programming of the ICD to prepare the patient for surgery. After the surgery the surgeon requests a re-evaluation of the ICD system in the intensive care unit (ICU) with appropriate adjustment of the device to permit full protection of the patient from bradycardia and tachycardia events. (Note: The re-evaluation is reported separately from the initial evaluation.)

Percentage of Survey Respondents who found Vignette to be Typical: n/a

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review available records to determine need for device interrogation in advance of procedure. Obtain device hardware details (pulse generator and lead models). Obtain indications for pacemaker implant.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm. Inhibit pacing to record the underlying rhythm. Pacing capture thresholds are determined for each lead individually by iteratively reducing the pacing voltage while maintaining a fixed pulse width (and/or by iteratively reducing the pulse width while maintaining a fixed voltage).

The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.), and to determine if any antitachycardia therapies have been delivered.
2. Current interrogation results are reviewed:
    a. Battery voltage, impedance and estimated longevity
    b. Capacitor charge time
    c. Lead sensing values
    d. Pacing thresholds
    e. Lead impedances
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the ICD and treated by the device.
    b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).

4. Reprogramming

a. Preprocedure: Antitachycardia therapies are disabled, and pacing reprogrammed to asynchronous mode if indicated based upon planned surgical procedure.

b. Postprocedure: Antitachycardia therapies are enabled, and pacing reprogrammed to normal sensing and demand mode.

Description of Post-Service Work: Prepare and sign final report. Place report in medical record and ensure follow-up with the patient's treating physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
Specialty(s):	ACC, HRS				
CPT Code:	93287				
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:	0.30	0.70	**1.00**	1.50	3.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	8.00	**10.00**	15.00	45.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93287	**Recommended Physician Work RVU: 0.45**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
77002	XXX	0.54	**RUC Time**

CPT Descriptor Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93287	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	10.00	0.00	0.00
Median Immediate Post-service Time	10.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93287

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty cardiac electrophysiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 20000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 14460 Percentage 72.30 %

Specialty cardiac electrophysiology Frequency 4200 Percentage 21.00 %

Specialty other Frequency 1140 Percentage 5.70 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 7230 Percentage 72.30 %

Specialty cardiac electrophysiology Frequency 2100 Percentage 21.00 %

Specialty other Frequency 570 Percentage 5.70 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93287

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93288 Tracking Number Original Specialty Recommended RVU: **0.43**
Presented Recommended RVU: **0.43**
Global Period: XXX RUC Recommended RVU: **0.43**

CPT Descriptor: Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 74-year-old patient with a pacemaker for sick sinus syndrome and congestive heart failure (CHF) is followed with interrogation device evaluations (in person) for light-headedness and dyspnea.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review history for pacing indications and changes in symptoms or development of new symptoms. Review prior records of the implanted pacemaker, lead hardware, and programmed parameters, prior assessments of capture thresholds, sensing thresholds, and pacemaker dependency. Review interim remote monitoring results if available.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm.

The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.).
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery voltage, impedance and estimated longevity
    b. Lead sensing values
    c. Pacing thresholds
    d. Lead impedances
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the pacemaker (e.g. episode identified as atrial fibrillation is not double counting far-field ventricular activity on the atrial lead)
    b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
Specialty(s):	ACC, HRS				
CPT Code:	93288				
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:	0.37	0.60	**0.80**	1.40	3.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	5.00	**10.00**	15.00	45.00

Immediate Post Service-Time:	**7.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93288	**Recommended Physician Work RVU: 0.43**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**7.00**	**0.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
29540	XXX	0.39	**RUC Time**	249,407

CPT Descriptor 1 Strapping; ankle and/or foot

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93288	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	10.00	0.00	0.00
Median Immediate Post-service Time	7.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**22.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93288

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 664000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 480000 Percentage 72.28 %

Specialty cardiac electrophysiology Frequency 100000 Percentage 15.06 %

Specialty other Frequency 84000 Percentage 12.65 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 332,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 240000 Percentage 72.28 %

Specialty cardiac electrophysiology Frequency 50000 Percentage 15.06 %

Specialty other Frequency 42000 Percentage 12.65 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93288

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93289 Tracking Number Original Specialty Recommended RVU: **0.75**
Presented Recommended RVU: **0.75**
Global Period: XXX RUC Recommended RVU: **0.75**

CPT Descriptor: Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements

---

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 74-year-old patient with an ICD for ventricular tachycardia is followed with interrogation device evaluations (in person) for light-headedness and dyspnea to evaluate the integrity of the device.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Assess patient history for ICD indications and for changes in symptoms or development of interval symptoms or clinical episodes of ventricular tachyarrhythmia. Review prior arrhythmia history and previous programmed settings of the device as well as interim remote assessments if available.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm.

The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.), and to determine if any antitachycardia therapies have been delivered.
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery voltage, impedance and estimated longevity
    b. Capacitor charge time
    c. Lead sensing values
    d. Pacing thresholds
    e. Lead impedances
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the ICD and treated by the device.
    b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
Specialty(s):	ACC, HRS				
CPT Code:	93289				
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:	0.40	0.75	**1.00**	1.50	3.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	8.00	**10.00**	15.00	45.00

Immediate Post Service-Time:	**8.50**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93289	**Recommended Physician Work RVU: 0.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**9.00**	**0.00**	**9.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76817	XXX	0.75	**RUC Time**	19,214

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, transvaginal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93289	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	10.00	0.00	0.00
Median Immediate Post-service Time	9.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**24.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93289

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 274000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 174000 Percentage 63.50 %

Specialty cardiac electrophysiology Frequency 70000 Percentage 25.54 %

Specialty other Frequency 30000 Percentage 10.94 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 137,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 87000 Percentage 63.50 %

Specialty cardiac electrophysiology Frequency 35000 Percentage 25.54 %

Specialty other Frequency 15000 Percentage 10.94 %

Do many physicians perform this service across the United States? Yes

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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 93289

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93290 Tracking Number Original Specialty Recommended RVU: **0.43**
Presented Recommended RVU: **0.43**
Global Period: XXX RUC Recommended RVU: **0.43**

CPT Descriptor: Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old patient with prior MI, VT, and CHF had an implantable cardioverter-defibrillator system that monitors physiologic cardiovascular data in addition to the heart rhythm device implanted. The patient has ongoing dyspnea, orthopnea, and peripheral edema and is evaluated in the heart failure clinic with interrogation device evaluations (in person).

Percentage of Survey Respondents who found Vignette to be Typical:

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient records to identify the indication for insertable cardiac monitor (ICM) monitoring and therapy, manufacturer and model of the ICM, leads and sensors as appropriate. Review prior records of ICM parameters and compare to prior remote and in-person interrogations.

Description of Intra-Service Work: Interrogate information from the ICM by telemetric communication and either print out for review or review on the programmer or computer monitor. Perform a critical review of the interrogated data with assessment of the appropriateness of the ICM's function and appropriateness of the current programmed parameters.

Data reviewed may include, but are not limited to: (1) weight; (2) systemic BP; (3) right atrial, right ventricular, left atrial, left ventricular, and pulmonary arterial pressures; (4) intrathoracic impedance measurements; and (5) other measures of physiologic parameters.

In addition, review stored episodes of data to assess the history and trends identified by any of the collected data. Also review alerts generated from the ICM along with battery voltage and sensor information to validate the integrity of the ICM system.

Description of Post-Service Work: After physician review of above data, make a decision as to the adequacy of the programmed parameters including the appropriate data collection set-up and the interval for the next scheduled interrogation evaluation. Modify patient's medical regimen as appropriate. Inform patient of test result(s). Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016					
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD					
Specialty(s):	ACC, HRS					
CPT Code:	93290					
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %		
Description of Sample:	random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate						
Survey RVW:	0.30	0.58	**0.80**	1.20	3.50	
Pre-Service Evaluation Time:			**5.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	2.00	5.00	**10.00**	15.00	30.00	
Immediate Post Service-Time:	**8.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93290	**Recommended Physician Work RVU: 0.43**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**8.00**	**0.00**	**8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
29540	XXX	0.39	**RUC Time**	249,407

CPT Descriptor 1 Strapping; ankle and/or foot

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93290	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	10.00	0.00	0.00
Median Immediate Post-service Time	8.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**23.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93290

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 248000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 140000 Percentage 56.45 %

Specialty cardiac electrophysiology Frequency 84000 Percentage 33.87 %

Specialty other Frequency 24000 Percentage 9.67 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 124,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 70000 Percentage 56.45 %

Specialty cardiac electrophysiology Frequency 42000 Percentage 33.87 %

Specialty other Frequency 12000 Percentage 9.67 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93290

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93291 Tracking Number Original Specialty Recommended RVU: **0.43**
Presented Recommended RVU: **0.37**
Global Period: XXX RUC Recommended RVU: **0.37**

CPT Descriptor: Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 41-year-old patient receives an ILR for recurrent syncopal spells. The patient has a syncopal episode resulting in a laceration to the head. The patient comes in for an interrogation device evaluation (in person).

Percentage of Survey Respondents who found Vignette to be Typical:

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review history for cardiac rhythm monitoring indications and for changes in, or the development of, new symptoms. Review programmed parameters and results of prior ILR interrogations and remote monitoring.

Description of Intra-Service Work: The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred and if electrograms have been stored.
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery status
    b. Appropriate sensing
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the ILR.
    b. Compare arrhythmia to historical events to determine if it is clinically significant and requires further investigation and/or treatment.

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016					
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD					
Specialty(s):	ACC, HRS					
CPT Code:	93291					
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %		
Description of Sample:	random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate						
Survey RVW:	0.25	0.50	**0.75**	1.00	2.50	
Pre-Service Evaluation Time:			**5.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	1.00	5.00	**7.00**	12.00	30.00	
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93291	**Recommended Physician Work RVU: 0.37**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
93971	XXX	0.45	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93291	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	7.00	0.00	0.00
Median Immediate Post-service Time	5.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**17.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93291

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 84000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 48000 Percentage 57.14 %

Specialty cardiac electrophysiology Frequency 27000 Percentage 32.14 %

Specialty other Frequency 9000 Percentage 10.71 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 42,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 24000 Percentage 57.14 %

Specialty cardiac electrophysiology Frequency 13500 Percentage 32.14 %

Specialty other Frequency 4500 Percentage 10.71 %

Do many physicians perform this service across the United States? Yes

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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 93291

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93292 Tracking Number Original Specialty Recommended RVU: **0.43**
Presented Recommended RVU: **0.43**
Global Period: XXX RUC Recommended RVU: **0.43**

CPT Descriptor: Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66 year old patient with history of sustained VT treated with an ICD required ICD and lead extraction and IV antibiotics for three months because of a bacterial infection with intracardiac vegetations before an ICD can be reimplanted. The patient returns one month later with her wearable cardioverter defibrillator (WCD) for interrogation device evaluation (in person).

Percentage of Survey Respondents who found Vignette to be Typical:

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Patient records are reviewed to identify the indication for wearable monitoring and therapy, manufacturer and model of the wearable. Prior records of wearable parameters are reviewed and compared to prior remote and in person interrogations.

Description of Intra-Service Work: The information is interrogated from the wearable device by telemetric communication and either printed for review or reviewed on the programmer or computer monitor. Critical review of the interrogated data with the assessment of the appropriateness of the function of the wearable device and appropriateness of the current programmed parameters is performed.

Description of Post-Service Work: Review parameters including the appropriate data collection setup and the interval for the next scheduled interrogation evaluation. Modifications to the patient's medical regimen are made as appropriate. The patient is informed of the test result. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016					
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD					
Specialty(s):	ACC, HRS					
CPT Code:	93292					
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %		
Description of Sample:	random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate						
Survey RVW:	0.20	0.60	**0.85**	1.00	6.00	
Pre-Service Evaluation Time:			**5.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	1.00	5.00	**10.00**	14.00	45.00	
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93292	**Recommended Physician Work RVU: 0.43**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
29540	XXX	0.39	**RUC Time**	249,407

CPT Descriptor 1 Strapping; ankle and/or foot

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93292	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	10.00	0.00	0.00
Median Immediate Post-service Time	5.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93292

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty cardiac electrophysiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2800
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 2000 Percentage 71.42 %

Specialty cardiac electrophysiology Frequency 450 Percentage 16.07 %

Specialty other Frequency 350 Percentage 12.50 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,400
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 1000 Percentage 71.42 %

Specialty cardiac electrophysiology Frequency 225 Percentage 16.07 %

Specialty other Frequency 175 Percentage 12.50 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93292

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	93280	**# of Respondents:**	78
Survey Code Descriptor:	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system		

Top Ref Code:	93750	**# of Respondents:**	18	**% of Respondents:**	23%
Top Ref Code Descriptor:	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report				

Survey Code Compared to Top Ref Code

Survey Code is:

Much Less	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
0%	17%	61%	22%	0%

Overall Intensity and Complexity:				
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**
		6%	56%	38%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**
		28%	61%	11%
	Urgency of medical decision making	**Less**	**Identical**	**More**
		28%	55%	17%
Technical Skill:		**Less**	**Identical**	**More**
		6%	61%	33%
Physical Effort:		**Less**	**Identical**	**More**
		16%	78%	6%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**
		17%	61%	22%
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**
		11%	56%	33%
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**
		17%	56%	27%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	93283	**# of Respondents:**	78
Survey Code Descriptor:	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system		

Top Ref Code:	93750	**# of Respondents:**	13	**% of Respondents:**	15%
Top Ref Code Descriptor:	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report				

Survey Code Compared to Top Ref Code

Survey Code is:

Much Less	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
0%	8%	46%	46%	0%

Overall Intensity and Complexity:				
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**
		8%	31%	61%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**
		15%	54%	31%
	Urgency of medical decision making	**Less**	**Identical**	**More**
		8%	62%	30%
Technical Skill:		**Less**	**Identical**	**More**
		8%	31%	61%
Physical Effort:		**Less**	**Identical**	**More**
		15%	54%	31%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**
		31%	31%	38%
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**
		0%	46%	56%
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**
		8%	54%	38%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	93283	**# of Respondents:**	78
Survey Code Descriptor:	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional		

Top Ref Code:	93224	**# of Respondents:**	31	**% of Respondents:**	22%
Top Ref Code Descriptor:	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report				

		Survey Code Compared to Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
		3%	13%	55%	29%	0%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		19%	61%	20%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		13%	55%	32%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		16%	65%	19%		
Technical Skill:		**Less**	**Identical**	**More**		
		13%	48%	39%		
Physical Effort:		**Less**	**Identical**	**More**		
		24%	55%	21%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		16%	68%	16%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		6%	55%	39%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		6%	55%	39%		

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.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will 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: Cardiac Electrophysiology Device Monitoring

TAB: 25

Pacemaker Office Services

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	93750	Interrogation of ventricular assi	18	0.031			0.92			30						30.0			
2nd REF	99213	Office or other outpatient visit f	14	0.053			0.97			23	3					15.0			5
CURRENT	93280	Programming device evaluation		0.032			0.77			27	5					17.0			5
SVY			78	0.041	0.35	0.75	1.00	1.50	3.00	32	7			2	10	15.0	20	45	10
CURRENT	93280			0.026			0.77			32	7					15.0			10
MPC	93015	Cardiovascular stress test using		0.031			0.75			26	2					20.0			4
MPC	76816	Ultrasound, pregnant uterus, rea		0.033			0.85			31	6					15.0			10

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	n/a			#DIV/0!						0									
2nd REF	n/a			#DIV/0!						0									
CURRENT	93279	Programming device evaluation		0.043			0.65			20	5					10.0			5
SVY			78	0.061	0.31	0.70	0.88	1.30	2.50	22	5			2	6	10.0	15	30	7
REC	93279			0.038			0.65			22	5					10.0			7
MPC	76830	Ultrasound, transvaginal		0.040			0.69			23	5					10.0			8

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	n/a			#DIV/0!						0									
2nd REF	n/a			#DIV/0!						0									
CURRENT	93288	Interrogation device evaluation		0.021			0.43			20	5					10.0			5
SVY				0.053	0.37	0.60	0.80	1.40	3.00	22	5			1	5	10.0	15	45	7
REC	93288	Interrogation device evaluation (in per		0.016			0.43			22	5					10.0			7
MPC	29540	Strapping; ankle and/or foot		0.021			0.39			18	7					9.0			2

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	n/a			#DIV/0!						0									
2nd REF	n/a			#DIV/0!						0									
CURRENT	93281	Programming device evaluation		0.034			0.90			30	5					20.0			5
SVY			78	0.055	0.37	0.89	1.20	1.70	3.50	31.5	6.5			3	10	15.0	20	45	10
REC	93281	Programming device evaluation (in pe		0.031			0.85			32	7					15.0			10
MPC	76816	Ultrasound, pregnant uterus, rea		0.033			0.85			31	6					15.0			10

ICD Office Services

					RVW	Total	PRE-TIME	INTRA-TIME	IMMD

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	93750	Interrogation of ventricular assi	13	0.031			0.92			30						30.0			
2nd REF	99238	Hospital discharge day manage	11	0.044			1.28			38	8					20.0			10
CURRENT	93283	Programming device evaluation		0.050			1.15			33	8					15.0			10
SVY				0.053	0.48	0.91	1.25	1.90	3.50	35	10			3	10	15.0	20	45	10
REC	93283	Programming device evaluation (in pe		0.047			1.15			35	10					15.0			10
MPC	70460	Computed tomography, head or		0.076			1.13			22	5					12.0			5
MPC	95819	Electroencephalogram (EEG); in		0.056			1.08			26	5					15.0			6

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	n/a			#DIV/0!						0									
2nd REF	n/a			#DIV/0!						0									
CURRENT	93282	Programming device evaluation		0.037			0.85			28	8					15.0			5
SVY				0.066	0.43	0.85	1.15	1.75	3.00	28	6			2	8	12.0	15	45	10
REC	93282	Programming device evaluation (in pe		0.041			0.85			28	6					12.0			10
MPC	76700	Ultrasound, abdominal, real time		0.053			0.81			21	5					11.0			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	n/a			#DIV/0!						0									
2nd REF	n/a			#DIV/0!						0									
CURRENT	93289	Interrogation device evaluation		0.046			0.92			25	5					15.0			5
SVY				0.070	0.40	0.75	1.00	1.50	3.00	23.5	5			1	8	10.0	15	45	8.5
REC	93289	Interrogation device evaluation (in per		0.044			0.75			24	5					10.0			9
MPC	76817	Ultrasound, pregnant uterus, re		0.046			0.75			23	5					10.0			8

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	n/a			#DIV/0!						0									
2nd REF	n/a			#DIV/0!						0									
CURRENT	93284	Programming device evaluation		0.056			1.25			33.5	8.5					15.0			10
SVY				0.056	0.51	0.95	1.40	2.00	3.74	36.5	9			3	12	17.5	25	50	10
REC	93284	Programming device evaluation (in pe		0.046			1.25			37	9					18.0			10
MPC	93238	Hospital discharge day manage		0.044			1.28			38	8					20.0			10

Peri-procedural Services

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	n/a			#DIV/0!						0									
2nd REF	n/a			#DIV/0!						0									
CURRENT	93286	Peri-procedural device evaluatic		0.006			0.30			22	5					12.0			5
SVY				0.074	0.28	0.60	1.00	1.25	3.00	21.5	5			1	7	10.0	15	45	6.5
REC	93286	Peri-procedural device evaluation (in p		0.003			0.30			22	5					10.0			7
COMP	94726	Plethysmography for determina		0.007			0.26			15	5					5.0			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST

1st REF	n/a			#DIV/0!					0					
2nd REF	n/a			#DIV/0!					0					
CURRENT	93287	Peri-procedural device evaluatic		0.013		0.45			26	7.5		13.5		5
SVY				0.066	0.30	0.70	1.00	1.50	3.50	25	5	1	8	10.0	15	45	10
REC	93287	Peri-procedural device evaluation (in p		0.011			0.45			25	5			10.0			10
COMP	77002	Fluoroscopic guidance for need		0.018			0.54			27	7			15.0			5

Other Office Services

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	n/a			#DIV/0!						0									
2nd REF	n/a			#DIV/0!						0									
CURRENT	93290	Interrogation device evaluation		0.012			0.43			25	5					12.0			8
SVY				0.051	0.30	0.58	0.80	1.20	3.50	23	5			2	5	10.0	15	30	8
REC	93290	Interrogation device evaluation (in per		0.014			0.43			23	5					10.0			8
MPC	29540	Strapping; ankle and/or foot		0.021			0.39			18	7					9.0			2

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	n/a			#DIV/0!						0									
2nd REF	n/a			#DIV/0!						0									
CURRENT	93292	Interrogation device evaluation		0.021			0.43			20	5					10.0			5
SVY				0.063	0.20	0.60	0.85	1.00	6.00	20	5			1	5	10.0	14	45	5
REC	93292	Interrogation device evaluation (in per		0.021			0.43			20	5					10.0			5
MPC	29540	Strapping; ankle and/or foot		0.021			0.39			18	7					9.0			2

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	n/a			#DIV/0!						0									
2nd REF	n/a			#DIV/0!						0									
CURRENT	93291	Interrogation device evaluation		0.017			0.43			22	5					12.0			5
SVY				0.075	0.25	0.50	0.75	1.00	2.50	17	5			1	5	7.0	12	30	5
REC	93291	Interrogation device evaluation (in per		0.021			0.37			17	5					7.0			5
COMP	93971	Duplex scan of extremity veins i		0.027			0.45			18	3					10.0			5

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	n/a			#DIV/0!						0									
2nd REF	n/a			#DIV/0!						0									
CURRENT	93285	Programming device evaluation		0.025			0.52			22	5					12.0			5
SVY				0.063	0.27	0.60	0.85	1.20	2.60	20	5			2	5	10.0	15	40	5
REC	93285	Programming device evaluation (in pe		0.030			0.52			20	5					10.0			5
COMP	93926	Duplex scan of lower extremity		0.028			0.50			20	5					10.0			5

SS Rec Summary

ISSUE: Cardiac Electrophysiology Device Monitoring

TAB: 25

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	n/a			#DIV/0!						0									
2nd REF	n/a			#DIV/0!						0									
CURRENT	93279	Programming device evaluation		0.043			0.65			20	5					10.0			5
SVY			78	0.061	0.31	0.70	0.88	1.30	2.50	22	5			2	6	10.0	15	30	7
REC		maintain		0.038			0.65			22	5					10.0			7
MPC	76830	Ultrasound, transvaginal		0.040			0.69			23	5					10.0			8

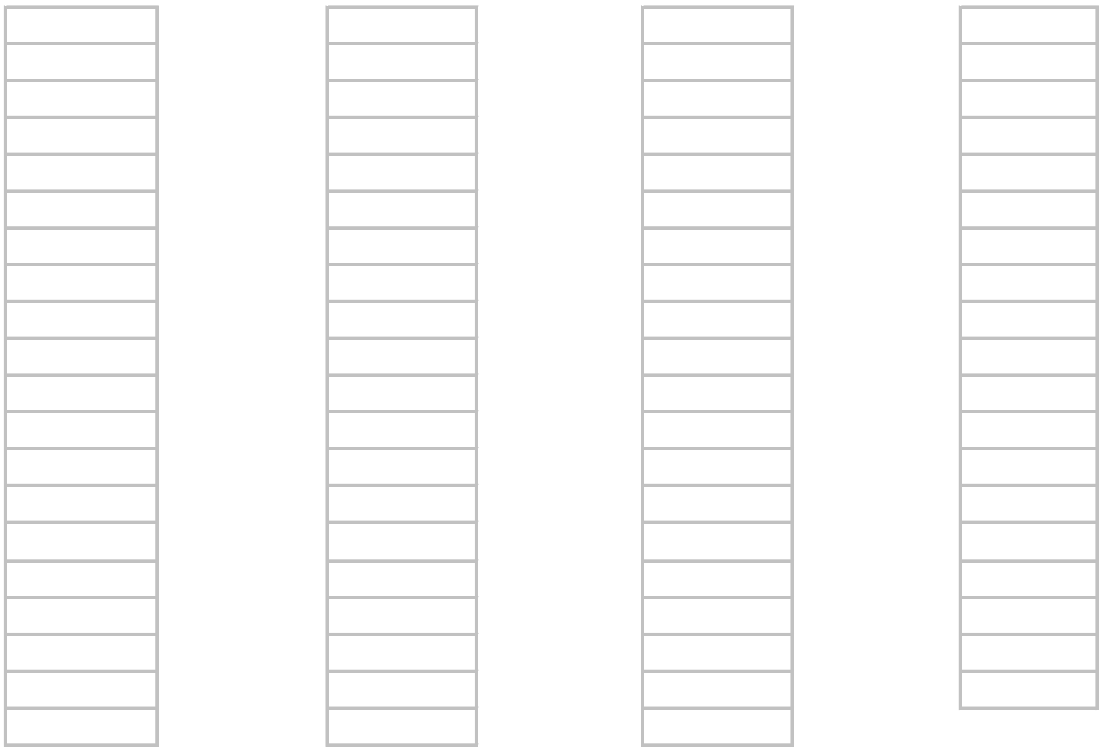
Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	93750	Interrogation of ventricular assis	18	0.031			0.92			30						30.0			
2nd REF	99213	Office or other outpatient visit fo	14	0.053			0.97			23	3					15.0			5
CURRENT	93280	Programming device evaluation		0.032			0.77			27	5					17.0			5

Code	Desc	2016 wRVU	2016 Intra	2016 Total
93279	PM DEVICE PROGR EVAL SNGL	0.65	10	20
93280	PM DEVICE PROGR EVAL DUAL	0.77	17	27
93281	PM DEVICE PROGR EVAL MULTI	0.90	20	30
93282	ICD DEVICE PROGR EVAL SNGL	0.85	15	28
93283	ICD DEVICE PROGR EVAL DUAL	1.15	15	33
93284	ICD DEVICE PROGR EVAL MULTI	1.25	15	33.5
93285	ILR DEVICE PROGR EVAL	0.52	12	22
93286	PERI-PX PACEMAKER DEVICE EV	0.30	12	22
93287	PERI-PX ICD DEVICE EV	0.45	13.5	26
93288	PM DEVICE INTERROGATION EVAL IN PERSON	0.43	10	20
93289	ICD DEVICE INTERROGATION EVAL IN PERSON	0.92	15	25
93290	ICM DEVICE INTERROGATION EVAL IN PERSON	0.43	12	25
93291	ILR DEVICE INTERROGATION EVAL IN PERSON	0.43	12	22
93292	WCD DEVICE INTERROGATION EVAL IN PERSON	0.43	10	20
93293	TRANSTELEPHONIC PM PHONE R-STRIP DEVICE EVAL	0.32	10	20
93294	PM DEVICE INTERROGATION REMOTE, 90-DAY	0.65	15	30
93295	ICD DEVICE INTERROGATION REMOTE, 90-DAY	1.29	22.5	37.5
93297	ICM DEVICE INTERROGATION REMOTE, 30-DAY	0.52	24	50
93298	ILR DEVICE INTERROGATION REMOTE, 30-DAY	0.52	24	44

RUC Rationale Notes from 2008	Rec. wRVU
survey times, work neutrality calculated wRVU	0.65
survey times with modification, survey wRVU	0.77
RUC noted increasing intensity	0.90
survey times, survey 25th wRVU	0.85
survey times, survey 25th wRVU 1.18 (later reduced by CMS)	1.15
survey times, survey 25th wRVU	1.25
survey times, survey 25th wRVU; identical time to 93291, but harder	0.52
survey times, roughly half wRVU of 93279 since reported twice	0.30
survey times, roughly half wRVU of 93282 since reported twice	0.45
survey times, work neutrality calculated wRVU	0.43
survey times, wRUV crosswalk to 99213 was below survey 25th of 1.00	0.75
survey times, crosswalk to 93288/93291 wRVU	0.43
survey times, crosswalk to 93288 wRVU	0.43
survey times, crosswalk to 93288/93291/93290 wRVU	0.43
1.9 transmissions per 90 days; 190% of survey times; 190% wRVU of 93010	0.32
1.5 transmissions per 90 days; 150% of 93288 times; 150% wRVU of 93288	0.65
1.5 transmissions per 90 days; 150% of 93289 times; 150% wRVU of 93289 (later reduced by CMS)	1.13
2 transmissions per 30 days; 200% of 93290 times; wRVU crosswalk to 93228	0.52
2 transmissions per 30 days; 200% of 93290 times; wRVU crosswalk to 93228	0.52

Rec. Intra	Rec. Total
10	22
15	32
16	33
12	28
15	35
17.5	37.5
10	20
10	21.5
10	25
10	22
10	23.5
10	23
7	17
10	20
5	15
15	33
15	35.5
10	46
10	34

Presentation Notes
Maintain. Below survey 25th 0.70.
Maintain. Above survey 25th 0.75. Time increase.
Maintain. Above survey 25th 0.89. Time increase.
Maintain. Matches survey 25th 0.85.
Maintain. Above survey 25th 0.91. Time increase.
Maintain. Above survey 25th 0.95. Time increase.
Maintain. Below survey 25th 0.60.
Maintain. Below survey 25th 0.60.
Maintain. Below survey 25th 0.70.
Maintain. Below survey 25th 0.60.
Reduce to survey 25th 0.75.
Maintain. Below survey 25th 0.58.
Maintain. Below survey 25th 0.50.
Maintain. Below survey 25th 0.60.
Maintain. Below survey 25th 0.40.
Maintain. RUC derived current times and values as 1.5 of 93288. We propose that method again.
Reduce. RUC derived current times and values as 1.5 of 93289. We propose that method again.
Maintain. Below survey 25th 0.55. RUC derived current times as double 93290. We propose that method again.
Maintain. Matches survey 25th 0.52. RUC derived current times as double 93290. We propose that method again, d

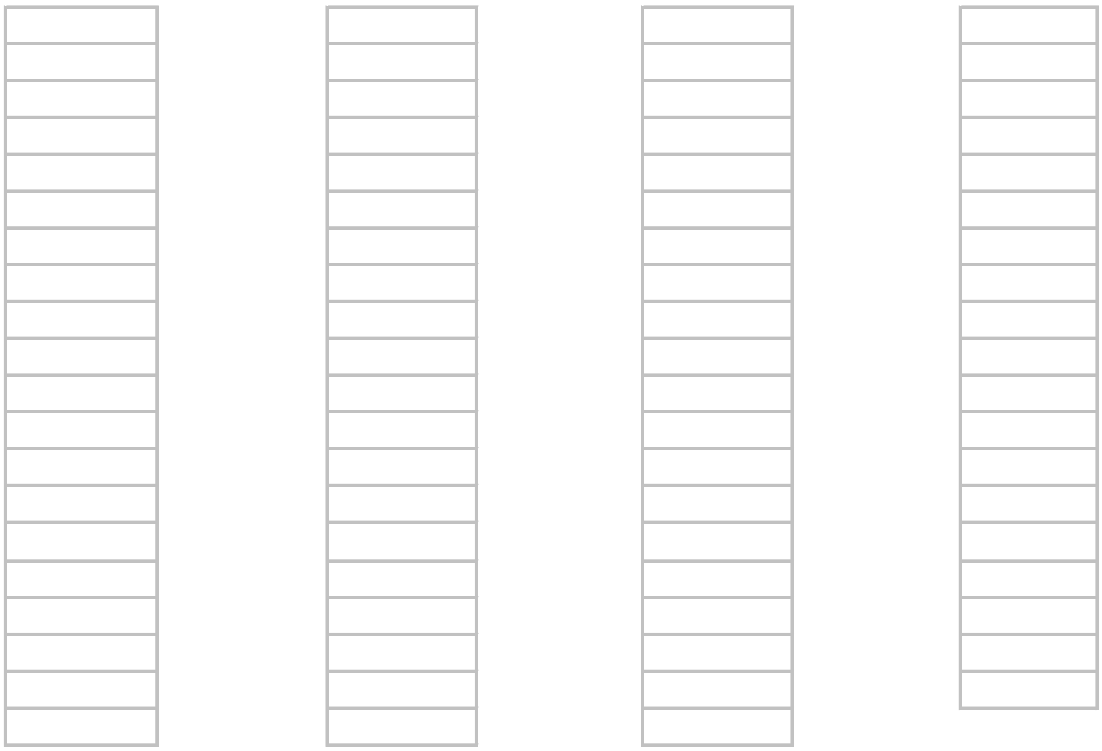




0

Code	Desc	2016 wRVU	2016 Intra	2016 Total
93279	PM DEVICE PROGR EVAL SNGL	0.65	10	20
93280	PM DEVICE PROGR EVAL DUAL	0.77	17	27
93281	PM DEVICE PROGR EVAL MULTI	0.90	20	30
93282	ICD DEVICE PROGR EVAL SNGL	0.85	15	28
93283	ICD DEVICE PROGR EVAL DUAL	1.15	15	33
93284	ICD DEVICE PROGR EVAL MULTI	1.25	15	33.5
93285	ILR DEVICE PROGR EVAL	0.52	12	22
93286	PERI-PX PACEMAKER DEVICE EV	0.30	12	22
93287	PERI-PX ICD DEVICE EV	0.45	13.5	26
93288	PM DEVICE INTERROGATION EVAL IN PERSON	0.43	10	20
93289	ICD DEVICE INTERROGATION EVAL IN PERSON	0.92	15	25
93290	ICM DEVICE INTERROGATION EVAL IN PERSON	0.43	12	25
93291	ILR DEVICE INTERROGATION EVAL IN PERSON	0.43	12	22
93292	WCD DEVICE INTERROGATION EVAL IN PERSON	0.43	10	20
93293	TRANSTELEPHONIC PM PHONE R-STRIP DEVICE EVAL	0.32	10	20
93294	PM DEVICE INTERROGATION REMOTE, 90-DAY	0.65	15	30
93295	ICD DEVICE INTERROGATION REMOTE, 90-DAY	1.29	22.5	37.5
93297	ICM DEVICE INTERROGATION REMOTE, 30-DAY	0.52	24	50
93298	ILR DEVICE INTERROGATION REMOTE, 30-DAY	0.52	24	44

2008 RUC Rationale Notes
survey times, work neutrality calculated wRVU
survey times with modification, survey wRVU
RUC noted increasing intensity
survey times, survey 25th wRVU
survey times, survey 25th wRVU 1.18 (later reduced by CMS)
survey times, survey 25th wRVU
survey times, survey 25th wRVU; identical time to 93291, but harder
survey times, roughly half wRVU of 93279 since reported twice
survey times, roughly half wRVU of 93282 since reported twice
survey times, work neutrality calculated wRVU
survey times, wRUV crosswalk to 99213 was below survey 25th of 1.00
survey times, crosswalk to 93288/93291 wRVU
survey times, crosswalk to 93288 wRVU
survey times, crosswalk to 93288/93291/93290 wRVU
1.9 transmissions per 90 days; 190% of survey times; 190% wRVU of 93010
1.5 transmissions per 90 days; 150% of 93288 times; 150% wRVU of 93288
1.5 transmissions per 90 days; 150% of 93289 times; 150% wRVU of 93289 (later reduced by CMS)
2 transmissions per 30 days; 200% of 93290 times; wRVU crosswalk to 93228
2 transmissions per 30 days; 200% of 93290 times; wRVU crosswalk to 93228





0

Code	Desc	wRVU	Intra	Total
93279	PM DEVICE PROGR EVAL SNGL	0.65	10	22
93280	PM DEVICE PROGR EVAL DUAL	0.77	15	32
93281	PM DEVICE PROGR EVAL MULTI	0.90	16	33
93282	ICD DEVICE PROGR EVAL SNGL	0.85	12	28
93283	ICD DEVICE PROGR EVAL DUAL	1.15	15	35
93284	ICD DEVICE PROGR EVAL MULTI	1.25	17.5	37.5
93285	ILR DEVICE PROGR EVAL	0.52	10	20
93286	PERI-PX PACEMAKER DEVICE EV	0.30	10	21.5
93287	PERI-PX ICD DEVICE EV	0.45	10	25
93288	PM DEVICE INTERROGATION EVAL IN PERSON	0.43	10	22
93289	ICD DEVICE INTERROGATION EVAL IN PERSON	0.75	10	23.5
93290	ICM DEVICE INTERROGATION EVAL IN PERSON	0.43	10	23
93291	ILR DEVICE INTERROGATION EVAL IN PERSON	0.43	7	17
93292	WCD DEVICE INTERROGATION EVAL IN PERSON	0.43	10	20
93293	TRANSTELEPHONIC PM PHONE R-STRIP DEVICE EVAL, 90-DAY	0.32	5	15
93294	PM DEVICE INTERROGATION REMOTE, 90-DAY	0.65	15	33
93295	ICD DEVICE INTERROGATION REMOTE, 90-DAY	1.13	15	35.5
93297	ICM DEVICE INTERROGATION REMOTE, 30-DAY	0.52	10	46
93298	ILR DEVICE INTERROGATION REMOTE, 30-DAY	0.52	10	34

Notes
Maintain. Below survey 25th 0.70.
Maintain. Above survey 25th 0.75. Time increase.
Maintain. Above survey 25th 0.89. Time increase.
Maintain. Matches survey 25th 0.85.
Maintain. Above survey 25th 0.91. Time increase.
Maintain. Above survey 25th 0.95. Time increase.
Maintain. Below survey 25th 0.60.
Maintain. Below survey 25th 0.60.
Maintain. Below survey 25th 0.70.
Maintain. Below survey 25th 0.60.
Reduce to survey 25th 0.75.
Maintain. Below survey 25th 0.58.
Maintain. Below survey 25th 0.50.
Maintain. Below survey 25th 0.60.
Maintain. Below survey 25th 0.40.
Maintain. RUC derived current times and values as 1.5 of 93288. We propose that method again.
Reduce. RUC derived current times and values as 1.5 of 93289. We propose that method again.
Maintain. Below survey 25th 0.55. RUC derived current times as double 93290. We propose that method again.
Maintain. Matches survey 25th 0.52. RUC derived current times as double 93290. We propose that method again, d

oubling 93291.

25
Tab Number

Cardiac Electrophysiology Device Monitoring Services
Issue

93279-93298
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

_Mark Schoenfeld, MD, FHRS_____
Printed Signature

Heart Rhythm Society_____
Specialty Society

_September 6, 2016_____
Date

25
Tab Number

Cardiac Electrophysiology Device Monitoring Services
Issue

93279-93298
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

David Slotwiner, MD, FHRS
Printed Signature

Heart Rhythm Society
Specialty Society

September 6, 2016
Date

22, 25, 26
Tab Number

Extremity Angiography; Cardiac EP Device Monitoring; Stress Echocardiography
Issue

75710-75716; 93279-93299; 93350-93351
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Richard Wright, MD
Printed Signature

ACC
Specialty Society

9/6/16
Date

CPT Code: 93279-93284, 93288-93292
Specialty Society('s) ACC, HRS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

93279 Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with report; single lead pacemaker system
93280 Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with report; dual lead pacemaker system
93281 Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with report; multiple lead pacemaker system
93282 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system
93283 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system
93284 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system
93288 Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual or multiple lead pacemaker system
93289 Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual or multiple lead implantable cardioverter defibrillator system, including analysis of heart rhythm derived data elements
93290 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors
93291 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis
93292 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system

Global Period: XXX Meeting Date: October 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The ACC and HRS utilized a consensus panel process to develop recommended inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as**

your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current PE Inputs

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

-On line 26 we recommend the addition of ~~5~~ 3 minutes for vitals. Blood pressure, heart rate, and weight~~, and height~~ are all obtained. We believe the lack of time for vitals to be an oversight or error.
-On lines 67 and 69 we recommend increasing the number of electrodes and disks from 4 to 5. 5 is the norm, and is already present for other codes in the family (93286, 93287). We believe this to have been an error.
-Increase lines 72 and 73 for not highly technical equipment to include entire service period time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

RN/LPN/MTA completes preservice diagnostic & referral forms

Intra-Service Clinical Labor Activities:

Med Tech/Asst greets patient, obtains vitals, prepares room, cleans room, and scans & files ~~PaceArt~~ report. These are clerical tasks less relevant than the highly skilled work performed by the nurse.

RN/LPN/MTA obtains consent, reviews charts, interrogates device and assists physician (line 36) using the physician intraservice time as an approximatation, prints & sends ~~PaceArt~~ report.

Post-Service Clinical Labor Activities:

CPT Code: 93285, 93291
Specialty Society('s) ACC, HRS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

93285 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system
93291 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis

Global Period: XXX Meeting Date: October 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The ACC and HRS utilized a consensus panel process to develop recommended inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current PE Inputs

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

-On line 26 we recommend the addition of 5 minutes for vitals. Blood pressure, heart rate, weight, and height are all obtained. We believe the lack of time for vitals to be an oversight or error.
-On line 28 we recommend increasing staff time from 1 minute to 2 minutes to reflect the RUC standard for room prep.
-On lines 67 and 69 we recommend increasing the number of electrodes and disks from 4 to 5. 5 is the norm, and is already present for other codes in the family (93286, 93287). We believe this to have been an error.
-Increase lines 72 and 73 for not highly technical equipment to include entire service period time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

RN/LPN/MTA completes preservice diagnostic & referral forms

Intra-Service Clinical Labor Activities:

Med Tech/Asst greets patient, obtains vitals, cleans room, and scans & files PaceArt report.

RN/LPN/MTA obtains consent, prepares room, reviews charts, interrogates device, prints & sends PaceArt report.

Post-Service Clinical Labor Activities:

CPT Code: 93286-93287
Specialty Society('s) ACC, HRS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

93286 Peri-procedural device evaluation and programming of device system parameters before or after a surgery, procedure or test with report; single, dual or multiple lead pacemaker system
93287 Peri-procedural device evaluation and programming of device system parameters before or after a surgery, procedure or test with report; single, dual or multiple lead implantable cardioverter defibrillator system

Global Period: XXX Meeting Date: October 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The ACC and HRS utilized a consensus panel process to develop recommended inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current PE Inputs

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

-On line 28 we recommend increasing staff time from 0 minute to 2 minutes to reflect the RUC standard for room prep.
- On line 40 we recommend increasing staff time from 0 minute to 3 minutes to reflect the RUC standard for room cleaning.
-Increase lines 72 and 73 for not highly technical equipment to include entire service period time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Electrodiagnostic tech receives and reviews remote transmissions, prepares report and distribution of results.

RN/LPN/MTA enrolls patient, educates patient on use of device/service; physician notification

Post-Service Clinical Labor Activities:

CPT Code: 93290, 93292
Specialty Society('s) ACC, HRS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

93290 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors
93292 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system

Global Period: XXX Meeting Date: October 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The ACC and HRS utilized a consensus panel process to develop recommended inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current PE Inputs

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

-On line 26 we recommend the addition of 5 minutes for vitals. Blood pressure, heart rate, weight, height, and oxygen saturation are all obtained. We believe the lack of time for vitals to be an oversight or error.
-On line 28 we recommend increasing staff time from 1 minute to 2 minutes to reflect the RUC standard for room prep.
-On lines 67 and 69 we recommend increasing the number of electrodes and disks from 4 to 5. 5 is the norm, and is already present for other codes in the family (93286, 93287). We believe this to have been an error.
-Increase lines 72 and 73 for not highly technical equipment to include entire service period time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

RN/LPN/MTA completes preservice diagnostic & referral forms

Intra-Service Clinical Labor Activities:

Med Tech/Asst greets patient, obtains vitals, prepares room, cleans room, and scans & files PaceArt report.

RN/LPN/MTA obtains consent, reviews charts, interrogates device, prints & sends PaceArt report.

Post-Service Clinical Labor Activities:

CPT Code: 93293
Specialty Society('s) ACC, HRS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

93293 Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days

Global Period: XXX Meeting Date: October 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The ACC and HRS utilized a consensus panel process to develop recommended inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current PE Inputs

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Electrodiagnostic tech receives and reviews remote transmissions, prepares report and distribution of results.

RN/LPN/MTA enrolls patient, educates patient on use of device/service; physician notification

Post-Service Clinical Labor Activities:

CPT Code: 93296, 93299
Specialty Society('s) ACC, HRS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

93296 Interrogation device evaluation(s), (remote), per 90 days, pacemaker or implantable cardioverter defibrillator, remote data acquisitions), receipt of transmissions and technician review, technical support and distribution of results
93299 Interrogation device evaluation(s), (remote), per 30 days, implantable cardiovascular monitor or implantable loop recorder, remote data acquisition9s), receipt of transmissions and technician review, technical support and distribution of results

Global Period: XXX Meeting Date: October 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The ACC and HRS utilized a consensus panel process to develop recommended inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current PE Inputs

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: Code 93299 is carrier priced. We propose to crosswalk inputs from 93296 to 93299.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Electrodiagnostic tech enrolls patient, educates patient on use of device/service, receives and reviews remote transmissions, prepares report and distribution of results.

~~RN/LPN/MTA enrolls patient, educates patient on use of device/service; physician notification~~

Post-Service Clinical Labor Activities:

***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**

Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	**CMS Code**	**Staff Type**
LOCATION		
GLOBAL PERIOD	**XXX**	
TOTAL CLINICAL LABOR TIME		
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst
PRE-SERVICE		
Start: Following visit when decision for surgery or procedure made		
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA
Coordinate pre-surgery services		
Schedule space and equipment in facility		
Provide pre-service education/obtain consent		
Follow-up phone calls & prescriptions		
Other Clinical Activity - *specify:*		
End: When patient enters office/facility for surgery/procedure		
SERVICE PERIOD		
Start: When patient enters office/facility for surgery/procedure:		
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst
Obtain vital signs	L026A	Med Tech/Asst
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA
Prepare room, equipment, supplies	L026A	Med Tech/Asst
Setup scope (non facility setting only)		
Prepare and position patient/ monitor patient/ set up IV		
Sedate/apply anesthesia		
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA
Intra-service		
Assist physician in performing procedure	L037D	RN/LPN/MTA
Assist physician/moderate sedation (% of physician time)		

Post-Service		
Monitor pt. following moderate sedation		
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)		
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)		
Clean room/equipment by physician staff	L026A	Med Tech/Asst
Clean Scope		
Clean Surgical Instrument Package		
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA
Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst
Review/read X-ray, lab, and pathology reports		
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions		
Other Clinical Activity - *specify:*		
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)		
Dischrg mgmt (1.0 x 99238) (enter 12 min)		
Dischrg mgmt (1.0 x 99239) (enter 15 min)		
End: Patient leaves office		
POST-SERVICE Period		
Start: Patient leaves office/facility		
Conduct phone calls/call in prescriptions		
Office visits: List Number and Level of Office Visits		
99211 16 minutes		16
99212 27 minutes		27
99213 36 minutes		36
99214 53 minutes		53
99215 63 minutes		63
Total Office Visit Time		
Other Clinical Activity - *specify:*		
End: with last office visit before end of global period		

MEDICAL SUPPLIES*	**CODE**	**UNIT**
pack, minimum multi-specialty visit	SA048	pack
swab-pad, alcohol	SJ053	item
electrode adhesive disk	SJ019	item
paper, laser printing (each sheet)	SK057	item
electrode, ECG (single)	SD053	item

EQUIPMENT	**CODE**	
table, exam	EF023	minutes
pacemaker follow-up system (incl software and hardware)	EQ198	minutes

PM Office Codes

REFERENCE CODE				REFERENCE CODE				REFERENCE CODE	
93288		93288		93279		93279		93280	
Interrogation device evaluation (in person) with physician analysis, review and report, includes connection,		Interrogation device evaluation (in person) with physician analysis, review and report, includes connection,		Programming device evaluation with iterative adjustment of the implantable device to test the function of the		Programming device evaluation with iterative adjustment of the implantable device to test the function of the		Programming device evaluation with iterative adjustment of the implantable device to test the function of the	
Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
30.0	0.0	33.0	0.0	33.0	0.0	33.0	0.0	37.0	0.0
20.0	0.0	20.0	0.0	23.0	0.0	20.0	0.0	27.0	0.0
2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0
18.0	0.0	18.0	0.0	21.0	0.0	18.0	0.0	25.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0	10.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0	10.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2		2		2		2		2	
3		3		3		3		3	
		3				3			
3		3		3		3		3	
2		2		2		2		2	
2		2		2		2		2	
10		10		13		10		17	

3		3		3		3		3	
3		3		3		3		3	
2		2		2		2		2	
n/a		n/a		n/a		n/a		n/a	
n/a		n/a		n/a		n/a		n/a	
n/a		n/a		n/a		n/a		n/a	

# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1		1		1		1		1	
4		4		4		4		4	
4		5		4		5		4	
10		10		10		10		15	
4		5		4		5		4	
18		31		21		31		25	
18		31		21		31		25	

		REFERENCE CODE				REFERENCE CODE			
93280		93281		93281		93289		93289	
Programming device evaluation with iterative adjustment of the implantable device to test the function of the		Programming device evaluation with iterative adjustment of the implantable device to test the function of the		Programming device evaluation with iterative adjustment of the implantable device to test the function of the		Interrogation device evaluation (in person) with physician analysis, review and report, includes connection,		Interrogation device evaluation (in person) with physician analysis, review and report, includes connection,	
Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
38.0	0.0	43.0	0.0	39.0	0.0	38.0	0.0	33.0	0.0
25.0	0.0	33.0	0.0	26.0	0.0	28.0	0.0	20.0	0.0
2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0
23.0	0.0	31.0	0.0	24.0	0.0	26.0	0.0	18.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
13.0	0.0	10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
13.0	0.0	10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2		2		2		2		2	
3		3		3		3		3	
3				3				3	
3		3		3		3		3	
2		2		2		2		2	
2		2		2		2		2	
15		23		16		18		10	

3		3		3		3		3	
3		3		3		3		3	
2		2		2		2		2	
n/a		n/a		n/a		n/a		n/a	
n/a		n/a		n/a		n/a		n/a	
n/a		n/a		n/a		n/a		n/a	

# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1		1		1		1		1	
4		4		4		4		4	
5		4		5		4		5	
15		15		15		15		15	
5		4		5		4		5	
36		31		37		26		31	
36		31		37		18		31	

ICD Office Codes

REFERENCE CODE				REFERENCE CODE				REFERENCE CODE	
93282		93282		93283		93283		93284	
Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to	
Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
38.0	0.0	35.0	0.0	44.0	0.0	38.0	0.0	50.0	0.0
28.0	0.0	22.0	0.0	34.0	0.0	25.0	0.0	40.0	0.0
2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0
26.0	0.0	20.0	0.0	32.0	0.0	23.0	0.0	38.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0	10.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0	10.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2		2		2		2		2	
3		3		3		3		3	
		3				3			
3		3		3		3		3	
2		2		2		2		2	
2		2		2		2		2	
18		12		24		15		30	

3		3		3		3		3	
3		3		3		3		3	
2		2		2		2		2	
n/a		n/a		n/a		n/a		n/a	
n/a		n/a		n/a		n/a		n/a	
n/a		n/a		n/a		n/a		n/a	

# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1		1		1		1		1	
4		4		4		4		4	
4		5		4		5		4	
15		15		20		20		20	
4		5		4		5		4	
26		33		32		36		38	
26		33		32		36		38	

		ILR Office Codes							
		REFERENCE CODE				REFERENCE CODE			
93284		93291		93291		93285		93285	
Programming device evaluation (in person) with iterative adjustment of the implantable device to		Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to	
Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
40.5	0.0	26.0	0.0	26.0	0.0	28.0	0.0	29.0	0.0
27.5	0.0	19.0	0.0	16.0	0.0	21.0	0.0	19.0	0.0
2.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0
25.5	0.0	18.0	0.0	15.0	0.0	20.0	0.0	18.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
13.0	0.0	7.0	0.0	10.0	0.0	7.0	0.0	10.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
13.0	0.0	7.0	0.0	10.0	0.0	7.0	0.0	10.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2		1		1		1		1	
3		3		3		3		3	
3				3				3	
3		2		2		2		2	
2		1		2		1		2	
2		2		2		2		2	
17.5		11		7		13		10	

3		3		3		3		3	
3		2		2		2		2	
2		1		1		1		1	
n/a		n/a		n/a		n/a		n/a	
n/a		n/a		n/a		n/a		n/a	
n/a		n/a		n/a		n/a		n/a	

# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

1		1		1		1		1	
4		4		4		4		4	
5		4		5		4		5	
20		15		15		20		20	
5		4		5		4		5	

38.5		18		25		20		28	
38.5		18		25		20		28	

ICM/WCD Office Codes									
REFERENCE CODE				REFERENCE CODE				REFERENCE CODE	
93290		93290		93292		93292		93286	
Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Peri-procedural device evaluation and programming of device system parameters before or after a	
Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
17.0	0.0	27.0	0.0	20.0	0.0	29.0	0.0	19.0	0.0
9.0	0.0	15.0	0.0	12.0	0.0	17.0	0.0	14.0	0.0
1.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0
8.0	0.0	14.0	0.0	11.0	0.0	16.0	0.0	13.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
8.0	0.0	12.0	0.0	8.0	0.0	12.0	0.0	5.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
8.0	0.0	12.0	0.0	8.0	0.0	12.0	0.0	5.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1		1		1		1		1	
3		3		3		3		3	
		3				3		1	
1		1		2		2		2	
1		2		1		2			
2		2		2		2		2	
4		10		5		10		5	

3		3		3		3			
1		1		2		2		3	
1		1		1		1		2	
n/a		n/a		n/a		n/a		n/a	
n/a		n/a		n/a		n/a		n/a	
n/a		n/a		n/a		n/a		n/a	
# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1		1		1		1		1	
4		4		4		4		4	
4		5		4		5		5	
10		10		10		10		10	
4		5		4		5		5	
								2	
8		26		11		28		13	
8		26		11		28		13	

PM/ICD Periprocedural Codes

		REFERENCE CODE			
93286		**93287**		**93287**	
Peri-procedural device evaluation and programming of device system parameters before or after a		Peri-procedural device evaluation and programming of device system parameters before or after a		Peri-procedural device evaluation and programming of device system parameters before or after a	
Non Fac	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
28.0	**0.0**	**21.0**	**0.0**	**28.0**	**0.0**
18.0	**0.0**	**16.0**	**0.0**	**18.0**	**0.0**
1.0	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**
17.0	**0.0**	**15.0**	**0.0**	**17.0**	**0.0**
0.0	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10.0	**0.0**	**5.0**	**0.0**	**10.0**	**0.0**
0.0	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10.0	**0.0**	**5.0**	**0.0**	**10.0**	**0.0**
0.0	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
1		**1**		**1**	
3		**3**		**3**	
0		**1**		**0**	
2		**2**		**2**	
2				**2**	
2		**2**		**2**	
10		**7**		**10**	

3				3	
3		3		3	
2		2		2	
n/a		n/a		n/a	
n/a		n/a		n/a	
n/a		n/a		n/a	

# visits	# visits	# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0	0.0	0.0

1		1		1	
4		4		4	
5		5		5	
10		10		10	
5		5		5	
2		2		2	
27		15		27	
27		15		27	

***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**

Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	**CMS Code**	**Staff Type**	**REFEREN 932 Transtel rhythn pacer evaluation dual, or mu**
LOCATION			**Non Fac**
GLOBAL PERIOD	**XXX**		
TOTAL CLINICAL LABOR TIME			**48.0**
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**9.0**
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**0.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**9.0**
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**0.0**
TOTAL CLINICAL LABOR TIME	L037A	EDX Tech	**39.0**
TOTAL PRE-SERV CLINICAL LABOR TIME	L037A	EDX Tech	**0.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037A	EDX Tech	**39.0**
TOTAL POST-SERV CLINICAL LABOR TIME	L037A	EDX Tech	**0.0**
PRE-SERVICE			
Start: Following visit when decision for surgery or procedure made			
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	
Coordinate pre-surgery services			
Schedule space and equipment in facility			
Provide pre-service education/obtain consent			
Follow-up phone calls & prescriptions			
Other Clinical Activity - *specify:*			
End: When patient enters office/facility for surgery/procedure			
SERVICE PERIOD			
Start: When patient enters office/facility for surgery/procedure:			
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst	
Obtain vital signs	L037D	RN/LPN/MTA	
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	
Prepare room, equipment, supplies	L026A	Med Tech/Asst	
Setup scope (non facility setting only)			
Prepare and position patient/ monitor patient/ set up IV			
Sedate/apply anesthesia			
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA	
Intra-service			
Assist physician in performing procedure	L037A	EDX Tech	**39**
Assist physician in performing procedure	L037D	RN/LPN/MTA	**9**

Assist physician/moderate sedation (% of physician time)			
Post-Service			
Monitor pt. following moderate sedation			
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)			
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)			
Clean room/equipment by physician staff	L026A	Med Tech/Asst	
Clean Scope			
Clean Surgical Instrument Package			
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	
Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst	
Review/read X-ray, lab, and pathology reports			
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			
Other Clinical Activity - *specify:*			
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**
Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**
Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**
End: Patient leaves office			
POST-SERVICE Period			
Start: Patient leaves office/facility			
Conduct phone calls/call in prescriptions			
Office visits: List Number and Level of Office Visits			**# visits**
99211 16 minutes		16	
99212 27 minutes		27	
99213 36 minutes		36	
99214 53 minutes		53	
99215 63 minutes		63	
Total Office Visit Time			**0.0**
Other Clinical Activity - *specify:*			
End: with last office visit before end of global period			
MEDICAL SUPPLIES*	**CODE**	**UNIT**	
pack, minimum multi-specialty visit	SA048	pack	
swab-pad, alcohol	SJ053	item	
electrode adhesive disk	SJ019	item	
paper, laser printing (each sheet)	SK057	item	**10**
electrode, ECG (single)	SD053	item	
gloves, non-sterile	SB022	pair	
EQUIPMENT	**CODE**		
table, exam	EF023	minutes	
pacemaker follow-up system (incl software and hardware)	EQ198	minutes	
pacemaker interrogation, system	EQ320	minutes	**39**

Transtelephonic			90-Day Remote Codes						
ICE CODE			REFERENCE CODE		REFERENCE CODE				
293	93293		93296		93296		93294		932
ephonic n strip naker (s) single, ultiple lead	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead		Interrogation device evaluation(s), (remote), per 90 days, pacemaker or implantable		Interrogation device evaluation(s), (remote), per 90 days, pacemaker or implantable		Interrogation device evaluation(s) (remote), up to 90 days; single, dual or multiple lead pacemaker system		Interrogati evaluation(s up to 90 da dual or mu pacemake
Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
0.0	48.0	0.0	28.0	0.0	28.0	0.0	0.0	0.0	0.0
0.0	9.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	9.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	39.0	0.0	27.0	0.0	28.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	39.0	0.0	27.0	0.0	28.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

	n/a		n/a		n/a		n/a		n/a
	n/a		n/a		n/a		n/a		n/a
	n/a		n/a		n/a		n/a		n/a

# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

	10		10		10				

	39				28				
	0		27		0				

	REFERENCE CODE				REFERENCE CODE		REFERENCE CODE		
294	93295		93295		93296		93299		932
ion device s) (remote), ays; single, ultiple lead er system	Interrogation device evaluation(s) (remote), up to 90 days; single, dual or multiple lead implantable		Interrogation device evaluation(s) (remote), up to 90 days; single, dual or multiple lead implantable		Interrogation device evaluation(s), (remote), per 90 days, pacemaker or implantable		Interrogation device evaluation(s), (remote), per 30 days, implantable cardiovascular monitor		Interrogati evaluation(s per 30 implar cardiovascu
Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
0.0	0.0	0.0	0.0	0.0	28.0	0.0	0.0	0.0	28.0
0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	27.0	0.0	0.0	0.0	28.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	27.0	0.0	0.0	0.0	28.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

	n/a		n/a		n/a		n/a		n/a
	n/a		n/a		n/a		n/a		n/a
	n/a		n/a		n/a		n/a		n/a

# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

					10				10

									28
					27				0

30-Day Remote Codes

	REFERENCE CODE				REFERENCE CODE			
299	93297		93297		93298		93298	
ion device s), (remote), days, ntable ular monitor	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor		Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor		Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system,		Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system,	
Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

	n/a		n/a		n/a		n/a	
	n/a		n/a		n/a		n/a	
	n/a		n/a		n/a		n/a	

# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2018

Pulmonary Wireless Pressure Sensor Services

In September 2017, the CPT Editorial Panel created a code to describe pulmonary wireless sensor implantation and another code for remote care management of patients with an implantable, wireless pulmonary artery pressure sensor monitor.

33289 ***Transcatheter implantation of wireless pulmonary artery pressure sensor for long term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed***

The RUC reviewed the survey results from 33 cardiologists for CPT code 33289 and determined that the survey 25th percentile work RVU of 6.00 appropriately accounts for the work required to perform this service. CPT code 33289 is for the implantation of a wireless pulmonary artery pressure monitor through a catheter with pulmonary artery angiography. The device is indicated for patients who have been hospitalized for heart failure in the prior year. Once the artery pressure sensor is implanted and calibrated, patients transmit data daily that is interpreted and used to manage their care in a manner that avoids future hospitalization(s).

The RUC recommends 33 minute evaluation time, 3 minutes positioning, 15 minutes scrub, dress, wait time, 40 minutes intra-service time and 20 minutes post-service time. The RUC compared 33289 to the top key reference service 92928 *Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch* (work RVU = 10.96 and 76 minutes intra-service time) and noted that the survey respondents chose the key reference service because many cardiologists are familiar with intracoronary stents. The stenting is performed in the arterial circuit rather than the venous circuit. Therefore, the physician work is much less intense and complex for 33289, than deployment within the chest vessels.

The RUC compared 33289 to the second key reference service 93451 *Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed* (work RVU = 2.47 and 30 minutes intra-service time) and indicated that CPT code 93451 is the passage of the catheter into the pulmonary artery and then the measurement of hemodynamics. Whereas, for CPT code 33289 the pressure sensor device must be placed in a specific pulmonary artery branch where a pulmonary angiogram is performed to assess the size of the pulmonary artery in which the physician will deploy the pressure sensor. The physician must then calibrate the pressure against the sensor readings to make sure they are accurate. Therefore 33289 requires more physician time, work and is more intense and complex than CPT code 93451.

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The RUC compared the surveyed service to similar service 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* (work RVU = 5.90 and 40 minutes intra-service time) and noted that the surveyed code requires slightly more pre- and post-service time to complete, therefore should be valued slightly higher. For additional support, the RUC referenced MPC code 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)* (work RVU = 6.75 and 45 minutes intra-service time). **The RUC recommends a work RVU of 6.00 for CPT code 33289.**

93264 ***Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional***
CPT code 93264 is the remote monitoring to interpret and document weekly downloads, of patient's daily transmissions, of the pulmonary artery pressure recordings over a 30 day period. The RUC reviewed the survey results from 54 cardiologists for CPT code 93264 and determined that the survey median work RVU of 0.80 was slightly high and the survey 25th percentile work RVU of 0.51 was too low compared to similar services. Therefore, the RUC recommends a crosswalk to MPC code 95251 *Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report* (work RVU = 0.70 and 2 minutes pre-time, 15 minutes intra-service time and 3 minutes post-service time). The RUC determined that the survey pre- and immediate post-service time seemed high and should be the same as the CPT code 95251. The RUC recommends 2 minutes pre-time, 13 minutes intra-service time and 3 minutes post-service time for CPT code 93264. The RUC determined that a work RVU of 0.70 for CPT code 93264 preserves the appropriate rank order with 99457 *Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month* (RUC recommended work RVU = 0.61) reviewed at this meeting, as 93264 is more intense and requires interpretation of more transmissions. The RUC also compared 93264 to similar service 99490 *Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored* (work RVU = 0.61 and 15 minutes intra-service time) and noted that 93264 requires more total physician time, 18 versus 15 minutes, and more physician work than 99490.

For additional support the RUC referenced MPC code 76817 *Ultrasound, pregnant uterus, real time with image documentation, transvaginal* (work RVU = 0.75 and 23 minutes total time) and similar service 11901 *Injection, intralesional; more than 7 lesions* (work RVU = 0.80 and 22 minutes total time). **The RUC recommends a work RVU of 0.70 for CPT ode 93264.**

Practice Expense
The Practice Expense Subcommittee made one minor revision and removed the equipment ED021 *computer, desktop, w-monitor* for CPT code 93264. The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee.

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New Technology/New Services
CPT codes 33289 and 93264 will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Cardiovascular System **Implantable Hemodynamic Monitors** Transcatheter implantation of a wireless pulmonary artery pressure sensor (33289) establishes an intravascular device used for long term remote monitoring of pulmonary artery pressures (93264). The hemodynamic data derived from this device is used to guide management of patients with heart failure. Code 33289 includes deployment and calibration of the sensor, right heart catheterization, selective pulmonary artery catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed.				
● 33289	P1	Transcatheter implantation of wireless pulmonary artery pressure sensor for long term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed (For remote monitoring of an implantable pulmonary artery pressure sensor, use 93264) (Do not report 33289 in conjunction with 36013, 36014, 36015, 75741, 75743, 75746, 76000, 93451, 93453, 93456, 93457, 93460, 93461, 93530, 93531, 93532, 93533, 93568)	000	6.00
Medicine **Cardiovascular** **Implantable and Wearable Cardiac Device Evaluations** Cardiac device evaluation services are diagnostic medical procedures using in-person and remote technology to assess device therapy and cardiovascular physiologic data. Codes 93260, 93261, 93279-93299 describe this technology and technical/professional and service center practice. Codes 93260, 93261, 93279-				

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93292 are reported per procedure. Codes 93293, 93294, 93295, 93296 are reported no more than **once** every 90 days. Do not report 93293, 93294, 93295, 93296, if the monitoring period is less than 30 days. Codes 93297, 93298 are reported no more than **once** up to every 30 days per patient. Do not report 93297-93299, if the monitoring period is less than 10 days. Do not report 93264, if the monitoring period is less than 30 days. Code 93264 is reported no more than once up to every 30 days per patient.

. . .

Cardiac device evaluation services are diagnostic medical…

A service center may report 93296 or 93299 during a…

For monitoring by wearable devices, see 93224-93272…

ECG rhythm derived elements are distinct from…

Do not report 93268-93272 when performing 93260…

The pacemaker and implantable defibrillator…

The following definitions and instructions apply to codes…

Attended surveillance: *the immediate availability of a…*

Device, single lead: *a pacemaker or implantable…*

Device, dual lead: *a pacemaker or implantable…*

Device, multiple lead: *a pacemaker or implantable…*

Electrocardiographic rhythm derived elements:*…*

Implantable Cardiovascular Physiology Monitor:*…*

Implantable defibrillator: *two general categories of…*

Implantable loop recorder (ILR): *an implantable device…*

Interrogation device evaluation: *an evaluation of an…*

Pacemaker: *Programmed parameters, lead(s), battery…*

Implantable defibrillator: *programmed parameters…*

Implantable cardiovascular monitor: *Programmed…*

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Implantable loop recorder: *Programmed parameters...*

Interrogation device evaluation (remote): *a procedure…*

Pacemaker: *Programmed parameters, lead(s), battery…*

Implantable defibrillator: *programmed parameters,…*

Implantable cardiovascular monitor: *Programmed…*

Implantable loop recorder: *Programmed parameters…*

Pacemaker*: an implantable device that provides low…*

Peri-procedural device evaluation and programming:*…*

Programming device evaluation (in person): *a…*

Transtelephonic rhythm strip pacemaker evaluation: service of transmission of an electrocardiographic rhythm strip over the telephone by the patient using a transmitter and recorded by a receiving location using a receiver/recorder (also commonly known as transtelephonic pacemaker monitoring). The electrocardiographic rhythm strip is recorded both with and without a magnet applied over the pacemaker. The rhythm strip is evaluated for heart rate and rhythm, atrial and ventricular capture (if observed) and atrial and ventricular sensing (if observed). In addition, the battery status of the pacemaker is determined by measurement of the paced rate on the electrocardiographic rhythm strip recorded with the magnet applied. For remote monitoring of an implantable wireless pulmonary artery pressure sensor see code 93264.

Implantable Wireless Pulmonary Artery Sensor: an implantable cardiovascular device used to assist the physician or other qualified health care professional in monitoring heart failure. The device collects longitudinal physiologic cardiovascular data elements from an internal sensor located in the pulmonary artery. The data is transmitted and stored remotely to an internet-based file server.

● 93264	P2	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional (Report 93264 only once per 30 days) (Do not report 93264 if download(s), interpretation(s), trend analysis, and report(s) do not occur at least weekly during the 30-day time period) (Do not report 93264 if review does not occur at least weekly during the 30-	XXX	0.70

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		day time period) (Do not report 93264 if monitoring period is less than 30 days)		

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*

(Do not report 93297 in conjunction with 93290, 93298, 93264)

93298 *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*

93299 *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*

(Do not report 93299 in conjunction with 93290, 93291, 93296, 93264)

(For remote monitoring of implantable wireless pulmonary artery pressure sensor, use 93264)

Cardiac Catheterization

93451 *Right heart catheterization including measurements(s) of oxygen saturation and cardiac output, when performed*

(Do not report 93451 in conjunction with 33289, 93453, 93456, 93457, 93460, 93461)

(Do not report 93451 in conjunction with 0345T for diagnostic left and right heart catheterization procedures intrinsic to the valve repair procedure)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33289 Tracking Number P1 Original Specialty Recommended RVU: **6.00**
Presented Recommended RVU: **6.00**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **6.00**

CPT Descriptor: Transcatheter implantation of wireless pulmonary artery pressure sensor for long term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male, who had previous multiple hospitalizations for decompensated heart failure and had persistent New York Heart Association (NYHA) functional classification III symptoms, was identified as a patient that could benefit from remote monitoring of pulmonary artery pressure measurements.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: A thorough history and physical examination with assessment of the predominant NYHA symptom classification over the past 30 days and determination of the patient's 12-month hospitalization history is performed. The pre-procedure lab values and images, review of current medications are removed. Particular attention is given to anticoagulant use in order to determine what combination of medications is needed after sensor implantation. The nature of the procedure, including the process, risks, patient involvement and expectation and potential benefits are reviewed with the patient and family; after consideration, informed consent is obtained. The planned procedure is also reviewed with technical, nursing and other assisting personnel.

Description of Intra-Service Work: The implantable pulmonary artery measuring device is positioned in the catheterization lab on the left side of the patient. Percutaneous venous access is obtained through the right femoral vein with a 12 French vessel introducer sheath over an access guidewire; the dilator and guidewire are removed. A 7Fr thermodilution pulmonary artery catheter (PAC) is inserted through the introducer sheath, the balloon is inflated, and the tip is advanced to the right atrium. The external pressure transducer setup height is confirmed to be at the mid-axillary line and baseline zeroing is performed. Right atrial and right ventricular pressure measurements are recorded. The PAC tip, with the balloon inflated, is advanced to the descending branch of the left pulmonary artery (PA), within the lower lobe of the left lung. PA pressure, PA occlusion pressure, and thermodilution cardiac output measurements are recorded. An anterior/posterior and left anterior oblique angiogram of the target implant site is performed using approximately 5cc of radiopaque contrast, hand injected through the PAC, in order to examine the target implant site for the sensor device. Review of the angiogram identified an acceptable implant site for the sensor where the vessel is of the appropriate diameter and guidewire is inserted through the PAC, across the target implant site and into the distal pulmonary artery. The PAC is carefully removed while the guidewire position is maintained. The sensor delivery catheter is introduced over the guidewire, through the sheath, and into the deployment position at the target implant site. Once appropriate sensor placement is confirmed, the cap on the delivery catheter hub is unscrewed and the wire which retained the sensor is removed from the catheter, releasing the sensor. The delivery system is slowly withdrawn and removed while the sensor position is monitored under fluoroscopy. The PAC is re-inserted over the guidewire into the main PA. While monitoring the sensor position on fluoroscope, the guidewire is removed.

Sensor measurements are performed by placing the antenna under the appropriate location using fluoroscopic guidance. The sensor signal is detected with optimal signal strength. Once the implanted PA monitor and invasive PA pressure displays both showed stable, valid PA pressure waveforms, the baseline is set on the implanted PA device. The PAC is re-zeroed and mean PA pressure from the PAC is recorded in the entry blank on the implantable system. After the baseline value is established for the implanted sensor, the mean PA pressure matched the PAC mean PA pressure within acceptable limits. Multiple baseline wireless PA pressure readings are taken simultaneously with PAC measurements to ensure appropriate calibration. The PAC and introducer sheath are removed and hemostasis is achieved per standard of care.

Description of Post-Service Work: The post-procedure precautions are discussed with the patient, family and other healthcare providers (e.g., medications, diet, activity, bathing). The implanted PA monitoring is configured using an archival system with specific patient and sensor implant information. The patient and his family are trained about home setup and use of the implanted PA system. In addition, the patient and family are informed of their responsibility in follow-up and what to expect in regard to the daily upload routine. Adequate time is spent with the patient and his family in post-procedural evaluation and education. The patient is examined prior to discharge from recovery area to assure continued hemostasis.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018				
Presenter(s):	Richard Wright, MD; Cliff Kavinsky, MD; Thad Waites, MD; Sergio Bartakian, MD				
Specialty(s):	ACC, SCAI				
CPT Code:	33289				
Sample Size:	1000	**Resp N:**	33	**Response:** 3.3 %	
Description of Sample:	random SCAI members and ACC interventional cardiology members				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**4.00**	10.00	550.00
Survey RVW:	2.75	6.00	**8.00**	10.00	11.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	15.00	30.00	**40.00**	60.00	550.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	33289	**Recommended Physician Work RVU: 6.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**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)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**28.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92928	000	10.96	**RUC Time**

CPT Descriptor Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93451	000	2.47	**RUC Time**

CPT Descriptor Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	24,296

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
93456	000	5.90	**RUC Time**

CPT Descriptor Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 8 **% of respondents:** 24.2 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 21.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 33289	**Top Key Reference CPT Code:** 92928	**2nd Key Reference CPT Code:** **93451**
Median Pre-Service Time	51.00	29.00	38.00
Median Intra-Service Time	40.00	76.00	30.00
Median Immediate Post-service Time	20.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**111.00**	**135.00**	**98.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	12%	63%	25%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	25%	63%	12%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	37%	38%	25%

Physical effort required	25%	50%	25%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	37%	38%	25%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	14%	0%	29%	43%	14%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	14%	72%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	14%	0%	86%
Physical effort required	14%	43%	43%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	29%	57%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

33289 is a new code describing the work of implanting a wireless pulmonary pressure monitor through a catheter. The device is indicated for patients with NYHA Class III heart failure who have been hospitalized for heart failure in the prior year. Once implanted and calibrated, patients transmit data that is interpreted and used to manage their care in a manner that avoids future hospitalization(s). The one device of this type on the market obtained FDA approval in 2014.

Random surveys were distributed to SCAI and ACC interventional members who would be likely to implant these devices. A joint RVS panel of SCAI and ACC members reviewed the survey data to develop these recommendations based on the 33 responses generated by the survey.

The panel reviewed the preservice time and selected package 3 for straightforward patient/difficult procedure in a facility. The service is typically performed under moderate sedation. The panel selected postservice package 8B for IV sedation of a complex procedure and removed 8 minutes to align with the survey. The service is typically performed in a hospital and the patient is discharged from the operator's care the same day.

The key reference service (KRS) is 92928, transcatheter placement of intracoronary stent(s). The KRS was selected by 8 respondents. Those respondents generally indicated 332X0 to be of similar intensity/complexity to 92928. This is born out in IWPUT that results from our recommendation. The second KRS is 93451, diagnostic right heart catheterization. Respondents generally indicated 332X0 to be more intense/complex than 93451. This also makes sense since the sensor implant procedure is essentially a right heart catheterization to establish a baseline plus advancement of the catheter into the pulmonary artery for the placement and calibration of the device.

We recommend the survey 25th-percentile work RVU of 6.00 with 51 minutes of preservice time from package 3, 40 minutes intraservice time, and 20 minutes postservice time from package 8B with 8 minutes removed to align with the survey. This value is supported by comparisons with MPC code cystourethroscopy code 52352 with a higher value of 6.75, 5 more minutes intraservice time, and 7 more minutes total time, as well as coronary angiography code 93456 with a lower value of 5.90, identical 40 minutes of intraservice time, and 3 fewer minutes total time. These codes are included on the SOR and in the summary spreadsheet.

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) 93451+Unlisted CV Procedure code 93799

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Rarely

Specialty interventional cardiology How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. In the first year of use it is anticipated most of this service will be confined to the Medicare population. Looking forward, the FDA indication is NYHA Class III heart failure patient with hospitalization in the prior year. That's as many as 250,000 patients, though only a small fraction who are at greatest risk would receive this service.

Specialty cardiology Frequency 1500 Percentage 50.00 %

Specialty interventional cardiology Frequency 1500 Percentage 50.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Initial rollout of this technology has been slow. The manufacturer has indicated they expect about 3000 implants in 2019. The code change application noted that 2200 were performed in the prior year.

Specialty cardiology Frequency 1500 Percentage 50.00 %

Specialty interventional cardiology Frequency 1500 Percentage 50.00 %

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:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 93451

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93264 Tracking Number P2 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.61**
Global Period: XXX Current Work RVU: **n/a** RUC Recommended RVU: **0.70**

CPT Descriptor: Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 69-year-old man with heart failure, preserved left ventricular ejection fraction and mild renal insufficiency with an implanted pulmonary artery pressure monitoring system who is undergoing continued hemodynamic monitoring.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review prior records and compare to prior interpretations weekly during the course of the month.

Description of Intra-Service Work: Interpret data and analyze trends from the 18-second waveforms and corresponding systolic, diastolic and mean pulmonary artery pressures from patient transmitted data weekly during the 30-day period. Evaluate appropriateness of the current programmed parameters and alerts.

Description of Post-Service Work: The physician documents the interpretation in the health record weekly during the course of the month.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Richard Wright, MD; Thad Waites, MD		
Specialty(s):	ACC		
CPT Code:	93264		
Sample Size:	958	**Resp N:** 54	**Response:** 5.6 %
Description of Sample:	random sample of ACC heart failure section members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**10.00**	30.00	1400.00
Survey RVW:	0.15	0.51	**0.80**	1.15	10.00
Pre-Service Evaluation Time:			**8.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	8.00	**13.00**	20.00	128.00

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:	93264	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**2.00**	**0.00**	**2.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**13.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	0.97	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99490	XXX	0.61	**RUC Time**

CPT Descriptor Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.

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	0.70	**RUC Time**	47,515

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
76817	XXX	0.75	**RUC Time**	18,988

CPT Descriptor 2 Ultrasound, pregnant uterus, real time with image documentation, transvaginal

Other Reference CPT Code	Global	Work RVU	Time Source
11901	000	0.80	**RUC Time**

CPT Descriptor Injection, intralesional; more than 7 lesions

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 45.4 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 45.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 93264	Top Key Reference CPT Code: 99213	2nd Key Reference CPT Code: **99490**
Median Pre-Service Time	2.00	3.00	0.00
Median Intra-Service Time	13.00	15.00	15.00
Median Immediate Post-service Time	3.00	5.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**18.00**	**23.00**	**15.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	7%	27%	66%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	40%	60%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	40%	53%
Physical effort required	13%	53%	34%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	40%	47%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	33%	40%	27%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	40%	60%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	20%	73%
Physical effort required	7%	53%	40%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	40%	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.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

93264 is a new code describing the work to interpret and document weekly downloads of pulmonary artery pressure recordings over a 30-day period. These work is performed by heart failure specialists as part of a comprehensive heart failure clinic, not the implanting physician. As such, this survey was completed by a different survey pool than the prior code for implant.

Random surveys were distributed to members who indicate heart failure as an interest in their member information or through board designation. An RVS panel of ACC members reviewed the data to develop these recommendations based on the 54 responses generated by the survey.

Two E/M services tied for the key reference service (KRS). Level-3 office visit code 99213 and 20-minute chronic care management code 99490 were both selected by 15 respondents as the comparator code. Respondents generally found 93264 to be somewhat more intense/complex than 99213 and somewhat more or much more intense/complex than 99490. Both codes have slightly longer intraservice times but shorter total times, with one value above and the other below 93264.

We recommend the survey median work RVU and times of 0.80 with 8 minutes preservice, 13 minutes intraservice, and 5 minutes postservice. These values and times align relatively well between the two KRSs. We also identified MPC codes 95251 for interpretation and report of ambulatory glucose monitoring, 76817 for transvaginal ultrasound, and additional comparator code 11901 for intralesional injection in the SOR and on the summary spreadsheet. Together with the KRSs, these five codes have identical or comparable work RVUs with identical or similar intraservice and total times to support the recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93297 or 93799

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Unknown. FDA indication is NYHA Class III heart failure patient with hospitalization in theprior year. That's as many as 250,000 patients.

Specialty cardiology Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 108,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. If all 3,000 patients report data diligently and live through 2019, that would be 36,000 montly interpretations to support 3,000 implants. The device has already been placed in other patients prior, so we tripeled that 36,000.

Specialty cardiology Frequency 108000 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

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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. 93297

SS Rec Summary

ISSUE: Pulmonary Wireless Pressure Sensor Services

TAB: 8

						RVW						PRE-TIME			INTRA-TIME					IMMD
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Total Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	92928	Percutaneous transcatheter plac	8	0.128			10.96			135	23	1	5			76			30
2nd REF	93451	Right heart catheterization inclu	7	0.034			2.47			98	30	3	5			30			30
CURRENT	93451+93799	Right heart cath+Unlisted CV pro					n/a			0									
SVY	33289	Transcatheter implantation of wi	33	0.152	2.75	6.00	8.00	10.00	11.00	135	45	15	15	15	30	40	60	550	20
REC	33289	Transcatheter implantation of wi		0.116			6.00			111	33	3	15			40			20
MPC	52352	Cystourethroscopy, with ureterc		0.118			6.75			118	33	5	15			45			20
COMP	93456	Catheter placement in coronary		0.111			5.90			108	30	3	5			40			30

						RVW						PRE-TIME			INTRA-TIME					IMMD
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Total Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99213	Office or other outpatient visit fo	15	0.053			0.97			23	3					15			5
2nd REF	99490	Chronic care management servi	15	0.041			0.61			15						15			
CURRENT	93799	Unlisted CV procedure					n/a			0									
CURRENT	93297	Interrogation device evaluation(s		0.049			0.52			16	5					6			5
SVY	93264	Remote monitoring of a wireless	54	0.031	0.15	0.51	0.80	1.15	10.00	31	8			2	8	13	20	128	10
REC	93264	Remote monitoring of a wireless		0.045			0.70			18	2					13			3
MPC	95251	Ambulatory continuous glucose		0.039			0.70			20	2					15			3
MPC	76817	Ultrasound, pregnant uterus, rea		0.046			0.75			23	5					10			8
COMP	11901	Injection, intralesional; more tha		0.046			0.80			22	5					13			4

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	FAC-obs 38	39	26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5				1	1.0							1							
2nd REF	22222	def	15	0.055			5.15			137	10	5	5			35			5					1.0							1	1						
CURRENT	55555	abc		0.053			5.00			133	17					27			8				1	1.0							1							
SVY	55555	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10				1	1.0							1							
REC	55555	abc		0.020			4.25			142	17	1	3			30			10					1			1.0				1						

CPT Code: 33289
Specialty Society ACC, SCAI

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Transcatheter implantation of wireless pulmonary artery pressure sensor for long term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed

Global Period: 000 Meeting Date: January 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: *A joint RVS Committee utilized a consensus panel to develop recommended inputs.*

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: *Code 93451 is essentially a component of 93451. Physicians who implant pulmonary monitors bill 93451 in addition to unlisted code 93799 to report 33289.*

3. Is this code(s) typically billed with an E/M service? *No*

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *Unlike diagnostic catheterization code 93451, minimal use of clinicals staff is necessary to complete preservice forms, coordinate pre-surgery services, schedule time in the facility, and complete pre-procedure calls to prepare the patient for the device implant.*

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: *N/A*

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

7. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time: N/A*

8. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

10. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

11. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*
12. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

13. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: *N/A*

14. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

15. If there is any other item on your spreadsheet that needs further explanation please include here:

CPT Code: 93264
Specialty Society ACC

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days including at least weekly downloads of pulmonary artery pressure recordings~~;~~ interpretation(s), trend analysis, and report(s) by a physician or other qualified health care provider

Global Period: XXX Meeting Date: January 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: *The RVS Committee utilized a consensus panel to develop recommended inputs.*

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: *Like 93264, the PE in 93296 describes clinical staff time to receive and review remote transmissions, prepare a report, and distribute data to the interpreting physician.*

3. Is this code(s) typically billed with an E/M service? *No*

4. What specialty is the dominant provider in the nonfacility? *Cardiology* What percent of the time does the dominant provider provide the service(s) in the nonfacility? *Expected to be 100%.* Is the dominant provider in the nonfacility different then for the global? *No.* (please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: *N/A*

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, Assist physician or other qualified healthcare professional---directly related to physician work time or Perform procedure/service---NOT directly related to physician work time: *Clinical staff receive and review remote transmissions daily, aggregate information and prepare a report weekly. Data and reports are distributed to the interpreting physician throughout the month. We estimate this to be 10 minutes of clinical staff time a week during the month.*

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

-ED021: Other Formula: Staff plus physician time

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

16. If there is any other item on your spreadsheet that needs further explanation please include here:

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ****Please do not modify formulas in gray shaded cells*** ****Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**93451**		**93451+93799**		**33289**	
3		***RUC Collaboration Website***				Right heart catheterization including measurement(s) of oxygen saturation		Right heart catheterization including measurement(s) of oxygen saturation		Transcatheter implantation of wireless pulmonary artery pressure sensor for long term	
4	**Clinical Activity Code**	**Meeting Date: January 2018 Revised 1/8/2018** **Tab: 8** **Specialty: ACC, SCAI**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**000**				**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**15.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**15.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 5.55**
12		**PRE-SERVICE PERIOD**									
13		**Start: Following visit when decision for surgery or procedure made**									
14	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37						3
15	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37						3
16	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37						3
17	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37						3
18	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37						3
19	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37						
20	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37						
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37						
28		**End: When patient enters office/facility for surgery/procedure**									
29		**SERVICE PERIOD**									
30		**Start: When patient enters office/facility for surgery/procedure:**									
31		**Pre-Service (of service period)**									
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.37						
33	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37						
34	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37						
35	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37						
36	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37						
37	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37						
38	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37						
39	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37						
40	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37						
47		**Intra-service (of service period)**									
48	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
49	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
50	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
51	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37						
58		**Post-Service (of service period)**									
59	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37						
60	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37						
61	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37						
62	CA025	Clean scope	L037D	RN/LPN/MTA	0.37						
63	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37						
64	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37						
65	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37						
66	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37						
67	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.37						
68	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37						
69	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.37						
70	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37						
71	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.37						
72	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37						
73	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**		**n/a**	
80		**End: Patient leaves office**									
81		**POST-SERVICE PERIOD**									
82		**Start: Patient leaves office/facility**									
83	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37						
84	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37						
85		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
86		99211 16 minutes	16								
87		99212 27 minutes	27								
88		99213 36 minutes	36								
89		99214 53 minutes	53								
90		99215 63 minutes	63								
91	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
98		**End: with last office visit before end of global period**									

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* ****Please do not modify formulas in gray shaded cells*** ****Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**93451**		**93451+93799**		**33289**	
3		***RUC Collaboration Website***				Right heart catheterization including measurement(s) of oxygen saturation		Right heart catheterization including measurement(s) of oxygen saturation		Transcatheter implantation of wireless pulmonary artery pressure sensor for long term	
4	**Clinical Activity Code**	**Meeting Date: January 2018 Revised 1/8/2018** **Tab: 8** **Specialty: ACC, SCAI**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**000**				**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**15.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**15.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
99	**Medical**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
100		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
101	SA048	pack, minimum multi-specialty visit	1.143	pack							
102											
103											
104											
105											
106											
107		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*									
109	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
110		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
111	EF023	table, exam	1338.17		0.002976617						
112											
113											
114											
115											
116											
117		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*									

	A	B	D	E	F	G	H	I	J
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ****Please do not modify formulas in gray shaded cells*** ****Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**93296**		**93264**	
3		***RUC Collaboration Website***				Interrogation device evaluation(s) (remote), up to 90 days; single, dual,		Remote monitoring of a wireless pulmonary artery pressure sensor	
4	**Clinical Activity Code**	**Meeting Date: January 2018** **Tab: 8** **Specialty: ACC**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**		**XXX**	
7		**TOTAL CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37	**28.0**	**0.0**	**0.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37	**28.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**28.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**40.0**	**0.0**
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**
15		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 10.36**	**$ -**	**$ 14.80**	**$ -**
16		**PRE-SERVICE PERIOD**							
17		**Start: Following visit when decision for surgery or procedure made**							
18	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37				
19	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37				
20	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37				
21	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37				
22	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37				
23	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37				
24	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37				
25	CA008	Perform regulatory mandated quality assurance activity (pre-	L037D	RN/LPN/MTA	0.37				
32		**End: When patient enters office/facility for surgery/procedure**							
33		**SERVICE PERIOD**							
34		**Start: When patient enters office/facility for surgery/procedure:**							
35		**Pre-Service (of service period)**							
36	CA009	Greet patient, provide gowning, ensure appropriate medical	L037D	RN/LPN/MTA	0.37				
37	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37				
38	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37				
39	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37				
40	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37				
41	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37				
42	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37				
43	CA016	Prepare, set-up and start IV, initial positioning and monitoring of	L037D	RN/LPN/MTA	0.37				
44	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37				
51		**Intra-service (of service period)**							
52	CA018	Assist physician or other qualified healthcare professional---directly	L037A	Electrodiagno	0.37	28			
53	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37				
54	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37				
55	CA021	Perform procedure/service---NOT directly related to physician work	L037D	RN/LPN/MTA	0.37			40	
62		**Post-Service (of service period)**							
63	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37				
64	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37				
65	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37				
66	CA025	Clean scope	L037D	RN/LPN/MTA	0.37				

	A	B	D	E	F	G	H	I	J
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**93296**		**93264**	
3		***RUC Collaboration Website***				Interrogation device evaluation(s) (remote), up to 90 days; single, dual,		Remote monitoring of a wireless pulmonary artery pressure sensor	
4	**Clinical Activity Code**	**Meeting Date: January 2018** **Tab: 8** **Specialty: ACC**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**		**XXX**	
7		**TOTAL CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37	**28.0**	**0.0**	**0.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37	**28.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37	**0.0**	**0.0**	**0.0**	**0.0**
67	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37				
68	CA027	Complete post-procedure diagnostic forms, lab and x-ray	L037D	RN/LPN/MTA	0.37				
69	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37				
70	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37				
71	CA030	Technologist QC's images in PACS, checking for all images,	L037D	RN/LPN/MTA	0.37				
72	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37				
73	CA032	Scan exam documents into PACS. Complete exam in RIS system	L037D	RN/LPN/MTA	0.37				
74	CA033	Perform regulatory mandated quality assurance activity (service	L037D	RN/LPN/MTA	0.37				
75	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.37				
76	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37				
77	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**	
84		**End: Patient leaves office**							
85		**POST-SERVICE PERIOD**							
86		**Start: Patient leaves office/facility**							

	A	B	D	E	F	G	H	I	J
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ****Please do not modify formulas in gray shaded cells*** ****Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**93296**		**93264**	
3		***RUC Collaboration Website***				Interrogation device evaluation(s) (remote), up to 90 days; single, dual,		Remote monitoring of a wireless pulmonary artery pressure sensor	
4	**Clinical Activity Code**	**Meeting Date: January 2018** **Tab: 8** **Specialty: ACC**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**		**XXX**	
7		**TOTAL CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37	**28.0**	**0.0**	**0.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37	**28.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37	**0.0**	**0.0**	**0.0**	**0.0**
87	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37				
88	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37				
89		***Office visits: List Number and Level of Office Visits***	**MINUTE**			**# visits**	**# visits**	**# visits**	**# visits**
90		99211 16 minutes	16						
91		99212 27 minutes	27						
92		99213 36 minutes	36						
93		99214 53 minutes	53						
94		99215 63 minutes	63						
95	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**
102		**End: with last office visit before end of global period**							
103	**Medical**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
104		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 0.05**	**$ -**	**$ -**	**$ -**
105	SK057	paper, laser printing (each sheet)	0.005	item		10			
106									
113	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
114		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 12.61**	**$ -**	**$ -**	**$ -**
115				Default					
116	EQ320	pacemaker interrogation, system	123250	Other Formula	0.4669966	27			

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedural Codes

January 2018

PICC Line Procedures

In the NPRM for the 2016 Medicare Physician Payment Schedule, CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010, and CPT code 36569 was identified. In October 2016, the RUC noted that CPT code 36569 is typically reported with CPT codes 76937 and 77001. These codes are commonly reported together because the current code contains a bimodal clinical scenario. The first scenario is when a clinical staff member performs the procedure without imaging. The second scenario is when a radiologist performs the procedure with imaging guidance. Therefore, CPT code 36569 was referred to the CPT Editorial Panel to have the two common imaging codes bundled into the code. The current coding language should remain for clinical staff, but a new bundled code should be created. The RUC recommended CPT code 36569 be referred to the CPT Editorial Panel and also codes 36568 and 36584 as part of the family. In September 2017, the CPT Editorial Panel revised codes 36568, 36569 and 36584 and created two new codes to specify the insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion.

Compelling Evidence
The specialty society presented compelling evidence for CPT codes 36568 and 36569. The society indicated that there has been a change in the providers of peripherally inserted central venous catheters (PICC). As facility-based PICC insertion has evolved, clinical staff PICC teams have assumed an increased role in non-image-guided PICC placement. The majority of trained PICC teams have evolved to include registered nurses or nurse practitioners, which have demonstrated a growing role for nursing in vascular access. This filtering of PICC procedures has delegated the more complex and challenging PICC placements to physicians and qualified healthcare professionals. This evolution of delegated PICC placement is reflected in increased physician time and work for CPT codes 36568 and 36569. Additionally, the society indicated that timing of PICCS placement has changed over time, possible complications in PICC placement with regard to infection and thrombi has made PICC procedures increasingly more complex in the neonatal setting. When central line access is required, there is less viable opportunity for easy vain access which ultimately makes PICC procedures more complicated in later stages. The specialty societies also noted that the patient population for CPT code 36568 has changed for neonates with gestational ages limits of viability down to 22-23 weeks and therefore are more challenging. Also, pediatricians were not involved in the previous survey. The RUC accepted that there is compelling evidence for CPT codes 36568 and 36569.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

36568 ***Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age***

The RUC reviewed the survey results from 39 physicians and agreed with the following physician time component: pre-service time of 22 minutes, intra-service time of 38 minutes, and post-service time of 11 minutes, for a total of 71 minutes. The RUC reviewed the recommended work RVU of 2.11, which is the survey 25th percentile, and agreed that this value appropriately accounts for the physician work involved. The RUC noted that this service now requires 18 more minutes of intra-service time, therefore the increase in the work RVU is appropriate. To justify the work RVU of 2.11, the RUC reviewed similar services CPT code 51727 *Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique* (work RVU= 2.11, intra-service time of 35 minutes) and CPT code 90937 *Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription* (work RVU = 2.11, intra-service time of 40 minutes, and total time of 60 minutes), noting that these services require the same physician work and similar time. The RUC discussed the clinical intensity and complexity of PICC line procedures for with and without imaging codes. PICC line procedures take longer with pediatric patients and the derived intensity measure therefore appears lower. On the other hand, PICC line procedures for patients over five years of age may be faster, but complexities are more intense for this population. **The RUC recommends a work RVU of 2.11 for CPT code 36568.**

36569 ***Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older***

The RUC reviewed the survey results from 32 physicians and agreed with the following physician time component: pre-service time of 22 minutes, intra-service time of 27 minutes, and post-service time of 11 minutes. The RUC reviewed the recommended work RVU of 1.90 which is the survey 25th percentile and agreed that this value appropriately accounts for the physician work involved. To justify the work RVU of 1.90, the RUC reviewed CPT code 45327 *Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)* (work RVU = 1.90, and 28 minutes of intra-service time) and noted that both services require the same physician work and similar intra-service time. To further support a work value of 1.90 for the survey code, the RUC reviewed CPT code 32554 *Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance* (work RVU = 1.82, intra-service time of 20 minutes), and noted that the surveyed code requires more physician time to perform, thus appropriately valued higher. The RUC questioned the difference in work for the surveyed code compared to 36556 *Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older* (work RVU = 1.75 and 15 minutes of intra-service time) and confirmed that 36556 is more intense and the complication risk to the patient is greater, however, the typical patient for 36569 are those not already treated by the PICC team, leaving the more challenging patients that take a lot more time. The RUC discussed the clinical intensity and complexity of PICC line procedures for with and without imaging codes. PICC line procedures take longer with pediatric patients and the derived intensity measure therefore appears lower. On the other hand, PICC line procedures for patients 5 years or older may be faster, but complexities are more intense for this population. **The RUC recommends a work RVU of 1.90 for CPT code 36569.**

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36572 ***Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age***

The RUC reviewed the survey results from 46 physicians and agreed with the following physician time component: pre-service time of 19 minutes, intra-service time of 22 minutes, and post-service time of 10 minutes. CPT code 36572 describes insertion of PICC lines with imaging guidance for deeper veins such as the brachial or basilic veins that you can not see or feel, typically after a non-imaging PICC failed. The RUC reviewed the survey respondents' estimated physician work values and determined that the respondents somewhat overvalued the work involved in performing this service, with a 25th percentile work RVU of 2.39. The RUC recommends a direct crosswalk to CPT code 19283 *Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance* (work RVU = 2.00, intra-service time of 20 minutes) since both services require the same physician work and similar time to perform. The RUC also agreed that the survey code work RVU should parallel CPT code 49083 *Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance* (work RVU = 2.00, intra-service time of 25 minutes), noting that code 49083 requires the same physician work and similar time as the surveyed code. The RUC discussed the clinical intensity and complexity of PICC line procedures for with and without imaging codes, noting that the with imaging PICC procedures are slightly easier due to the guidance assisting the physician to properly insert the PICC line. However, PICC procedures with imaging are conducted on deeper veins that can not be properly accessed without imaging. The RUC confirmed that since CPT code 36568 *Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age* (recommended work RVU = 2.11 and 38 minutes intra-service time) requires more physician time to complete than this service (38 versus 22 minutes intra-service time), the recommended work RVU of 2.00 for CPT code 36572 maintains the proper rank order within this family of services.

The RUC discussed reporting these services with chest x-rays and confirmed that the introductory language specifically states that "the physician or qualified healthcare professional reporting image-guided PICC insertion cannot report confirmation of catheter tip location separately (e.g., via X- ray, ultrasound). Report 36572, 36573, or 36584 with modifier 52 when performed without confirmation of catheter tip location."

The RUC recommends a work RVU of 2.00 for CPT code 36572.

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36573 ***Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older***

The RUC reviewed the survey results from 64 physicians and agreed with the following physician time component: pre-service time of 19 minutes, intra-service time of 15 minutes, and post-service time of 6 minutes. CPT code 36572 describes insertion of PICC lines with imaging guidance for deeper veins such as the brachial or basilic veins that you can not see or feel, typically after a non-imaging PICC failed. The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents somewhat overvalued the work involved in performing this service, with a 25th percentile work RVU of 2.25. The RUC recommends a direct crosswalk to CPT code 62327 *Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)* (work RVU = 1.90, intra-service time of 15 minutes), and noted that both services require the same physician work and similar time to perform. To further support the recommended work RVU of 1.90, the RUC reviewed CPT code 64483 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level* (work RVU = 1.90, intra-service time of 15 minutes), and noted that code 64483 involves identical intra-service time and similar total time as the surveyed code. The RUC discussed the clinical intensity and complexity of PICC line procedures for with and without imaging codes. The RUC specifically examined CPT code 36569 *Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older* (recommended work RVU = 1.90, intra-service time of 27 minutes) to the surveyed code that includes all imaging, and determined that the without imaging service is typically performed by a pediatrician and on palabale viewable veins, but requires more time to complete. Whereas, CPT code 36573 with imaging, is performed on patients that the without imaging insertion failed and requires almost half the time to complete. The RUC determined that 36569 and 36573 require the same physician work and should be valued the same, but 36573 is more intense. The RUC determined that in this case it would not be appropriate to value the CPT code 36573 less than the without imaging service because radiologists can perform the service more efficiently with imaging.

The RUC discussed reporting these services with chest x-rays and confirmed that the introductory language specifically states that "the physician or qualified healthcare professional reporting image-guided PICC insertion cannot report confirmation of catheter tip location separately (eg, via X- ray, ultrasound). Report 36572, 36573, or 36584 with modifier 52 when performed without confirmation of catheter tip location."

The RUC recommends a work RVU of 1.90 for CPT code 36573.

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36584 ***Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement***

The RUC reviewed the survey results from 64 physicians and agreed with the following physician time component: pre-service time of 17 total minutes, intra-service time of 12 minutes, and post-service time of 5 minutes. The RUC reviewed the recommended work RVU of 1.47, which is the survey 25th percentile, and agreed that this value appropriately accounts for the physician work involved. CPT code 36584 describes a PICC line replacement including all imaging for an existing PICC line that is malfunctioning or malpositioned. The existing PICC line is removed over a wire and using fluoroscopic guidance the wire and PICC line are navigated centrally. To justify the work RVU of 1.47, the RUC reviewed MPC codes 12004 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm* (work RVU= 1.44, intra-service time of 17 minutes) and 52000 *Cystourethroscopy (separate procedure)* (work RVU = 1.53, intra-service time of 10 minutes) and noted that the work value and physician times of the survey code fall in between both MPC services, and should therefore be valued similarly. The RUC also agreed that code 27096 *Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed* (work RVU = 1.48, pre-service time of 17 minutes, intra-service time of 11 minutes, and post-service time of 10 minutes) supports the survey code recommended work RVU of 1.47. **The RUC recommends a work RVU of 1.47 for CPT code 36584.**

76937 ***Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)***

CPT Code 76937 is used by a variety of specialties for varying procedures and the utilization is expected to decrease when these new PICC procedures are bundled with the imaging modalities. At the January 2018 RUC meeting, the specialty societies proposed to review CPT code 76937 when two years of Medicare data (post-PICC bundling) becomes available. This will allow the specialty societies to develop a typical vignette and determine the specialties that need to be involved. **The RUC recommends to postpone surveying CPT code 76937 for two years until the October 2021 RUC Meeting.**

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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)***

CPT Code 77001 was recently evaluated by the RUC in October 2015. At the January 2018 RUC meeting, the specialty societies requested that the RUC affirm the October 2015 value and inputs for code 77001. **The RUC recommends affirming the October 2015 RUC recommendation work RVU of 0.38 for CPT code 77001.**

Practice Expense

The PE Subcommittee removed time for sedation from CPT code 36572. The PE Subcommittee also made adjustments to the supplies including removing the shave prep tray (SA067), correcting the number of surgical gowns (SB028) and correcting the number of sanitizing and disinfecting wipes (SM022). **The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee.**

Work Neutrality

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Cardiovascular System **Vascular Injection Procedures** **Central Venous Access Procedures** To qualify as a central venous access catheter or device, the tip of the catheter/device must terminate in the subclavian, brachiocephalic (innominate) or iliac veins, the superior or inferior vena cava, or the right atrium. The venous access device may be either centrally inserted (eg, jugular, subclavian, femoral vein or inferior vena cava catheter entry site) or peripherally inserted (eg, basilic, ~~or~~ cephalic, or saphenous vein entry site). The device may be accessed for use either via exposed catheter (external to the skin), via a subcutaneous port or via a subcutaneous pump. *The procedures involving…:* *1.* ***Insertion*** *(placement of…* *2.* ***Repair*** *(fixing device…* *3.* ***Partial replacement*** *of…*				

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*4. **Complete replacement** of…*

*5. **Removal** of entire…*

There is no…

For the repair…

If an existing…

When imaging guidance is used for centrally inserted central venous catheters ~~these procedures~~, either for gaining access to the venous entry site and/or for manipulating the catheter into final central position, ~~use~~ imaging guidance codes (eg, 76937, 77001) may be reported separately. Do not use 76937, 77001 in conjunction with 36568, 36569, 36572, 36573, or 36584.

(For refilling and maintenance of an implantable pump or reservoir for intravenous or intra-arterial drug delivery, use 96522)

36565 *Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)*

36566 *with subcutaneous port(s)*

Peripherally inserted central venous catheters (PICCs) may be placed or replaced with or without imaging guidance. When performed without imaging guidance, report using 36568 or 36569. When imaging guidance (eg, ultrasound, fluoroscopy) is used for PICC placement or repositioning, bundled service codes 36572, 36573, and 36584 include all imaging necessary to complete the procedure, image documentation (representative images from all modalities used are stored to patient's permanent record), associated radiological supervision and interpretation, venography performed through the same venous puncture, and documentation of final central position of the catheter with imaging. Ultrasound guidance for PICC placement should include documentation of evaluation of the potential puncture sites, patency of the entry vein, and real-time ultrasound visualization of needle entry into the vein.

Codes 71045, 71046, 71047, 71048 should not be reported for the purpose of documenting the final catheter position on the same day of service as 36572, 36573, 36584. Codes 36572, 36573, 36584 include confirmation of catheter tip location. The physician or qualified healthcare professional reporting image-guided PICC insertion cannot report confirmation of catheter tip location separately (eg, via X- ray, ultrasound). Report 36572, 36573, or 36584 with modifier 52 when performed without confirmation of catheter tip location.

"Midline" catheters by definition terminate in the peripheral venous system. They are NOT central venous access devices and may not be reported as a PICC service. Midline catheter placement may be reported with 36400, 36405, 36406, or 36410. PICCs placed using magnetic guidance or any other guidance modality that does not include imaging or image documentation are reported with 36568, 36569.

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▲36568	Q1	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age (For placement of centrally inserted non-tunneled central venous catheter, without subcutaneous port or pump, younger than 5 years of age, use 36555) (For placement of peripherally inserted non-tunneled central venous catheter, without subcutaneous port or pump, with imaging guidance, younger than 5 years, use 36572)	000	2.11
▲36569	Q2	age 5 years or older (Do not report 36568, 36569 in conjunction with 76937, 77001) (For placement of centrally inserted non-tunneled central venous catheter, without subcutaneous port or pump, age 5 years or older, use 36556) (For placement of peripherally inserted non-tunneled central venous catheter, without subcutaneous port or pump, with imaging guidance, age 5 years or older, use 36573)	000	1.90
●36572	Q3	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age (For placement of centrally inserted non-tunneled central venous catheter, without subcutaneous port or pump, younger than 5 years of age, use 36555) (For placement of peripherally inserted non-tunneled central venous catheter, without subcutaneous port or pump, without imaging guidance, younger than 5 years of age, use 36568)	000	2.00

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●36573	Q4	age 5 years or older (Do not report 36572, 36573 in conjunction with 76937, 77001) (For placement of centrally inserted non-tunneled central venous catheter, without subcutaneous port or pump, age 5 years or older, use 36556) (For placement of peripherally inserted non-tunneled central venous catheter, without subcutaneous port or pump, without imaging guidance, age 5 years or older, use 36569)	000	1.90
▲36584	Q5	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement (Do not report 36584 in conjunction with 76937, 77001) (For replacement of a peripherally inserted central venous catheter (PICC) without subcutaneous port or pump, through same venous access, without imaging guidance, use 37799)	000	1.47
Diagnostic Ultrasound **Ultrasonic Guidance Procedures**				
76937**(f)**	Q6	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure) (Do not report 76937 in conjunction with 36568, 36569, 36572, 36573, 36584, 37191, 37192, 37193, 37760, 37761, 76942)	ZZZ	Specialty Society has requested the code be reviewed after two years of utilization data are available (Oct. 2021 RUC Meeting)

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77001**(f)**	Q7	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) (Do not report 77001 in conjunction with 33957, 33958, 33959, 33962, 33963, 33964, 36568, 36569, 36572, 36573, 36584, 77002)	ZZZ	0.38 (No Change) (Affirm October 2015 RUC Recommendation)

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Society of Interventional Radiology
The vision to heal

December 12, 2017

Peter K. Smith, MD, Chair
AMA/RVS Update Committee (RUC)
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

Subject: Tab 9 PICC Line Procedures

Dear Dr. Smith,

For 2019 the AMA CPT Editorial Panel has revised three codes and created two new codes to differentiate insertion of peripherally inserted central venous catheter (PICC), with and without imaging guidance. The codes are differentiated by age of patient. The definition of midline catheter was also clarified. CPT Codes 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)) and 76937 (Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)) were included on the LOI as part of the PICC Line Procedures family.

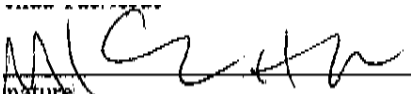
CPT Code 77001 was recently evaluated by the RUC (October 2015). The specialty societies request that the RUC re-affirm the value and inputs for CPT Code 77001.

CPT Code 76937 is used by a variety of specialties for varying procedures. The utilization will decrease when these new PICC procedures are bundled with the imaging modalities. The specialty societies propose to review CPT Code 76937 when two years of Medicare data (post PICC bundling) become available. This will allow specialties to develop a typical vignette and determine the specialties that need to be involved.

Please contact SIR staff Trisha Crishock at (703) 934-82872 or via email at trishacrishock@gmail.com if you have any questions.

Thank you for your consideration of this request.

Sincerely,



Michael Hall, MD
SIR RUC Advisor

Kurt Schoppe, MD
ACR RUC Advisor



Matthew Sideman, MD
SVS RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:36568 Tracking Number Q1 Original Specialty Recommended RVU: **1.67**
Presented Recommended RVU: **2.11**
Global Period: 000 Current Work RVU: **1.67** RUC Recommended RVU: **2.11**

CPT Descriptor: Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A neonatal male requires intravenous fluid management. A peripherally inserted central venous catheter (PICC) is placed without imaging guidance.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The procedure is explained to the patient's parents and consent obtained. Prior medical records, including any history of prior CV catheter placements/attempts, are reviewed. Physician assists with patient positioning and scrubs in standard fashion. After gowning, venous access site is prepped and draped in usual fashion. Local lidocaine anesthesia is administered around the desired venous insertion site.

Description of Intra-Service Work: Locate the adjacent artery to avoid arterial puncture. Measure desired length of catheter insertion and cut catheter as necessary. Irrigate catheter with NS. Upon application of tourniquet, puncture vein with insertion needle. Guide catheter through insertion needle to desired length. The catheter is fastened in position and dressed in standard fashion, and flushed or attached to IV infusion fluids.

Description of Post-Service Work: Catheter and insertion site wound care is prescribed. A note is generated and placed in the patient chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018					
Presenter(s):	Steve Krug, MD, FAAP and David Kanter, MD, FAAP					
Specialty(s):	American Academy of Pediatrics (AAP)					
CPT Code:	36568					
Sample Size:	2000	**Resp N:**	39	**Response:** 1.9 %		
Description of Sample:	Randomly selected members of AAP Sections on Critical Care, Neonatal Perinatal Medcine, Emergency Medicine, Hospital Medicine, and Transport Medicine					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	5.00	30.00
Survey RVW:	1.30	2.11	**2.70**	3.30	3.75
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	10.00	25.00	**38.00**	47.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	36568	**Recommended Physician Work RVU: 2.11**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**13.00**	**13.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**38.00**		

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:	**11.00**	**18.00**	**-7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32556	000	2.50	**RUC Time**

CPT Descriptor Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36456	XXX	2.00	**RUC Time**

CPT Descriptor Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54150	000	1.90	**RUC Time**	254

CPT Descriptor 1 Circumcision, using clamp or other device with regional dorsal penile or ring block

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31500	000	3.00	**RUC Time**	279,387

CPT Descriptor 2 Intubation, endotracheal, emergency procedure

Other Reference CPT Code	Global	Work RVU	Time Source
62270	000	1.37	**RUC Time**

CPT Descriptor Spinal puncture, lumbar, diagnostic

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17 **% of respondents:** 43.5 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 17.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 36568	Top Key Reference CPT Code: 32556	2nd Key Reference CPT Code: **36456**
Median Pre-Service Time	22.00	22.00	15.00
Median Intra-Service Time	38.00	20.00	30.00
Median Immediate Post-service Time	11.00	18.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**71.00**	**60.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	6%	29%	29%	29%	6%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	59%	24%	18%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	6%	18%	76%
Physical effort required	18%	29%	53%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	41%	24%	35%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	43%	14%	43%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	71%	14%	14%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	29%	57%
Physical effort required	14%	57%	29%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	43%	43%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

As facility-based PICC insertion has evolved, clinical staff PICC teams have assumed an increased role in non image-guided PICC placement. As noted in a 2013 published national survey neonatal PICC placement: "The survey results showed the majority of PICC inserters to be specially trained registered nurses or nurse practitioners, demonstrating a growing role for nursing in vascular access." (Sharpe et al, A National Survey of Neonatal Peripherally Inserted Central Catheter PICC Practices. Advances in Neonatal Care 2013; 13 (1): 56-74. This filtering of PICC procedures has delegated

the more complex or challenging PICC placements to physicians and QHPs. This evolution of delegated PICC placement is reflected in the increased times and requested RVU for 36568.

The 2.11 RVU request represents the 25% tile surveyed RVU and is based on the following requests:

1) Acceptance of 38 minutes IS time based on median surveyed time.
2) Facility pre-service Package 1 with additional increase in positioning time of 2 min (13-3-6) for total pre-service 22 min. Median pre-service survey time was 40 min, but suspect some of this surveyed time overlapped with time otherwise embedded within daily management services.
3) Post-service Package 7A. Since surveyed post-service time was lower, recommend surveyed 11 min (the same surveyed post-service time for 36569—which can be the same for 36568.
4) Total procedure time: 71 minutes
5) IWPUT: 0.038

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) 36568

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 Pediatrics How often? Commonly

Specialty Radiology How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 15000
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. Extrapolated estimation based on annual utilization at a large national pediatric medical group

Specialty Pediatrics Frequency 15000 Percentage 100.00 %

Specialty Radiology 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? 10 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2016 Medicare claims data

Specialty Pediatrics Frequency 10 Percentage 100.00 %

Specialty Radiology Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
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 36568

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:36569 Tracking Number Q2 Original Specialty Recommended RVU: **1.70**
Presented Recommended RVU: **1.90**
Global Period: 000 Current Work RVU: **1.70** RUC Recommended RVU: **1.90**

CPT Descriptor: Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 13-year-old male requires long-term intravenous antimicrobial therapy. A peripherally inserted central venous catheter (PICC) is inserted without imaging guidance.

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 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The procedure is explained to the patient/parent and consent obtained. Prior medical records, including any history of prior CV catheter placements/attempts, are reviewed. Physician assists with patient positioning and scrubs in standard fashion. After gowning, venous access site is prepped and draped in usual fashion. Local lidocaine anesthesia is administered around the desired venous insertion site.

Description of Intra-Service Work: Locate the adjacent artery to avoid arterial puncture. Measure desired length of catheter insertion and cut catheter as necessary. Irrigate catheter with NS. Upon application of tourniquet, puncture vein with insertion needle. Guide catheter through insertion needle to desired length. The catheter is fastened in position and dressed in standard fashion, and flushed or attached to IV infusion fluids.

Description of Post-Service Work: Catheter and insertion site wound care is prescribed. A note is generated and placed in the patient chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018					
Presenter(s):	Steve Krug, MD, FAAP and David Kanter, MD, FAAP					
Specialty(s):	American Academy of Pediatrics (AAP)					
CPT Code:	36569					
Sample Size:	2000	**Resp N:**	32	**Response:** 1.6 %		
Description of Sample:	Randomly selected members of AAP Sections on Critical Care, Neonatal Perinatal Medcine, Emergency Medicine, Hospital Medicine, and Transport Medicine					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	1.00	20.00
Survey RVW:	1.10	1.90	**2.50**	2.81	3.50
Pre-Service Evaluation Time:			**23.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	20.00	**27.00**	30.00	90.00

Immediate Post Service-Time:	**11.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
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)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	36569	**Recommended Physician Work RVU: 1.90**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**13.00**	**13.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**27.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**11.00**	**18.00**	**-7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32556	000	2.50	**RUC Time**

CPT Descriptor Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32554	000	1.82	**RUC Time**

CPT Descriptor Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54150	000	1.90	**RUC Time**	254

CPT Descriptor 1 Circumcision, using clamp or other device with regional dorsal penile or ring block

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31500	000	3.00	**RUC Time**	279,387

CPT Descriptor 2 Intubation, endotracheal, emergency procedure

Other Reference CPT Code	Global	Work RVU	Time Source
62270	000	1.37	**RUC Time**

CPT Descriptor Spinal puncture, lumbar, diagnostic

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 50.0 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 15.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 36569	Top Key Reference CPT Code: 32556	2nd Key Reference CPT Code: **32554**
Median Pre-Service Time	22.00	22.00	21.00
Median Intra-Service Time	27.00	20.00	20.00
Median Immediate Post-service Time	11.00	18.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**60.00**	**60.00**	**56.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	31%	38%	31%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	44%	19%	37%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	13%	31%	56%
Physical effort required	19%	44%	37%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	50%	25%	25%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	20%	60%	20%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	60%	0%	40%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	20%	80%
Physical effort required	0%	60%	40%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	40%	40%	20%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

As facility-based PICC insertion has evolved, clinical staff PICC teams have assumed an increased role in non image-guided PICC placement. The 40% decrease in Medicare utilization over the 10 year period 2006-2016 in the context of PICC remaining an important modality for vascular access reflects this evolution in PICC insertion. As noted in a published 2013 national survey of neonatal PICC placement: "The survey results showed the majority of PICC inserters to be specially trained registered nurses or nurse practitioners, demonstrating a growing role for nursing in vascular access."

(Sharpe et al, A National Survey of Neonatal Peripherally Inserted Central Catheter PICC Practices. Advances in Neonatal Care 2013; 13 (1): 56-74. This filtering of PICC procedures has delegated the more complex or challenging PICC placements to physicians and QHPs. This evolution of delegated PICC placement is reflected in the increased times and requested RVU for 36569. As expected, the surveyed times and requested RVU are less than those of the 36568 smaller, younger population.

The 1.9 RVU request represents the 25% tile surveyed RVU and is based on the following requests:

1) Acceptance of 27 minutes IS time based on median surveyed time.
2) Facility pre-service Package 1 with additional increase in positioning time of 2 min (13-3-6) for total pre-service 22 min. Median pre-service survey time was 43 min, but suspect some of this surveyed time overlapped with time otherwise embedded within daily management services.
3) Post-service Package 7A. Since surveyed post-service time was lower, recommend surveyed 11 min (which because of similar post-service work, is the same recommended time for 36568).
4) Total procedure time: 60 minutes
5) IWPUT: 0.046

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) 36569

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 Pediatrics How often? Sometimes

Specialty Radiology How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Extrapolated estimation based on annual utilization at a large national pediatric medical group

Specialty Pediatrics Frequency 1000 Percentage 100.00 %

Specialty Radiology 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? 8,379
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2016 Medicare claims data for 36569 = 167,571; revised code projected to be reported 5%

Specialty Pediatrics Frequency 8379 Percentage 100.00 %

Specialty Radiology Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36569

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:36572 Tracking Number Q3 Original Specialty Recommended RVU: **2.35**
Presented Recommended RVU: **2.00**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **2.00**

CPT Descriptor: Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age
(For placement of centrally inserted non-tunneled central venous catheter, without subcutaneous port or pump, younger than 5 years of age, use 36555)
(For placement of peripherally inserted non-tunneled central venous catheter, without subcutaneous port or pump, without imaging guidance, younger than 5 years of age, use 36568)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 3-year-old male requires long-term intravenous antimicrobial therapy. A peripherally inserted central venous catheter (PICC) is placed with imaging guidance.

Percentage of Survey Respondents who found Vignette to be Typical: 80%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The procedure is explained to the patient's parents (risks/benefits/alternatives discussed) and consent obtained. Prior medical and imaging records, including any history of prior CV catheter placements/attempts, are reviewed. Arrangements are made with OR/angio suite and anesthesia. Physician assists with patient positioning and scrubs in standard fashion. After gowning, access site is prepped and draped in usual fashion. Local lidocaine anesthesia is administered.

Description of Intra-Service Work: Sterile Ultrasound of the right upper extremity is performed to assess brachial and basilic patency. The basilic vein is punctured with direct US guidance and a wire is fluoroscopically introduced centrally to the right atrium. The peel away sheath is placed. The peripherally inserted central venous catheter is measured, cut to length, and positioned centrally within the SVC using fluoroscopic guidance. The catheter is tested and flushed to ensure function. Catheter is fastened in position and dressed in standard fashion.

Description of Post-Service Work: Images to be archived to PACS are reviewed with the tech. Parents updated regarding the procedure. Catheter and insertion site care is prescribed. A note is placed in the patient chart. The report is dictated onto PACS to become part of the permanent medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Michael Hall, MD, Curtis Anderson, MD, PhD, Kurt Schoppe, MD and Daniel Wessell, MD		
Specialty(s):	Interventional Radiology and Radiology		
CPT Code:	36572		
Sample Size:	1700	**Resp N:** 46	**Response:** 2.7 %
Description of Sample:	SIR - Random sample of US physician members ACR - A random subset of 375 members who perform services pertaining to interventional radiology and radiography and a random sample of 375 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**5.00**	10.00	100.00
Survey RVW:	1.21	2.39	**3.00**	3.50	12.10
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	15.00	**22.00**	30.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	36572	**Recommended Physician Work RVU: 2.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**13.00**	**-3.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**22.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32557	000	3.12	**RUC Time**

CPT Descriptor Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36901	000	2.82	**RUC Time**

CPT Descriptor Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64479	000	2.29	**RUC Time**	46,162

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52281	000	2.75	**RUC Time**	78,924

CPT Descriptor 2 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

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 30.4 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 15.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 36572	Top Key Reference CPT Code: 32557	2nd Key Reference CPT Code: **36901**
Median Pre-Service Time	19.00	22.00	26.00
Median Intra-Service Time	22.00	30.00	25.00
Median Immediate Post-service Time	10.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**51.00**	**67.00**	**66.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	14%	36%	43%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	21%	29%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	21%	71%

Physical effort required	7%	29%	64%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	7%	79%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	43%	29%	29%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	43%	43%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	14%	29%	57%
Physical effort required	29%	29%	43%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	29%	57%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

For 2019 the AMA CPT Editorial Panel has revised three codes and created two new codes to differentiate insertion of peripherally inserted central venous catheter (PICC), with and without imaging guidance. The codes are differentiated by age of patient. The definition of midline catheter was also clarified.

Background

In the Final Rule for 2016, CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT code 36569 was identified as part of this screen.

The specialty societies surveyed CPT Code 36569 for the October 2016 RUC meeting. The RUC recommended a work RVU of 1.70 for CPT code 36569. However, the RUC noted that CPT code 36569 was typically reported with codes 76937 and 77001. CMS requested two family codes should be added to the review (36568 *Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age* and 36584 *Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access*). 36568, 36569, and 36584 were surveyed as part of the family. Also surveyed in this family are 36572 and 36573, new codes bundling all imaging services for PICC placement in patients younger than and older than 5 years of age respectively.

When the societies presented 36569 at the October 2016 RUC meeting, the RUC supported the specialty society position that the intensity of 36569 had increased since the service was last valued. The services described by these CPT codes are only performed in cases where the nurse has failed in an initial attempt to insert the catheter and a physician is then required. This has increased the complexity of the typical patient seen by the physician and has, in parallel, caused the intensity of the overall procedure to increase. The societies believe this rationale is supported by decreased utilization. For example physician claims for 36569 in 2006 was 277,588 and 167,571 in 2016.

Current Recommendations

AAP conducted RUC surveys for 36568 and 36569 – the PICC codes without imaging.
SIR and ACR conducted RUC surveys for the two new PICC codes with imaging 36572 and 36573 as well as the exchange code 36584.

PreTime

The specialty societies are recommending pre time package 1 – Straightforward Procedure (No anesthesia care). The specialties have reduced the time for evaluation and SDW where the surveyed times are less than the standard package. However, the specialties recommend the addition to two minutes, to the standard pre time package of 1 minute, for positioning. This extra time is needed to account for securing the arm in an abducted and externally rotated position, which can be uncomfortable for the patient. Once the extremity is in position the team need to ensure that all imaging and monitoring equipment are also adequately positioned.

Recommendations

The specialty societies greatly appreciate the time and thoughtful consideration provided by the pre-facilitation panel. The panel suggested a potentially comfortable wRVU range for these services. The societies reviewed the RUC database for codes within that range and found supportive crosswalks that are clinically similar to the surveyed code and performed by the specialties. For 36572 the societies recommend wRVU 2.00 (below the 25th percentile) with pre-time of 19 (package 1 with reductions based on survey), Intra-time of 22, and post-time of 10 (reflective of work in a pediatric patient). RVU value was chosen based on crosswalk to 19283 Placement of breast localization device(s); first lesion, including stereotactic guidance. This code is recently RUC reviewed (April 2013) and performed by the specialty with similar pre time package 1 (time 22), Intra-time 20, and post time of 15. Societies feel that this recommendation is further supported by code 49083 Abdominal paracentesis with imaging. This is also a recently RUC reviewed code with wRVU 2.00, pre time 25 (package 1), Intra-time 25, and post time of 10.

The specialty societies believe the recommendations appropriately maintain relativity within radiology and the entire fee schedule.

	CPT Code	wRVU	Total Time	IWPUT	Pre	Intra	Post
reference	36597	1.21	45	0.033	15	20	10
Other	62270	1.37	40	0.050	10	20	10
MPC	12004	1.44	29	0.070	7	17	5
surveyed	36584	1.47	34	0.089	17	12	5
MPC	52000	1.53	40	0.093	20	10	10
crosswalk	64483	1.90	49	0.082	24	15	10
MPC	54150	1.90	45	0.087	25	15	5
support	62327	1.90	45	0.087	20	15	10
surveyed	36573	1.90	40	0.118	19	15	6
reference	36456	2.00	60	0.044	15	30	15
support	49083	2.00	60	0.052	25	25	10
surveyed	36572	2.00	51	0.081	19	22	10
crosswalk	19283	2.00	57	0.063	22	20	15
reference	32555	2.27	57	0.076	22	20	15
MPC	64479	2.29	49	0.108	24	15	10
reference	32556	2.50	60	0.085	22	20	18
reference	47536	2.61	51	0.099	18	20	13
MPC	52281	2.75	46	0.112	16	20	10
reference	36901	2.82	66	0.079	26	25	15
MPC/Ref	31500	3.00	32	0.252	12	10	10
reference	32557	3.12	67	0.079	21	30	15

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) 36568 + 76937 + 77001

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology How often? Commonly

Specialty Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The curent RUC database shows CPT Code 36568 was reported 10 times in 2016 in Medicare. We have no reason to suspect that number will dramatically change with this newly bundled service.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

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. 47536

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:36573 Tracking Number Q4 Original Specialty Recommended RVU: **2.25**
Presented Recommended RVU: **1.90**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **1.90**

CPT Descriptor: Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older
(Do not report 36X72, 36X73 in conjunction with 76937, 77001)
(For placement of centrally inserted non-tunneled central venous catheter, without subcutaneous port or pump, age 5 years or older, use 36556)
(For placement of peripherally inserted non-tunneled central venous catheter, without subcutaneous port or pump, without imaging guidance, age 5 years or older, use 36569)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old male requires long-term intravenous antimicrobial therapy. He has had several prior central venous catheters and has known subclavian vein stenosis associated with an AICD device. A peripherally inserted central venous catheter (PICC) is inserted with imaging guidance.

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%

Description of Pre-Service Work: Explain procedure to the patient (discussing risks, benefits, and alternatives) and obtain informed consent. Review prior medical and imaging records, including any history of prior CV catheter placements and/or attempts. Arrangements are made with the angio suite. After gowning, prepare access site and drape in standard fashion. Administer local anesthesia.

Description of Intra-Service Work: Sterile Ultrasound of the right upper extremity is performed to assess brachial and basilic patency. Puncture the basilic vein using direct US guidance and pass a guidewire centrally to the right atrium using fluoroscopy. Place peel away sheath. Measure and then cut the peripherally inserted CV catheter to appropriate length and then advance to the SVC using fluoroscopy. The catheter is tested and flushed to ensure function. Secure the catheter in position, dress in standard fashion.

Description of Post-Service Work: Patient is updated regarding the procedure. Images to be archived to PACS are reviewed with the tech. Prescribe wound site care and catheter management. Place a note in the patient chart. The report is dictated onto PACS to become part of the permanent medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018				
Presenter(s):	Michael Hall, MD, Curtis Anderson, MD, PhD, Kurt Schoppe, MD and Daniel Wessell, MD				
Specialty(s):	Interventional Radiology and Radiology				
CPT Code:	36573				
Sample Size:	1700	**Resp N:**	64	**Response:** 3.7 %	
Description of Sample:	SIR - random sample of US physician members ACR - A random subset of 375 members who perform services pertaining to interventional radiology and radiography and a random sample of 375 members				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	29.00	**50.00**	100.00	700.00
Survey RVW:	1.25	2.25	**2.70**	3.00	5.10
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**5.50**		
Pre-Service Scrub, Dress, Wait Time:			**7.50**		
Intra-Service Time:	4.00	14.00	**15.00**	25.00	55.00

Immediate Post Service-Time:	**5.50**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	36573	**Recommended Physician Work RVU: 1.90**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**13.00**	**-3.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**6.00**	**18.00**	**-12.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32555	000	2.27	**RUC Time**

CPT Descriptor Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36901	000	2.82	**RUC Time**

CPT Descriptor Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64479	000	2.29	**RUC Time**	46,162

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52281	000	2.75	**RUC Time**	78,924

CPT Descriptor 2 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

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 11 **% of respondents:** 17.1 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 15.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 36573	Top Key Reference CPT Code: 32555	2nd Key Reference CPT Code: **36901**
Median Pre-Service Time	19.00	22.00	26.00
Median Intra-Service Time	15.00	20.00	25.00
Median Immediate Post-service Time	6.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**40.00**	**57.00**	**66.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	73%	18%	9%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	64%	27%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	36%	64%

Physical effort required	0%	73%	27%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	27%	55%	18%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	20%	40%	40%	20%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	40%	40%	20%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	10%	60%	30%
Physical effort required	20%	50%	30%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	50%	30%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

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Background

In the Final Rule for 2016, CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT code 36569 was identified as part of this screen.

The specialty societies surveyed CPT Code 36569 for the October 2016 RUC meeting. The RUC recommended a work RVU of 1.70 for CPT code 36569. However, the RUC noted that CPT code 36569 was typically reported with codes 76937 and 77001. CMS requested two family codes should be added to the review (36568 *Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age* and 36584 *Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access*). 36568, 36569, and 36584 were surveyed as part of the family. Also surveyed in this family are 36572 and 36573, new codes bundling all imaging services for PICC placement in patients younger than and older than 5 years of age respectively.

When the societies presented 36569 at the October 2016 RUC meeting, the RUC supported the specialty society position that the intensity of 36569 had increased since the service was last valued. The services described by these CPT codes are only performed in cases where the nurse has failed in an initial attempt to insert the catheter and a physician is then required. This has increased the complexity of the typical patient seen by the physician and has, in parallel, caused the intensity of the overall procedure to increase. The societies believe this rationale is supported by decreased utilization. For example physician claims for 36569 in 2006 was 277,588 and 167,571 in 2016.

Current Recommendations

AAP conducted RUC surveys for 36568 and 36569 – the PICC codes without imaging.
SIR and ACR conducted RUC surveys for the two new PICC codes with imaging 36572 and 36573 as well as the exchange code 36584.

PreTime

The specialty societies are recommending pre time package 1 – Straightforward Procedure (No anesthesia care). The specialties have reduced the time for evaluation and SDW where the surveyed times are less than the standard package. However, the specialties recommend the addition to two minutes, to the standard pre time package of 1 minute, for positioning. This extra time is needed to account for securing the arm in an abducted and externally rotated position, which can be uncomfortable for the patient. Once the extremity is in position the team need to ensure that all imaging and monitoring equipment are also adequately positioned.

Recommendations

The specialty societies greatly appreciate the time and thoughtful consideration provided by the pre-facilitation panel. The panel suggested a potentially comfortable wRVU range for these services. The societies reviewed the RUC database for codes within that range and found supportive crosswalks that are clinically similar to the surveyed code and performed by the specialties. For 36573 the specialties recommend wRVU 1.90 (below 25th percentile of survey) with pre-time 19 (package 1 with reductions based on survey), Intra-time 15, and post-time 6 (based on survey and consistent with older patient population). The wRVU recommendation was based on a cross walk to code 62327 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) with imaging guidance. This is a code performed by the societies with wRVU of 1.90, pre time 20 (package 1), Intra time15, and post time 10. Societies feel that this recommendation is further supported by code 64483 Injection(s), anesthetic agent and/or steroid, transforaminal epidural with imaging guidance; lumbar or thoracic, single level. This is also performed by the societies with wRVU 1.90, pre time 24 (package 1), Intra-time 15, and post time 10.

The specialty societies believe the recommendations appropriately maintain relativity within radiology and the entire fee schedule.

	CPT Code	wRVU	Total Time	IWPUT	Pre	Intra	Post
reference	36597	1.21	45	0.033	15	20	10
Other	62270	1.37	40	0.050	10	20	10
MPC	12004	1.44	29	0.070	7	17	5
surveyed	36584	1.47	34	0.089	17	12	5
MPC	52000	1.53	40	0.093	20	10	10
crosswalk	64483	1.90	49	0.082	24	15	10
MPC	54150	1.90	45	0.087	25	15	5
support	62327	1.90	45	0.087	20	15	10
surveyed	36573	1.90	40	0.118	19	15	6
reference	36456	2.00	60	0.044	15	30	15
support	49083	2.00	60	0.052	25	25	10
surveyed	36572	2.00	51	0.081	19	22	10
crosswalk	19283	2.00	57	0.063	22	20	15
reference	32555	2.27	57	0.076	22	20	15
MPC	64479	2.29	49	0.108	24	15	10
reference	32556	2.50	60	0.085	22	20	18
reference	47536	2.61	51	0.099	18	20	13
MPC	52281	2.75	46	0.112	16	20	10
reference	36901	2.82	66	0.079	26	25	15
MPC/Ref	31500	3.00	32	0.252	12	10	10
reference	32557	3.12	67	0.079	21	30	15

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) 36569 + 76937 + 77001

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology How often? Commonly

Specialty Radiology 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 number is not known

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
160,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The current RUC database shows that CPT Code 36569 was reported approximately 168 thousand times in the Medicare population in 2016. We estimate that 95% of those services are performed with imaging.

Specialty Interventional Radiology Frequency 56974 Percentage 35.60 %

Specialty Radiology Frequency 107245 Percentage 67.02 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

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. 47536

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:36584 Tracking Number Q5 Original Specialty Recommended RVU: **1.47**
Presented Recommended RVU: **1.47**
Global Period: 000 Current Work RVU: **1.20** RUC Recommended RVU: **1.47**

CPT Descriptor: Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement
(Do not report 36584 in conjunction with 76937, 77001)
(For replacement of a peripherally inserted central venous catheter (PICC) without subcutaneous port or pump, through same venous access, without imaging guidance, use 37799)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 37-year-old female is referred for dysfunction of a previously placed PICC. The catheter is completely replaced with imaging guidance.

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%

Description of Pre-Service Work: The procedure is explained to the patient or parents and consent obtained. Prior medical records, including radiographs documenting current catheter position and any history of prior CV catheter placements/attempts, are reviewed. Arrangements are made with nursing staff, OR or angio suite. Physician assists with patient positioning and scrubs in standard fashion. After gowning, the existing catheter access site is prepped and draped in usual fashion. Local lidocaine anesthesia is administered.

Description of Intra-Service Work: Current catheter position and integrity is evaluated under fluoroscopy. The existing catheter is cut and partially withdrawn. A wire is fluoroscopically advanced centrally and the existing catheter is removed. A peel away sheath is placed over the wire. The new catheter is measured and then cut to appropriate length. The new PICC line is advanced centrally and positioned within the SVC using fluoroscopic guidance. The catheter is tested and flushed to ensure function. The catheter is fastened in position and dressed and flushed in standard fashion.

Description of Post-Service Work: Patient/family updated. Images to be archived are reviewed with the tech. A note is placed in the patient chart. The report is dictated onto PACS to become part of the permanent medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Michael Hall, MD, Curtis Anderson, MD, PhD, Kurt Schoppe, MD and Daniel Wessell, MD		
Specialty(s):	Interventional Radiology and Radiology		
CPT Code:	36584		
Sample Size:	1700	**Resp N:** 64	**Response:** 3.7 %
Description of Sample:	SIR - Random sample of US physician members ACR - A random subset of 375 members who perform services pertaining to interventional radiology and radiography and a random sample of 375 members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**20.00**	33.00	200.00
Survey RVW:	1.10	1.47	**1.89**	2.50	12.10
Pre-Service Evaluation Time:			**8.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**7.50**		
Intra-Service Time:	3.00	8.00	**12.00**	18.00	40.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	36584	**Recommended Physician Work RVU: 1.47**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**8.00**	**13.00**	**-5.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**12.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**18.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36597	000	1.21	**RUC Time**

CPT Descriptor Repositioning of previously placed central venous catheter under fluoroscopic guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
47536	000	2.61	**RUC Time**

CPT Descriptor Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12004	000	1.44	**RUC Time**	23,166

CPT Descriptor 1 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52000	000	1.53	**RUC Time**	912,981

CPT Descriptor 2 Cystourethroscopy (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 25.0 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 18.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 36584	**Top Key Reference CPT Code:** 36597	**2nd Key Reference CPT Code:** **47536**
Median Pre-Service Time	17.00	15.00	18.00
Median Intra-Service Time	12.00	20.00	20.00
Median Immediate Post-service Time	5.00	10.00	13.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**34.00**	**45.00**	**51.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	13%	88%	0%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	19%	75%	6%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	19%	75%	6%

Physical effort required	13%	88%	0%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	25%	75%	0%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	17%	42%	25%	17%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	33%	42%	25%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	8%	67%	25%
Physical effort required	8%	67%	25%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	75%	17%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

For 2019 the AMA CPT Editorial Panel has revised three codes and created two new codes to differentiate insertion of peripherally inserted central venous catheter (PICC), with and without imaging guidance. The codes are differentiated by age of patient. The definition of midline catheter was also clarified.

Background

In the Final Rule for 2016, CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT code 36569 was identified as part of this screen.

The specialty societies surveyed CPT Code 36569 for the October 2016 RUC meeting. The RUC recommended a work RVU of 1.70 for CPT code 36569. However, the RUC noted that CPT code 36569 was typically reported with codes 76937 and 77001. CMS requested two family codes should be added to the review (36568 *Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age* and 36584 *Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access*). 36568, 36569, and 36584 were surveyed as part of the family. Also surveyed in this family are 36x72 and 36x73, new codes bundling all imaging services for PICC placement in patients younger than and older than 5 years of age respectively.

Current Recommendations

AAP conducted RUC surveys for 36568 and 36569 – the PICC codes without imaging.
SIR and ACR conducted RUC surveys for the two new PICC codes with imaging x72 and x73 as well as the exchange code 36584.

PreTime

The specialty societies are recommending pre time package 2 – difficult patient/straightforward procedure. In current practice most PICC lines are placed by midlevel providers, not billed under the PFS. By default these codes will be utilized for difficult vascular access when the midlevel provider has failed. The specialties have reduced the time for evaluation and SDW where the surveyed times are less than the standard package. However, the specialties recommend the addition to two minutes, to the standard pre time package of 1 minute, for positioning. This extra time is needed to account for securing the arm in an abducted and externally rotated position, which can be uncomfortable for the patient. Once the extremity is in position the team need to ensure that all imaging and monitoring equipment are also adequately positioned.

IWPUT

When the societies presented 36569 at the October 2016 RUC meeting, the RUC supported the specialty society position that the intensity of 36569 had increased since the service was last valued. The services described by these CPT codes are only performed in cases where the nurse has failed in an initial attempt to insert the catheter and a physician is then required. This has increased the complexity of the typical patient seen by the physician and has, in parallel, caused the intensity of the overall procedure to increase. The societies believe this rationale is supported by decreased utilization. For example physician claims for 36569 in 2006 was 277,588 and 167,571 in 2016.

Recommendations

The specialty societies believe the recommendations appropriately maintain relativity within radiology and the entire fee schedule.

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MPC	52000	1.53	40	0.093	20	10	10
surveyed	36568	1.67	80	0.021	27	38	15
surveyed	36569	1.70	69	0.031	27	29	13
MPC	54150	1.90	45	0.087	25	15	5
reference	36456	2.00	60	0.044	15	30	15
surveyed	36X73	2.25	40	0.118	19	15	6
reference	32555	2.27	57	0.076	22	20	15

MPC	64479	2.29	49	0.108	24	15	10
surveyed	36X72	2.35	51	0.081	19	22	10
reference	32556	2.50	60	0.085	22	20	18
reference	47536	2.61	51	0.099	18	20	13
MPC	52281	2.75	46	0.112	16	20	10
reference	36901	2.82	66	0.079	26	25	15
MPC/Ref	31500	3.00	32	0.252	12	10	10
reference	32557	3.12	67	0.079	21	30	15

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) 36584 + 77001

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 Interventional radiology How often? Commonly

Specialty Radiology 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. A national number is not known

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,500 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The current RUC database has the 2016 Medicare utlization for CPT code 36584 at approximately 6,500. We do not anticipate that the new bundled code will change the utilization dramatically.

Specialty Interventional Radiology Frequency 4100 Percentage 63.07 %

Specialty Radiology Frequency 2200 Percentage 33.84 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

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. 47536

SS Rec Summary

ISSUE: PICC Line Procedures

TAB: 9

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	15	0.084			2.50			60	13	3	6			20			18					
2nd REF	36456	Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care	6	0.044			2.00			60	15					30			15					
CURRENT	36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age		0.048			1.67			55	15	5	5			20			10					
SVY	36568	**Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age** *(For placement of centrally inserted non-tunneled central venous catheter, without subcutaneous port or pump, younger than 5 years of age, use 36555)* *(For placement of peripherally inserted non-tunneled central venous catheter, without subcutaneous port or pump, with imaging guidance, younger than 5 years, use 36X72)*	39	0.042	1.30	2.11	2.70	3.30	3.75	93	20	10	10	10	25	38	47	90	15	0	0	2	5	30
REC				0.038			2.11			71	13	3	6			38			11					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	9	0.084			2.50			60	13	3	6			20			18					
2nd REF	31500	Intubation, endotracheal, emergency procedure	2	0.252			3.00			32	10	1	1			10			10					
CURRENT	36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older		0.071			1.70			47	13	3	6			15			10					
SVY	36569	**Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older** *(Do not report 36568, 36569 in conjunction with 76937, 77001)* *(For placement of centrally inserted non-tunneled central venous catheter, without subcutaneous port or pump, age 5 years or older, use 36556)* *(For placement of peripherally inserted non-tunneled central venous catheter, without subcutaneous port or pump, with imaging guidance, age 5 years or older, use 36X73)*	32	0.053	1.10	1.90	2.50	2.81	3.50	81	23	10	10	5	20	27	30	90	11	0	0	0	1	20
		SPR>0	*8*	*0.051*	*1.24*	*1.78*	*2.50*	*2.88*	*3.50*	*82*	*24*	*10*	*10*	*5*	*12*	*28*	*30*	*60*	*10*	*2*	*4*	*7*	*7*	*20*
		SPR=0	*24*	*0.049*	*1.10*	*1.64*	*2.08*	*2.54*	*3.50*	*73*	*23*	*10*	*8*	*5*	*12*	*21*	*33*	*90*	*11*	*0*	*0*	*0*	*0*	*0*
REC				0.046			1.90			60	13	3	6			27			11					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	14	0.079			3.12			67	13	3	6			30			15					
2nd REF	36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and	7	0.079			2.82			66	17	4	5			25			15					
CURRENT	36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age		0.048			1.67			55	15	5	5			20			10					
CURRENT	76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel		0.021			0.30			14						10			4					
CURRENT	77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes		0.022			0.38			17	2					15								
SVY	36572	**Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age** *(For placement of centrally inserted non-tunneled central venous catheter, without subcutaneous port or pump, younger than 5 years of age, use 36555)* *(For placement of peripherally inserted non-tunneled central venous catheter, without*	46	0.105	1.21	2.39	3.00	3.50	12.10	61.5	10	10	10	5	15	22	30	60	10	0	1	5	10	100
crosswalk	*19283*	*Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seed), percutaneous; first lesion, including*		*0.063*			*2.00*			*57*	*13*	*3*	*6*			*20*			*15*					
REC				0.065			2.00			51	10	3	6			22			10					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	11	0.076			2.27			57	13	3	6			20			15					
2nd REF	36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct	10	0.079			2.82			66	17	4	5			25			15					
CURRENT	36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older		0.071			1.70			47	13	3	6			15			10					
CURRENT	76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel		0.021			0.30			14						10			4					
CURRENT	77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes		0.022			0.38			17	2					15								
SVY	36573	**Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older** *(Do not report 36X72, 36X73 in conjunction with 76937, 77001)* *(For placement of centrally inserted non-tunneled central venous catheter, without subcutaneous port or pump, age 5 years or older, use 36556)* *(For placement of peripherally inserted non-tunneled central venous catheter, without*	64	0.145	1.25	2.25	2.70	3.00	5.10	43.5	10	5.5	7.5	4	14	15	25	55	5.5	0	29	50	100	700
crosswalk	*62327*	*Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg,*		*0.087*			*1.90*			*45*	*10*	*5*	*5*			*15*			*10*					
REC				0.095			1.90			40	10	3	6			15			6					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance	16	0.033			1.21			45	15					20			10					
2nd REF	47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous	12	0.099			2.61			51	10	3	5			20			13					
CURRENT	36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same		0.040			1.20			45	15		5			15			10					
CURRENT	77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes		0.022			0.38			17	2					15								
SVY	36584	**Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement** *(Do not report 36584 in conjunction with 76937, 77001)* *(For replacement of a peripherally inserted central venous catheter (PICC) without subcutaneous port or pump, through same venous access, without imaging guidance, use 37799)*	64	0.119	1.10	1.47	1.89	2.50	12.10	37.5	8	5	7.5	3	8	12	18	40	5	0	10	20	33	200
REC				0.089			1.47			34	8	3	6			12			5					

Detailed Description of Pre-Service Time Packages (Minutes)

		FACILITY				NON-FAC	
		1	2	3	4	5**	6
	Total Pre-Service Time	**20**	**25**	**51**	**63**	**8**	**23**
	CATEGORY SUBTOTALS						
A	Pre-Service Evaluation (IWPUT =0.0224)	13	18	33	40	7	17
B	Pre-Service Positioning (IWPUT = 0.0224)	1	1	3	3	0	1
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	6	15	20	1	5
	DETAILS						
A	History and Exam (Performance and review of appropriate Pre-Tests)	5	10	10	15	4	9
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	2	4	1	1
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	3	5	5	2	3
A	Communicate with other professionals	0	0	5	5	0	2
A	Check/set-up room, supplies and equipment	1	1	5	5	0	1
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	1	5	5	0	1
A	Prepare/ review/ confirm procedure	1	1	1	1	0	0
B	Perform/ supervise patient positioning	1	1	3	3	0	1
C	Administer local/topical anesthesia	1	1	0	0	1	5
C	Observe (wait anesthesia care)	0	0	10	15	0	0
C	Dress and scrub for procedure	5	5	5	5	0	0

**If the procedure does not require local anesthesia, 1 minute should be removed from pre-service time

1 Straightforward Patient/Straightforward Procedure (No anesthesia care)
2 Difficult Patient/Straightforward Procedure (No anesthesia care)
3 Straightforward Patient/Difficult Procedure
4 Difficult Patient/Difficult Procedure
5 Procedure with minimal anesthesia care (If no anesthesia care deduct 1 minute)
6 Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect

Additional Positioning Times for Spinal Surgical Procedures

SS1	Anterior Neck Surgery (Supine) (eg ACDF)	15 Minutes
SS2	Posterior Neck Surgery (Prone) (eg laminectomy)	25 Minutes
SS3	Posterior Thoracic/Lumbar (Prone) (eg laminectomy)	15 Minutes
SS4	Lateral Thoracic/Lumbar (Lateral) (eg corpectomy)	25 Minutes
SS5	Anterior Lumbar (Supine) (eg ALIF)	15 Minutes

Additional Positioning Times for Spinal Injection Procedures

SI1	Anterior Neck Injection (Supine) (eg discogram)	7 Minutes
SI2	Posterior Neck Injection (Prone) (eg facet)	5 Minutes
SI3	Posterior Thoracic/Lumbar (Prone) (eg epidural)	5 Minutes
SI4	Lateral Thoracic/Lumbar (Lateral) (eg discogram)	7 Minutes

Additional Positioning Times for Urological Procedures

U1	Dorsal Lithotomy	5 Minutes

Notes:

- Roll-over cells for additional detail where available
- Straightforward procedure: Integumentary, Non-incisional endoscopy, natural orifice

Detailed Description of Facility Based Post-Service Time Packages (Minutes)						
	7A Local Anesthesia/ Straightforward Procedure	**7B Local Anesthesia/ Complex Procedure**	**8A IV Sedation/ Straightforward Procedure**	**8B IV Sedation/ Complex Procedure**	**9A General Anesthesia or Complex Regional Block/ Straightforward Procedure**	**9B General Anesthesia or Complex Regional Block/Complex Procedure**
Total Post-Service Time	**18**	**21**	**25**	**28**	**30**	**33**
Details:						
Application of Dressing[1]	2	2	2	2	2	2
Transfer of supine patient off table	1	1	1	1	1	1
Operative Note	5	5	5	5	5	5
Monitor patient recovery/ Stabilization	1	1	5	5	10	10
Communication with patient and/or family	5	5	5	5	5	5
Written post-operative note	2	5	2	5	2	5
Post-Operative Orders and Order Entry	2	2	5	5	5	5

Advisors may request additional time for circumstances that require additional work beyond the type of work described

1 This represents a simple dressing

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE			INTRA					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
					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
1st REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5					1	1.0							1						
2nd REF	22222	def	15	0.055			5.15			137	10	5	5			35			5						1.0							1	1					
CURRENT	55555	abc		0.053			5.00			133	17					27			8					1	1.0							1						
SVY	55555	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10					1	1.0							1						
REC	55555	abc		0.020			4.25			142	17	1	3			30			10										1	1.0			1					

CPT Code: 36568, 36569, 36572, 36573, 36584 and 77001
Specialty Society: SIR, ACR and AAP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

Meeting Date: January 2018

Global Period: 000

36568 *Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age*

36569 *Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older*

36572 *Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age*

36573 *Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older*

36584 *Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement*

Global Period: ZZZ

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)*

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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 RVS Committee Expert Panel:**

   SIR, ACR and AAP convened a panel that included a number of experts familiar with these PICC services to evaluate the direct practice expense inputs for these PICC family services.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:**

The multispecialty group included the existing direct practice expense inputs for the underlying CPT Codes. We included the direct practice expense inputs for CPT code 77001 which were reviewed in October 2015 and ask the RUC/PE subcommittee to affirm. We also included the direct practice expense inputs for CPT Code 76937 as a reference code. CPT Code 76937 will now be bundled into CPT Codes 36572 and 36573. The multispecialty group has included a letter to the RUC explaining that the dominant specialties will conduct a RUC survey and make work recommendations once Medicare data becomes available to identify what the typical patient and dominant specialty will be, once all the bundling of this service has gone into effect.

3. Is this code(s) typically billed with an E/M service?

No, these services are not typically billed with an E/M service.
(See *"14 Medicare Same Day EM Billing Occurences – January 2018 Codes"* file)

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)

Current 36568 radiology is dominant in "All" and "NonFacility"
Current 36569 radiology is dominant in "All" and "NonFacility"
Current 36584 radiology is dominant in "All" and "NonFacility"
Current 77001 radiology is dominant in "All" and nephrology is dominant in the "NonFacility" *(neph 39% and radiology 38%)*
Current 76937 radiology is dominant in "All" and vascular surgery is dominant in the "NonFacility"

New codes
36568 & 36569 dominant specialty will be pediatrics
36572, 36573 and 36584 dominant specialty will be radiology
77001 and 76937 dominant specialty TBD

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

A total of 3 minutes of preservice time is requested for preservice diagnostic and referral forms. During this time, the nurse blend determines the reason for PICC line placement and type of medications to be delivered.

Additional preservice time is also requested to coordinate pre surgery services. During this time the nurse blend gathers results for laboratory tests such as INR and renal function and ensures that a PICC line is not contraindicated. Also, the nurse blend ensures that appropriate resources are available for the procedure.

Two minutes are requested for clinical questionnaires regarding the patient clinical factors such as possible pregnancy, iodinated contrast allergy, or prior venous access. This activity is performed by the radiologic technologist.

We are recommending two extra minutes of positioning time for x72, x73 and 36584. The extra time is needed to position the patient for an upper extremity procedure as well as to position two different imaging modalities for usage during the procedure.

We are recommending two additional minutes of preparing room/equipment/supplies time for x72, x73 and 36584. Additional minutes requested are to prepare the machinery for both imaging modalities (enter patient information, etc) as well as to pull material/supplies related to the specific PICC line type determined for the patient.

We are recommending two additional minutes of check dressings, catheters, wounds time. This time is needed to recheck the dressing around the PICC line, confirm hemostasis at the site and check the caps on the catheter.

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

The specialty societies are recommending supplies for the new/revised PICC codes that are not in the existing/predecessor codes. The specialties believe there is compelling evidence to change the direct inputs for the new/revised codes based on change in technique, change in knowledge/technology and change from previous code-specific PE to newly applicable IR standards. Previously, the PE input used was for a standard central venous catheter, which is not meant for long term usage. Currently, standard of care for PICC lines require a durable product capable of delivering multiple medications for long periods of time in an outpatient setting. We believe the new supply item for a PICC line more accurately reflects the standard of care.

In addition, since the previous review of this code, there has been a significant increase in central line-associated bloodstream infections (CLABSI), which has resulted in increased morbidity, mortality and cost of delivered health care. Additional supplies reflect the standards required for maintenance of a sterile barrier and sterile techniques during the placement of Peripherally Inserted Central Catheters (PICC).

The increases in total clinical time are based on the addition of a second clinical staff person to assist with imaging acquisition. The inclusion of a second clinical staff person to assist with image based intervention procedures is typical. That second person assists with the image acquisition and as a circulator. The existing model is to allocate 75% of a rad tech and 25% at the lower rate of a nurse blend.

Without Imaging Codes

The American Academy of Pediatrics (AAP) has conducted physician work surveys for CPT Codes 36568 and 36569 and developed work RVU recommendations based on the survey results. However, since the services described by codes 36568 and 36569 typically occur in the facility setting, we recommend no direct practice expense inputs for codes 36568 and 36569.

Including Imaging Guidance Codes – New placement (X2, X3)

Below is an outline of the supplies needed to perform 36572 and 36573. Below is a key to the changes we have made to the supplies:

↑	Increased from existing
*	Swapped out from existing
**	Added

CPT Code: 36568, 36569, 36572, 36573, 36584 and 77001
Specialty Society: SIR, ACR and AAP

From S&I	Moved over from S&I
↓	Decreased from existing

CMS Supply Item			Quantity	Notes/Purpose of Use
Kits/Trays/Packs				
	SA048	pack, minimum multi-specialty visit	1	Patient
	SA067	tray, shave prep	1	shave
Universal Precaution Items				
↑	SB001	cap, surgical	3	MD, hip-to-hip and blend
↑	SB024	gloves, sterile	2	MD and hip-to-hip
*↑	SB028	gown, staff,	2	MD and hip-to-hip
From S&I	SB033	mask, surgical	1	Blend
	SB034	mask, surgical, with face shield	2	MD and hip-to-hip
↑	SB039	shoe covers, surgical	3	MD, hip-to-hip and blend
Drapes				
*	SB011	drape, sterile, fenestrated 16in x 29in	1	Site drape with fenestration
Needles/Syringes/Catheters				
↑	SC029	Needle, 18-27g	2	18G and 25G One 18G to draw up lidocaine and one 25G to administer.
*	NEW	PICC Line	1	
Items Related to Imaging				
From S&I	SB008	drape, sterile, c-arm, fluoro	1	Covering C-Arm
From S&I	SB005	cover-condom, transducer or ultrasound probe	1	For US
*From S&I	SJ089	ultrasound transmission gel, sterile (single use)	1	For US
Bandages/Anesthetics				
↑	SG055	gauze, sterile 4in x 4in	4	Wiping US gel and blood
*	SH040	heparin lock flush soln	1	Catheter lock
↑	SH047	lidocaine 1%-2% inj (Xylocaine)	10	
↑	SH065	sodium chloride 0.9% flush syringe	2	Catheter flush post placement
	SJ041	povidone soln (Betadine)	10	prep
↓	SJ053	swab-pad, alcohol	1	Wiping top of multiuse lidocaine
Room/Equipment Cleaning Supplies				
From S&I↑	SM013	disinfectant, surface (Envirocide, Sanizide)	10	Cleaning procedure table and scrub table
From S&I*↑	SM021	sanitizing cloth-wipe (patient)	22	Cleaning US equipment and fluoro equipment

Deleted Items:

- SA016 kit, guidewire introducer (Micro-Stick)
- SG021 bandage
- SG079 tape

- SJ028 hydrogen
- SC019 iv tubing
- SC056 syringe 50-60
- SJ032 lubricating jelly

Including Imaging Guidance Codes – Replacement (36584))

CMS Supply Item			Quantity	Notes/Purpose of Use
Kits/Trays/Packs				
	SA048	pack, minimum multi-specialty visit	1	Patient
	SA067	tray, shave prep	1	shave
Universal Precaution Items				
↑	SB001	cap, surgical	3	MD, hip-to-hip and blend
	SB024	gloves, sterile	2	MD and hip-to-hip
*	SB027	gown, staff, impervious	2	MD and hip-to-hip
	SB033	mask, surgical	1	Blend
↑	SB034	mask, surgical, with face shield	2	MD and hip-to-hip
↑	SB039	shoe covers, surgical	3	MD, hip-to-hip and blend
Drapes				
*	SB011	drape, sterile, fenestrated 16in x 29in	1	Site drape with fenestration
Needles/Syringes/Catheters				
↑	SC029	Needle, 18-27g	2	18G and 25G One 18G to draw up lidocaine and one 25G to administer.
*	NEW	PICC Line		
Items Related to Imaging				
From S&I	SB008	drape, sterile, c-arm, fluoro	1	Covering C-Arm
Bandages/Anesthetics				
↑	SG055	gauze, sterile 4in x 4in	4	Wiping US gel and blood
*	SH040	heparin lock flush soln	1	Catheter lock
↑	SH047	lidocaine 1%-2% inj (Xylocaine)	10	
↑	SH065	sodium chloride 0.9% flush syringe	2	Catheter flush post placement
	SJ041	povidone soln (Betadine)	10	prep
↓	SJ053	swab-pad, alcohol	1	Wiping top of multiuse lidocaine
Room/Equipment Cleaning Supplies				
From S&I↑	SM013	disinfectant, surface (Envirocide, Sanizide)	10	Cleaning procedure table and scrub table
**	SM021	sanitizing cloth-wipe (patient)	22	Cleaning US equipment and fluoro equipment

Deleted Items:

- SC052 syringe 1 ml
- SC055 syringe 3 ml
- SD089 guidewire, hydrophilic
- SG021 bandage
- SG079 tape

- SJ028 hydrogen

PICC Line Kit - NEW

Turbo-Ject power-Injectable PICC
21 gauge, 7cm long EchoTip percutaneous entry needle
Wire guide
Locking Peel- Away introducer sheath
12 ml disposable syringe
130 cm or 150 cm long marked wire in radiology (OTW) sets only
Hydrophilic-coated obturator in standard and bedside sets only
Disposable safety scalpel
Paper measuring tape
Needleless injection caps (one per lumen)
Catheter securement device
Catheter ID card
Safety sharps container

SA048 pack, minimum multi-specialty visit

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**1.143**
paper, exam table		foot	7	0.014
gloves, non-sterile		pair	2	0.084
gown, patient		item	1	0.533
pillow case		item	1	0.307
cover, thermometer probe		item	1	0.038

SA067 tray, shave prep

tray, shave prep	**SA067**	**tray**	**1.812**
2 compartment tray; absorbent towels (2); disposable double edged stainless steel comb/comb razor; gauze sponges (2); presoaped (Castile) foam sponge; underpad; cotton tipped applicators (2)			

7. **If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:**

N/A

8. **Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:***

Pre-Service Clinical Labor Activities:
Complete referral forms/pre authorization forms - During this time, the nurse blend determines the reason for PICC line placement and type of medications to be delivered.

Coordinate pre surgery services - During this time the nurse blend gathers results for laboratory tests such as INR and renal function and ensures that a PICC line is not contraindicated. Also, the nurse blend ensures that appropriate resources are available for the procedure.

Review patient clinical extant information and questionnaire - Discussion regarding the patient clinical factors such as possible pregnancy, iodinated contrast allergy, or prior venous access. This activity is performed by the radiologic technologist.

Intra-Service Clinical Labor Activities:
Prepare room, equipment, supplies after consulting with MD including type of PICC line to be used, which arm to place line in and any clinical details related to room setup or additional supplies.

Patient is greeted, gowned and escorted into procedure room
Provide pre service education/consent. Preservice education includes education on catheter site care, dressing inspection and answering questions related to restricted activities after catheter placement.
Take vital signs *(temperature, blood pressure, oxygen, heart rate, respiration rate)*
Prepare and position patient on table
Clean prep performed and draping of target site
Ensure proper patient position for use of equipment (two imaging modalities)
Assist physician (100% - hip to hip) – The Radiologic Technologist is scrubbed into the procedure and is sterile to assist in the procedure.
Perform procedure (75% - related to imaging) – operating imaging equipment (fluoroscopy and US)
Perform procedure (25% - floater) – Circulates to open sterile supplies and tend to patient needs.
Clean room/equipment by physician staff – Radiologic technologist cleans room and equipment.
Check dressing – performed by nurse blend to ensure hemostasis and patient comfort prior to discharge.
Technologist archives and QC's images to/in PACS, checking for all images and dose page
Review examination with interpreting MD to determine which images to send to PACS and to review documents.
Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:
Conduct communication with home health to ensure continuity of treatment plan (antibiotics, TPN, catheter flushes, dressing changes, etc), confirm completion of procedure with ordering physician and organize continuity of care.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

For CPT Codes 36572, 36573 and 36584 we have included a tech at 75% of the physician work time to perform the image acquisition portion of the procedure and a nurse blend at 25% of the physician time as the circulator.

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

N/A

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

We are recommending a new supply item "PICC Line Kit". A copy of the paid invoice is attached. We are recommending UPICDS-4.0-CT-OTW-ST-111 Turbo-Ject Double Lumen OVER-THE-WIRE at $170 each. **The set components are included in the attached paperwork.* This supply item represents a standard PICC line kit commonly used in the office setting and replaces the previously listed SD022 catheter, CVA, peripheral, without port-pump. This product more accurately reflects the current standard of care for PICC line placement.

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

N/A

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

EF023 table, exam – default formula
EQ168 light, exam – default formula
EQ250 ultrasound, portable – default formula
ED050 PACS workstation proxy – PACS formula
ED053 professional PACS workstation – half physician pre time + physician intra time

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

N/A

16. **If there is any other item on your spreadsheet that needs further explanation please include here:**

N/A

December 13, 2017

Scott Manaker, MD, FCCP, PhD
Chair, Practice Expense Subcommittee,
Relative Value Update Committee
American Medical Association
AMA Plaza
330 N. Wabash Avenue
Chicago, IL 60611-5885

RE: Upcoming Presentation of Tab 9, CPT code 77001, PICC Line Procedures

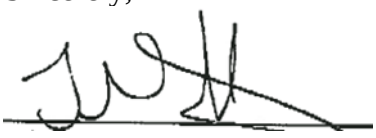
Dear Dr. Manaker:

The Renal Physicians Association (RPA) is the professional organization of nephrologists whose goals are to ensure optimal care under the highest standards of medical practice for patients with renal disease and related disorders. RPA acts as the national representative for physicians engaged in the study and management of patients with renal disease.

The RPA is writing to affirm our support for the summary of recommendations developed by the Society of Interventional Radiology, the American College of Radiology, and the American Academy of Pediatrics outlined in Tab 9 of the supporting materials for the upcoming RUC meeting. Further, given that the radiology-based specialties are the dominant specialties for six of the seven codes to be presented in the tab, we urge the RUC and PEAC to allow those specialties to present the recommendations for CPT code 77001 (Fluoroscopic guidance for central venous access device placement), despite nephrology being the dominant specialty for this one code when the service is provided in the non-facility setting.

Questions regarding this letter may be directed to Rob Blaser, RPA's Director of Public Policy at 301-468-3515, or by email at rblaser@renalmd.org.

Sincerely,



Jeff Giullian, M.D.
RPA RUC Representative

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P
1	**RUC Practice Expense Spreadsheet - AT MEETING**					**REFERENCE**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2		**Meeting Date: January 2018 Tab: PICC Line Procedures Specialty: Interventional Radiology, Radiology, Pediatrics**				**76937**		**36568**		**36568**		**36569**		**36569**	
3		***RUC Collaboration Website***				*Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting*		*Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age*		*Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age*		*Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older*		*Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older*	
4	**Clinical Activity Code**	*"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**										
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**				**15**	**0**	**40**	**3**	**0**	**0**	**37**	**3**	**0**	**0**
8		***TOTAL PRE-SERVICE CLINICAL STAFF TIME***				***0***		***9***	***0***			***6***	***0***		
9			*L037D*	*RN/LPN/MTA*	*0.37*			*9*				*6*			
10			*L041B*	*Radiologic Technologist*	*0.41*	*0*									
11		***TOTAL SERVICE PERIOD CLINICAL STAFF TIME***				***15***		***28***	***0***			***28***	***0***		
12			*L037D*	*RN/LPN/MTA*	*0.37*			*28*				*28*			
13			*L041B*	*Radiologic Technologist*	*0.41*	*15*									
14															
15		***TOTAL POST-SERVICE CLINICAL STAFF TIME***				***0***		***3***	***3***			***3***	***3***		
16			*L037D*	*RN/LPN/MTA*	*0.37*	***0***		*3*	*3*			*3*	*3*		
17		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER**				**$ 6.15**	**$ -**	**$ 14.80**	**$ 1.11**	**$ -**	**$ -**	**$ 13.69**	**$ 1.11**	**$ -**	**$ -**
18		**PRE-SERVICE PERIOD**													
19		**Start: Following visit when decision for surgery or procedure made**													
20	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37			3				3			
21	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37			3				3			
22	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37										
23	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37										
24	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37			3							
25	CA006	Confirm availability of prior images/studies	L041B	Radiologic Technologist	0.41										
26	CA007	Review patient clinical extant information and	L041B	Radiologic Technologist	0.41										
27	CA008	Perform regulatory mandated quality assurance activity	L037D	RN/LPN/MTA	0.37										
34		**End: When patient enters office/facility for surgery/procedure**													

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6		**GLOBAL PERIOD**				**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**				**15**	**0**	**40**	**3**	**0**	**0**	**37**	**3**	**0**	**0**
8		***TOTAL PRE-SERVICE CLINICAL STAFF TIME***				***0***		***9***	***0***			***6***	***0***		
9			*L037D*	*RN/LPN/MTA*	*0.37*			*9*				*6*			
10			*L041B*	*Radiologic Technologist*	*0.41*	*0*									
11		***TOTAL SERVICE PERIOD CLINICAL STAFF TIME***				***15***		***28***	***0***			***28***	***0***		
12			*L037D*	*RN/LPN/MTA*	*0.37*			*28*				*28*			
13			*L041B*	*Radiologic Technologist*	*0.41*	*15*									
14															
15		***TOTAL POST-SERVICE CLINICAL STAFF TIME***				***0***		***3***	***3***			***3***	***3***		
16			*L037D*	*RN/LPN/MTA*	*0.37*	***0***		*3*	*3*			*3*	*3*		
35		**SERVICE PERIOD**													
36		**Start: When patient enters office/facility for surgery/procedure:**													
37		**Pre-Service (of service period)**													
38	CA009	Greet patient, provide gowning, ensure appropriate	L037D	RN/LPN/MTA	0.37			3				3			
39	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37			5				5			
40	CA010	Obtain vital signs	L041B	Radiologic Technologist	0.41										
41	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37			5				5			
42	CA011	Provide education/obtain consent	L041B	Radiologic Technologist	0.41										
43	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37										
44	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37			5				5			
45	CA013	Prepare room, equipment and supplies	L041B	Radiologic Technologist	0.41										
46	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37										
47	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37										
48	CA016	Prepare, set-up and start IV, initial positioning and	L037D	RN/LPN/MTA	0.37			2				2			
49	CA016	Prepare, set-up and start IV, initial positioning and	L041B	Radiologic Technologist	0.41										
50	CA016	Prepare, set-up and start IV, initial positioning and	L041B	Radiologic Technologist	0.41										
51	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37			2				2			
58	CA017	Sedate/apply anesthesia	L041B	Radiologic Technologist	0.41										
59		**Intra-service (of service period)**													
60	CA018	Assist physician or other qualified healthcare professional--	L041B	Radiologic Technologist	0.41										
61	CA019	Assist physician or other qualified healthcare professional--	L037D	RN/LPN/MTA	0.37										
62	CA020	Assist physician or other qualified healthcare professional--	L041B	Radiologic Technologist	0.41										
63	CA020	Assist physician or other qualified healthcare professional--	L037D	RN/LPN/MTA	0.37										
64	CA021	Perform procedure/service---NOT directly related to	L041B	Radiologic Technologist	0.41	15									
71		**Post-Service (of service period)**													
72	CA022	Monitor patient following procedure/service, multitasking	L037D	RN/LPN/MTA	0.37										
73	CA023	Monitor patient following procedure/service, no	L037D	RN/LPN/MTA	0.37										
74	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37			3				3			
75	CA024	Clean room/equipment by clinical staff	L041B	Radiologic Technologist	0.41										
76	CA025	Clean scope	L037D	RN/LPN/MTA	0.37										
77	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37										
78	CA027	Complete post-procedure diagnostic forms, lab and x-ray	L037D	RN/LPN/MTA	0.37										
79	CA028	Review/read post-procedure x-ray, lab and pathology	L037D	RN/LPN/MTA	0.37										
80	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37			3				3			
81	CA030	Technologist QC's images in PACS, checking for all	L041B	Radiologic Technologist	0.41										
82	CA031	Review examination with interpreting MD/DO	L041B	Radiologic Technologist	0.41										
83	CA032	Scan exam documents into PACS. Complete exam in RIS	L041B	Radiologic Technologist	0.41										
84	CA033	Perform regulatory mandated quality assurance activity	L037D	RN/LPN/MTA	0.37										
85	CA034	Document procedure (nonPACS) (e.g. mandated	L037D	RN/LPN/MTA	0.37										
86	CA035	Review home care instructions, coordinate	L037D	RN/LPN/MTA	0.37										
87	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
94		**End: Patient leaves office**													
95		**POST-SERVICE PERIOD**													
96		**Start: Patient leaves office/facility**													
97	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37			3	3			3	3		
98	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37										
99		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
100		99211 16 minutes	16												
101		99212 27 minutes	27												

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P
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6		**GLOBAL PERIOD**				**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**				**15**	**0**	**40**	**3**	**0**	**0**	**37**	**3**	**0**	**0**
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9			*L037D*	*RN/LPN/MTA*	*0.37*			*9*				*6*			
10			*L041B*	*Radiologic Technologist*	*0.41*	*0*									
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12			*L037D*	*RN/LPN/MTA*	*0.37*			*28*				*28*			
13			*L041B*	*Radiologic Technologist*	*0.41*	*15*									
14															
15		***TOTAL POST-SERVICE CLINICAL STAFF TIME***				***0***		***3***	***3***			***3***	***3***		
16			*L037D*	*RN/LPN/MTA*	*0.37*	***0***		*3*	*3*			*3*	*3*		
102		99213 36 minutes	36												
103		99214 53 minutes	53												
104		99215 63 minutes	63												
105	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
112		**End: with last office visit before end of global period**													

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P
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6		**GLOBAL PERIOD**				**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**				**15**	**0**	**40**	**3**	**0**	**0**	**37**	**3**	**0**	**0**
8		***TOTAL PRE-SERVICE CLINICAL STAFF TIME***				***0***		***9***	***0***			***6***	***0***		
9			*L037D*	*RN/LPN/MTA*	*0.37*			*9*				*6*			
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11		***TOTAL SERVICE PERIOD CLINICAL STAFF TIME***				***15***		***28***	***0***			***28***	***0***		
12			*L037D*	*RN/LPN/MTA*	*0.37*			*28*				*28*			
13			*L041B*	*Radiologic Technologist*	*0.41*	*15*									
14															
15		***TOTAL POST-SERVICE CLINICAL STAFF TIME***				***0***		***3***	***3***			***3***	***3***		
16			*L037D*	*RN/LPN/MTA*	*0.37*	***0***		*3*	*3*			*3*	*3*		
113	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**											
114		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 7.35**	**$ -**	**$ 128.23**	**$ -**	**$ -**	**$ -**	**$ 128.23**	**$ -**	**$ -**	**$ -**
115	SA048	pack, minimum multi-specialty visit	1.143	pack				1				1			
116	SA016	kit, guidewire introducer (Micro-Stick)	23	kit				2				2			
117	SA067	tray, shave prep	1.812	tray				1				1			
118	SB001	cap, surgical	0.209	item				1				1			
119	SB005	cover-condom, transducer or ultrasound probe	0.35	item		1									
120	SB007	drape, sterile barrier 16in x 29in	0.494	item		2		1				1			
121	SB011	drape, sterile, fenestrated 16in x 29in	0.557	item											
122	SB008	drape, sterile, c-arm, fluoro	4.504	item											
123	SB024	gloves, sterile	0.84	pair				1				1			
124	sb027	gown, staff, impervious	1.186	item				1				1			
125	sb028	gown, surgical, sterile	4.671	item											
126	sb033	mask, surgical	0.196	item											
127	sb034	mask, surgical, with face shield	1.199	item				2				2			
128	sb039	shoe covers, surgical	0.338	pair				2				2			
129	SC019	iv tubing (extension)	0.53	foot		3									
130	sc029	needle, 18-27g	0.089	item				1				1			
131	sc052	syringe 1ml	0.14	item				1				1			
132	sc055	syringe 3ml	0.096	item				1				1			
133	SC056	syringe 50-60ml	0.881	item		1									
134	sd022	catheter, CVA, peripheral, without port-pump	70.625	item				1				1			
135	SD089	guidewire, hydrophilic	35.5	item											
136	sg021	bandage, strip 0.75in x 3in (Bandaid)	0.043	item				1				1			
137	sg055	gauze, sterile 4in x 4in	0.159	item				3				3			
138	sg079	tape, surgical paper 1in (Micropore)	0.002	inch				12				12			
139	sh039	heparin 1,000 units-ml inj	0.193	ml				5				5			
140	sh040	heparin lock flush soln	1.16	item											
141	sh047	lidocaine 1%-2% inj (Xylocaine)	0.035	ml				1				1			
142	sh065	sodium chloride 0.9% flush syringe	0.811	item				1				1			
143	sj028	hydrogen peroxide	0.003	ml				20				20			
144	SJ032	lubricating jelly (K-Y) (5gm uou)	0.066	item		6									
145	sj041	povidone soln (Betadine)	0.008	ml				10				10			
146	sj053	swab-pad, alcohol	0.013	item				2				2			
147	SJ062	ultrasound transmission gel	0.013	ml		150									
148	SJ089	ultrasound transmission gel, sterile (single use)	1.71												
149	sm013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz											
150	SM021	sanitizing cloth-wipe (patient)	0.037	item		5									
151	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.046	item		22									
152	**NEW**	**PICC LINE**	**170**	**item**											

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P
1	**RUC Practice Expense Spreadsheet - AT MEETING**					**REFERENCE**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2		**Meeting Date: January 2018 Tab: PICC Line Procedures Specialty: Interventional Radiology, Radiology, Pediatrics**				**76937**		**36568**		**36568**		**36569**		**36569**	
3		***RUC Collaboration Website***				*Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting*		*Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age*		*Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age*		*Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older*		*Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older*	
4	**Clinical Activity Code**	*"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**										
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**				**15**	**0**	**40**	**3**	**0**	**0**	**37**	**3**	**0**	**0**
8		***TOTAL PRE-SERVICE CLINICAL STAFF TIME***				***0***		***9***	***0***			***6***	***0***		
9			*L037D*	*RN/LPN/MTA*	*0.37*			*9*				*6*			
10			*L041B*	*Radiologic Technologist*	*0.41*	*0*									
11		***TOTAL SERVICE PERIOD CLINICAL STAFF TIME***				***15***		***28***	***0***			***28***	***0***		
12			*L037D*	*RN/LPN/MTA*	*0.37*			*28*				*28*			
13			*L041B*	*Radiologic Technologist*	*0.41*	*15*									
14															
15		***TOTAL POST-SERVICE CLINICAL STAFF TIME***				***0***		***3***	***3***			***3***	***3***		
16			*L037D*	*RN/LPN/MTA*	*0.37*	***0***		*3*	*3*			*3*	*3*		
157	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**										
158		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 1.49**	**$ -**	**$ 0.67**	**$ -**	**$ -**	**$ -**	**$ 0.22**	**$ -**	**$ -**	**$ -**
159	EF023	table, exam	1338.17	Default	0.00298			92				30			
160	EQ168	light, exam	1630.12	Default	0.00433			92				30			
161	EL014	room, radiographic-fluoroscopic	367664	Highly Technical	1.39309										
162	ED050	PACS Workstation Proxy	5557	PACS	0.02202	15									
163	EQ250	ultrasound unit, portable	29999	Default	0.11625	10									
164	ED053	Professional PACS Workstation	14616.93	Other Formula	0.05792										
165		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*													

	A	B	Q	R	S	T	U	V	W	X	Y	Z	AA	AB
1	**RUC Practice Expense Spreadsheet - AT MEETING**			**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**			**REAFFIRM**	
2		**Meeting Date: January 2018** **Tab: PICC Line Procedures** **Specialty: Interventional Radiology, Radiology, Pediatrics**		**36572**		**36573**		**36584**		**36584**			**77001** *October 2015*	
3		***RUC Collaboration Website***		*Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age*		*Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older*		*Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access*		*Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the*			*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*	
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5		**LOCATION**		**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**		**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**		**87**	**0**	**75**	**0**	**37**	**18**	**65**	**0**		**31**	**0**
8		***TOTAL PRE-SERVICE CLINICAL STAFF TIME***		***8***		***8***		***6***	***15***	***8***			***4***	
9				*6*		*6*		*6*	*15*	*6*				
10				*2*		*2*				*2*			*4*	
11		***TOTAL SERVICE PERIOD CLINICAL STAFF TIME***		***76***		***64***		***28***	***0***	***54***			***27***	
12				*22*		*22*		*28*		*19*				
13				*54*		*42*				*35*			*27*	
14														
15		***TOTAL POST-SERVICE CLINICAL STAFF TIME***		***3***		***3***		***3***	***3***	***3***			***0***	
16				*3*		*3*		*3*	*3*	*3*			***0***	
17		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER**		**$ 34.25**	**$ 1.11**	**$ 29.52**	**$ 1.11**	**$ 13.69**	**$ 6.66**	**$ 25.53**	**$ 1.11**		**$ 12.71**	**$ - **
18		**PRE-SERVICE PERIOD**												
19		**Start: Following visit when decision for surgery or proce**												
20	CA001	Complete pre-service diagnostic and referral forms		3		3		3	3	3				
21	CA002	Coordinate pre-surgery services (including test results)		3		3		3	3	3				
22	CA003	Schedule space and equipment in facility							3					
23	CA004	Provide pre-service education/obtain consent							3					
24	CA005	Complete pre-procedure phone calls and prescription							3					
25	CA006	Confirm availability of prior images/studies											2	
26	CA007	Review patient clinical extant information and		2		2				2			2	
27	CA008	Perform regulatory mandated quality assurance activity												
34		**End: When patient enters office/facility for surgery/proce**												

	A	B	Q	R	S	T	U	V	W	X	Y	Z	AA	AB
1	**RUC Practice Expense Spreadsheet - AT MEETING**			**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**			**REAFFIRM**	
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5		**LOCATION**		**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**		**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**		**87**	**0**	**75**	**0**	**37**	**18**	**65**	**0**		**31**	**0**
8		***TOTAL PRE-SERVICE CLINICAL STAFF TIME***		***8***		***8***		***6***	***15***	***8***			***4***	
9				*6*		*6*		*6*	*15*	*6*				
10				*2*		*2*				*2*			*4*	
11		***TOTAL SERVICE PERIOD CLINICAL STAFF TIME***		***76***		***64***		***28***	***0***	***54***			***27***	
12				*22*		*22*		*28*		*19*				
13				*54*		*42*				*35*			*27*	
14														
15		***TOTAL POST-SERVICE CLINICAL STAFF TIME***		***3***		***3***		***3***	***3***	***3***			***0***	
16				*3*		*3*		*3*	*3*	*3*			***0***	
35		**SERVICE PERIOD**												
36		**Start: When patient enters office/facility for surgery/proce**												
37		**Pre-Service (of service period)**												
38	CA009	Greet patient, provide gowning, ensure appropriate		3		3		3		3				
39	CA010	Obtain vital signs		5		5		5		5				
40	CA010	Obtain vital signs												
41	CA011	Provide education/obtain consent		5		5		5		5				
42	CA011	Provide education/obtain consent												
43	CA012	Review requisition, assess for special needs												
44	CA013	Prepare room, equipment and supplies						5						
45	CA013	Prepare room, equipment and supplies		4		4				4			2	
46	CA014	Confirm order, protocol exam												
47	CA015	Setup scope (nonfacility setting only)												
48	CA016	Prepare, set-up and start IV, initial positioning and						2						
49	CA016	Prepare, set-up and start IV, initial positioning and		4		4				2				
50	CA016	Prepare, set-up and start IV, initial positioning and											2	
51	CA017	Sedate/apply anesthesia				2		2		2				
58	CA017	Sedate/apply anesthesia												
59		**Intra-service (of service period)**												
60	CA018	Assist physician or other qualified healthcare professional--		22		15				12				
61	CA019	Assist physician or other qualified healthcare professional--												
62	CA020	Assist physician or other qualified healthcare professional--		16		11				9				
63	CA020	Assist physician or other qualified healthcare professional--		6		4				3				
64	CA021	Perform procedure/service---NOT directly related to											15	
71		**Post-Service (of service period)**												
72	CA022	Monitor patient following procedure/service, multitasking												
73	CA023	Monitor patient following procedure/service, no												
74	CA024	Clean room/equipment by clinical staff						3						
75	CA024	Clean room/equipment by clinical staff		3		3				3			3	
76	CA025	Clean scope												
77	CA026	Clean surgical instrument package												
78	CA027	Complete post-procedure diagnostic forms, lab and x-ray												
79	CA028	Review/read post-procedure x-ray, lab and pathology												
80	CA029	Check dressings, catheters, wounds		3		3		3		1				
81	CA030	Technologist QC's images in PACS, checking for all		2		2				2			2	
82	CA031	Review examination with interpreting MD/DO		2		2				2			2	
83	CA032	Scan exam documents into PACS. Complete exam in RIS		1		1				1			1	
84	CA033	Perform regulatory mandated quality assurance activity												
85	CA034	Document procedure (nonPACS) (e.g. mandated												
86	CA035	Review home care instructions, coordinate												
87	CA036	Discharge day management		**n/a**		**n/a**		**n/a**		**n/a**			**n/a**	
94		**End: Patient leaves office**												
95		**POST-SERVICE PERIOD**												
96		**Start: Patient leaves office/facility**												
97	CA037	Conduct patient communications		3	3	3	3	3	3	3	3			
98	CA038	Coordinate post-procedure services												
99		***Office visits: List Number and Level of Office Visits***		**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**		**# visits**	**# visits**
100		99211 16 minutes												
101		99212 27 minutes												

	A	B	Q	R	S	T	U	V	W	X	Y	Z	AA	AB
1	**RUC Practice Expense Spreadsheet - AT MEETING**			**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**			**REAFFIRM**	
2		**Meeting Date: January 2018** **Tab: PICC Line Procedures** **Specialty: Interventional Radiology, Radiology, Pediatrics**		**36572**		**36573**		**36584**		**36584**			**77001** *October 2015*	
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4	**Clinical Activity Code**	*'*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* **Please do not modify formulas in gray shaded cells* **Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*												
5		**LOCATION**		**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**		**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**		**87**	**0**	**75**	**0**	**37**	**18**	**65**	**0**		**31**	**0**
8		***TOTAL PRE-SERVICE CLINICAL STAFF TIME***		***8***		***8***		***6***	***15***	***8***			***4***	
9				*6*		*6*		*6*	*15*	*6*				
10				*2*		*2*				*2*			*4*	
11		***TOTAL SERVICE PERIOD CLINICAL STAFF TIME***		***76***		***64***		***28***	***0***	***54***			***27***	
12				*22*		*22*		*28*		*19*				
13				*54*		*42*				*35*			*27*	
14														
15		***TOTAL POST-SERVICE CLINICAL STAFF TIME***		***3***		***3***		***3***	***3***	***3***			***0***	
16				*3*		*3*		*3*	*3*	*3*			***0***	
102		99213 36 minutes												
103		99214 53 minutes												
104		99215 63 minutes												
105	CA039	Post-operative visits (total time)		**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**
112		**End: with last office visit before end of global period**												

	A	B	Q	R	S	T	U	V	W	X	Y	Z	AA	AB
1	**RUC Practice Expense Spreadsheet - AT MEETING**			**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**			**REAFFIRM**	
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6		**GLOBAL PERIOD**		**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**		**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**		**87**	**0**	**75**	**0**	**37**	**18**	**65**	**0**		**31**	**0**
8		***TOTAL PRE-SERVICE CLINICAL STAFF TIME***		***8***		***8***		***6***	***15***	***8***			***4***	
9				*6*		*6*		*6*	*15*	*6*				
10				*2*		*2*				*2*			*4*	
11		***TOTAL SERVICE PERIOD CLINICAL STAFF TIME***		***76***		***64***		***28***	***0***	***54***			***27***	
12				*22*		*22*		*28*		*19*				
13				*54*		*42*				*35*			*27*	
14														
15		***TOTAL POST-SERVICE CLINICAL STAFF TIME***		***3***		***3***		***3***	***3***	***3***			***0***	
16				*3*		*3*		*3*	*3*	*3*			***0***	
113	**Medical Supply Code**	**MEDICAL SUPPLIES**												
114		**TOTAL COST OF SUPPLY QUANTITY x PRICE**		**$ 198.74**	**$ -**	**$ 198.74**	**$ -**	**$ 116.19**	**$ -**	**$ 196.68**	**$ -**		**$ 11.42**	**$ -**
115	SA048	pack, minimum multi-specialty visit		1		1		1		1				
116	SA016	kit, guidewire introducer (Micro-Stick)												
117	SA067	tray, shave prep						1						
118	SB001	cap, surgical		3		3		1		3			1	
119	SB005	cover-condom, transducer or ultrasound probe		1		1								
120	SB007	drape, sterile barrier 16in x 29in						1					1	
121	SB011	drape, sterile, fenestrated 16in x 29in		1		1				1				
122	SB008	drape, sterile, c-arm, fluoro		1		1				1			1	
123	SB024	gloves, sterile		2		2		1		2			1	
124	sb027	gown, staff, impervious						1						
125	sb028	gown, surgical, sterile		2		2				2			1	
126	sb033	mask, surgical		1		1				1			1	
127	sb034	mask, surgical, with face shield		2		2		1		2				
128	sb039	shoe covers, surgical		3		3		1		3			1	
129	SC019	iv tubing (extension)												
130	sc029	needle, 18-27g		2		2		1		2				
131	sc052	syringe 1ml						1						
132	sc055	syringe 3ml						1						
133	SC056	syringe 50-60ml												
134	sd022	catheter, CVA, peripheral, without port-pump						1						
135	SD089	guidewire, hydrophilic						1						
136	sg021	bandage, strip 0.75in x 3in (Bandaid)						1						
137	sg055	gauze, sterile 4in x 4in		4		4		3		4				
138	sg079	tape, surgical paper 1in (Micropore)						12						
139	sh039	heparin 1,000 units-ml inj						5						
140	sh040	heparin lock flush soln		1		1				1				
141	sh047	lidocaine 1%-2% inj (Xylocaine)		10		10		1		10				
142	sh065	sodium chloride 0.9% flush syringe		2		2		1		2				
143	sj028	hydrogen peroxide						20						
144	SJ032	lubricating jelly (K-Y) (5gm uou)												
145	sj041	povidone soln (Betadine)		10		10		10		10				
146	sj053	swab-pad, alcohol		1		1		2		1				
147	SJ062	ultrasound transmission gel												
148	SJ089	ultrasound transmission gel, sterile (single use)		1		1								
149	sm013	disinfectant, surface (Envirocide, Sanizide)		1		1				1			1	
150	SM021	sanitizing cloth-wipe (patient)		0		0				0				
151	SM022	sanitizing cloth-wipe (surface, instruments, equipment)		22		22				22				
152	**NEW**	**PICC LINE**		**1**		**1**				**1**				

	A	B	Q	R	S	T	U	V	W	X	Y	Z	AA	AB
1	**RUC Practice Expense Spreadsheet - AT MEETING**			**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**			**REAFFIRM**	
2		**Meeting Date: January 2018 Tab: PICC Line Procedures Specialty: Interventional Radiology, Radiology, Pediatrics**		**36572**		**36573**		**36584**		**36584**			**77001 *October 2015***	
3		***RUC Collaboration Website***		*Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age*		*Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older*		*Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access*		*Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the*			*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*	
4	**Clinical Activity Code**	*"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*												
5		**LOCATION**		**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**		**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**		**87**	**0**	**75**	**0**	**37**	**18**	**65**	**0**		**31**	**0**
8		***TOTAL PRE-SERVICE CLINICAL STAFF TIME***		***8***		***8***		***6***	***15***	***8***			***4***	
9				*6*		*6*		*6*	*15*	*6*				
10				*2*		*2*				*2*			*4*	
11		***TOTAL SERVICE PERIOD CLINICAL STAFF TIME***		***76***		***64***		***28***	***0***	***54***			***27***	
12				*22*		*22*		*28*		*19*				
13				*54*		*42*				*35*			*27*	
14														
15		***TOTAL POST-SERVICE CLINICAL STAFF TIME***		***3***		***3***		***3***	***3***	***3***			***0***	
16				*3*		*3*		*3*	*3*	*3*			***0***	
157	**Equipment Code**	**EQUIPMENT**												
158		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**		**$ 54.68**	**$ -**	**$ 43.83**	**$ -**	**$ 0.22**	**$ -**	**$ 31.37**	**$ -**		**$ 31.20**	**$ -**
159	EF023	table, exam						30						
160	EQ168	light, exam						30						
161	EL014	room, radiographic-fluoroscopic		33		26				21			22	
162	ED050	PACS Workstation Proxy		54		49				42			25	
163	EQ250	ultrasound unit, portable		49		44				NO				
164	ED053	Professional PACS Workstation		32		25				21				
165		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*												

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77001 Tracking Number Original Specialty Recommended RVU: **0.38**
Presented Recommended RVU: **0.38**
Global Period: ZZZ RUC Recommended RVU: **0.38**

CPT Descriptor: 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)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old male presents in need of hemodialysis. Tunneled central venous access placement is performed (the catheter placement is reported separately) during which fluoroscopic guidance is used to facilitate the catheter and wire manipulations and ensure proper positioning of the catheter.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 63%

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? 42%

Description of Pre-Service Work: The physician reviews the patient's history and prior imaging studies (eg, radiographs, computed tomography [CT] scans, and/or magnetic resonance imaging [MRI] scans) to be familiar with the patient's anatomy to plan for central venous catheter placement including potential contra-indications. The physician dresses in radiation attire and instructs the radiologic technologists in the imaging equipment required and the proper settings for the imaging equipment.

Description of Intra-Service Work: Following achievement of venous access (reported separately), use fluoroscopy and angulation of the image intensifier to manipulate the guidewire and subsequently the catheter into an appropriate central venous position. Include any contrast injection through access site (via needle, catheter, or sheath) for venographic evaluation and mapping of appropriate path. Additional fluoroscopy after venography may be necessary for optimal positioning. Perform spot film or other radiographic confirmation of final catheter position.

Description of Post-Service Work: A report describing the guidance procedure, including the final position of the needle/catheter, is dictated, proofread, and submitted for the patient’s medical record. The results of the procedure are communicated to the referring physician when appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Ezequiel Silva III, MD; Kurt Schoppe, MD; Marc L. Leib, MD, JD; Richard Rosenquist, MD; Michael Hall, MD				
Specialty(s):	American College of Radiology, American Society of Anesthesiologists, Society of Interventional Radiology				
CPT Code:	77001				
Sample Size: 1750	**Resp N:** 52	**Response:** 2.9 %			
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**60.00**	163.00	1200.00
Survey RVW:	0.25	0.50	**0.95**	1.03	3.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	15.00	**20.00**	30.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code: 77001	**Recommended Physician Work RVU: 0.38**		
	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:	**2.00**	**0.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76937	ZZZ	0.30	**RUC Time**

CPT Descriptor Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19282	ZZZ	1.00	**RUC Time**

CPT Descriptor 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)

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
92025	XXX	0.35	**RUC Time**	155,005

CPT Descriptor 1 Computerized corneal topography, unilateral or bilateral, with interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95874	ZZZ	0.37	**RUC Time**	61,705

CPT Descriptor 2 Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
93923	XXX	0.45	**RUC Time**

CPT Descriptor 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)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 25 **% of respondents:** 48.0 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 15.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 77001	Top Key Reference CPT Code: 76937	2nd Key Reference CPT Code: 19282
Median Pre-Service Time	2.00	0.00	5.00
Median Intra-Service Time	15.00	10.00	20.00
Median Immediate Post-service Time	0.00	4.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**17.00**	**14.00**	**25.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.32	0.63
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.12	0.63

Urgency of medical decision making	0.28	1.00

Technical Skill/Physical Effort (Mean)

Technical skill required	0.28	0.88
Physical effort required	0.32	0.75

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.48	1.13
Outcome depends on the skill and judgment of physician	0.36	0.38
Estimated risk of malpractice suit with poor outcome	0.29	0.00

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.36	0.63

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

THE ADDITIONAL RATIONALE BELOW IS THE ORIGINAL RATIONALE SUBMITTED BY THE SPECIALTY SOCIETY(IES) PRIOR TO THE RUC MEETING AND DOES NOT NECESSARILY REPRESENT THE RATIONALE FOR THE RUC RECOMMENDATION. TO VIEW THE RUC'S RATIONALE, PLEASE REVIEW THE SEPARATE RUC RECOMMENDATION DOCUMENT.

Introduction

This family of codes describes the use of fluoroscopic guidance for localization and placement of needles or catheters during a variety of procedures:

Code	Descriptor
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)*
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) *(List separately in addition to code for primary procedure)*
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) *(List separately in addition to code for primary procedure)*

All three codes in this family have been reviewed by the RUC within the last 4 years: 77001 and 77002 in April of 2013 and 77003 in January of 2012. During each of these reviews, the existing values have been maintained.

More recently, the RAW identified a number of codes describing epidural spinal injections (62310-62311, 62318-62319), requesting bundling of these codes with their associated imaging guidance code, 77003, prompting the re-review of 77003. The "family" for 77003 was then expanded to include 77001-77002. Shortly thereafter, CMS elected to change the global period for 77002-77003 from XXX to ZZZ.

In parallel to this RUC survey, the CPT Editorial Panel is editorially revising the codes in this family to update the descriptors, vignettes, and parentheticals to accommodate a ZZZ global period.

General Comments on the Global Period

The specialty societies have concerns regarding the ZZZ global period for these codes. ZZZ add-on codes typically involve only intra-service work. The codes in this family include imaging-specific pre- and post-service period physician work that is separate from the physician work associated with the primary code. As with other ZZZ codes, there is additional imaging specific intra-service work also. In fact, during the survey of 77001 in 2013, the specialties recommended a change in the global period from ZZZ to XXX to capture this work.

These coding conventions are congruent with component coding rules for interventional procedures which have been in existence since the early 90s, as described in the June 5, 1991 Federal Register (Medicare Physician Fee Schedule Proposed Rule, pg. 25806) which directs that carriers "pay for the radiological aspect of interventional procedures as described by supervision and interpretation (S&I) CPT codes and the primary non--radiological procedure code such as a surgical code at the full fee schedule amounts." This language was accepted into the Final Rule as documented in the Federal Register November 25, 1991. The specialties are not aware of language in the interim directing carriers to abandon the conventions of component coding or for CMS to abandon a system they themselves championed over "complete procedure" coding which preceded the component coding system. When these component codes were initially and more recently valued by the RUC, care was taken to differentiate the work and practice expense activities for the S&I codes and the surgical codes so no duplication in work or PE RVUs occurred.

Nevertheless, the specialties surveyed all three codes as ZZZ codes, utilizing the RUC survey instrument which enables pre- and post-service time inputs as well. For all three codes, the survey respondents indicated pre- and post- service times and our recommendations reflect this.

Survey Process

The specialty societies performed a random survey of their respective members and convened an expert panel of physicians familiar with these services to review the survey data and provide recommendations. The American College of Radiology, the Society of Interventional Radiology, and the American Society of Anesthesiologists surveyed all three codes, the American Academy of Physical Medicine & Rehabilitation surveyed both 77002 and 77003, and the American Society of Neuroradiology and the American Academy of Pain Medicine surveyed only 77003.

General Comment on recommendations:

The specialties recommend the existing work RVUs for all three codes, and also recommend the same service period times for all three codes.

Work RVU Recommendation

The expert panel recommends maintaining the existing work RVU of 0.38 which is below the survey 25thpercentile value.

Service Period Times

The panel recommends the following service period times for 77001, the same as the other codes in the family: pre, intra, and post times of 7, 15, and 5 minutes, respectively. These values are below the survey median for the pre and intra, and the same as the survey median for the post, an increase over the current service period times.

Key Reference Service

The most commonly selected key reference service is 76937 *(Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure))*, which is also an imaging guidance code used in central venous catheter placements. This ZZZ code was selected by nearly half of those surveyed, and it has a comparable RVU of 0.30 and similar intra- and post-service times of 10 and 4 minutes, respectively.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
77001	Fluoro guidance during central catheter	0.38	7	15	5	27	0.007
76937	Ultrasound guidance for vascular access	0.30	0	10	4	14	0.021

MPC Code

The panel recommendation of 0.38 RVUs for 77001 is bracketed by three MPC codes with XXX and ZZZ global periods: 92025 *(Computerized corneal topography, unilateral or bilateral, with interpretation and report)*, 95874 *(Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure))*, and 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))*.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Global
92025	Computerized corneal topography	0.35	5	12	0	17	0.020	XXX
95874	EMG during chemodenervation	0.37	0	20	0	20	0.019	ZZZ
77001	Fluoro guidance during central catheter	0.38	7	15	5	27	0.007	ZZZ
93923	Doppler/duplex extremity	0.45	3	10	3	16	0.032	XXX

Comparison within the Family

Our recommendations maintain relativity across the family. Our RVU recommendations increase with each successive code even though the service period times are the same, reflecting the increased intensity of the successive codes. The intensity during imaging guidance for body interventions falls between the intensity for central catheter and spine interventions.

In summary, our recommendations are as follows:

Codes in Family	Descriptor	Recommended RVUs	Pre Time	Intra Time	Post Time	Total Time	IWPUT
77001	Fluoro guidance during central catheter	0.38	7	15	5	27	0.007
77002	Fluoro guidance during biopsy	0.54	7	15	5	27	0.018
77003	Fluoro guidance for spine intervention	0.60	7	15	5	27	0.022

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77001

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1291900

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 77001 provided nationally in a one-year period is estimated to be 1,291,900.

Specialty Diagnostic Radiology Frequency 727500 Percentage 56.31 %

Specialty Interventional Radiology Frequency 171500 Percentage 13.27 %

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? 430,633 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 77001 was billed approximately 430,600 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 242489 Percentage 56.30 %

Specialty Interventional Radiology Frequency 57200 Percentage 13.28 %

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:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77001

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:77002 Tracking Number Original Specialty Recommended RVU: **0.54**
Presented Recommended RVU: **0.54**
Global Period: ZZZ RUC Recommended RVU: **0.54**

CPT Descriptor: Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male with hip pain and suspected joint effusion is referred for joint aspiration. Fluoroscopic guidance is used to advance a needle into the joint space, after which joint fluid is aspirated (needle aspiration is reported separately).

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 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? 29%

Description of Pre-Service Work: The physician reviews the patient's history and prior imaging studies (eg, radiographs, computed tomography [CT] scans, and/or magnetic resonance imaging [MRI] scans) to be familiar with the patient's anatomy to plan an appropriate trajectory for the needle placement (including access site, pertinent landmarks, and variant anatomy). The physician dresses in radiation attire and instructs the radiologic technologists in the imaging equipment required and the proper settings for the imaging equipment.

Description of Intra-Service Work: The patient is placed on a fluoroscopy table and positioned appropriately depending on the type of procedure to be performed. Preliminary fluoroscopy including angulation of the image intensifier is performed to identify the appropriate level and approach for the initial needle placement, and the skin entry site is prepped and marked. Sterile drapes are applied. During the needle placement, intermittent fluoroscopy and angulation of the image intensifier are used to confirm the correct approach and the need for needle repositioning or realignment. When the needle position appears correct, radiographic contrast may be injected to confirm the proper position or tissue samples may be acquired and reviewed. If the position is not correct, additional fluoroscopy is utilized to guide repositioning until the proper position is achieved.

Description of Post-Service Work: A report describing the guidance procedure, including the final position of the needle/catheter, is dictated, proofread, and submitted for the patient's medical record. The results of the procedure are communicated to the referring physician when appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Ezequiel Silva III, MD; Kurt Schoppe, MD; Barry Smith, MD; Marc L. Leib, MD; Richard Rosenquist, MD; Michael Hall, MD				
Specialty(s):	American College of Radiology, American Academy of Physical Medicine & Rehabilitation, American Society of Anesthesiologists, Society of Interventional Radiology				
CPT Code:	77002				
Sample Size:	2250	**Resp N:**	72	**Response:** 3.2 %	
Description of Sample:	Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	20.00	**50.00**	100.00	600.00
Survey RVW:	0.20	0.80	**1.00**	1.00	2.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**15.00**	23.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	77002	**Recommended Physician Work RVU: 0.54**		
		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:		**2.00**	**0.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64484	ZZZ	1.00	**RUC Time**

CPT Descriptor 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19286	ZZZ	0.85	**RUC Time**

CPT Descriptor 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)

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
93224	XXX	0.52	**RUC Time**	414,026

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	766,859

CPT Descriptor 2 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 26.3 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 20.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 77002	Top Key Reference CPT Code: 64484	2nd Key Reference CPT Code: 19286
Median Pre-Service Time	2.00	0.00	5.00
Median Intra-Service Time	15.00	10.00	14.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**17.00**	**10.00**	**19.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	-0.05	0.20
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.05	0.20
Urgency of medical decision making	0.05	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.05	0.13

Physical effort required	-0.05	0.13

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.16	0.67
Outcome depends on the skill and judgment of physician	0.00	0.13
Estimated risk of malpractice suit with poor outcome	-0.26	-0.07

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.05	0.27

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

THE ADDITIONAL RATIONALE BELOW IS THE ORIGINAL RATIONALE SUBMITTED BY THE SPECIALTY SOCIETY(IES) PRIOR TO THE RUC MEETING AND DOES NOT NECESSARILY REPRESENT THE RATIONALE FOR THE RUC RECOMMENDATION. TO VIEW THE RUC'S RATIONALE, PLEASE REVIEW THE SEPARATE RUC RECOMMENDATION DOCUMENT.

Introduction

This family of codes describes the use of fluoroscopic guidance for localization and placement of needles or catheters during a variety of procedures:

Code	Descriptor
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)*
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) *(List separately in addition to code for primary procedure)*
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) *(List separately in addition to code for primary procedure)*

All three codes in this family have been reviewed by the RUC within the last 4 years: 77001 and 77002 in April of 2013 and 77003 in January of 2012. During each of these reviews, the existing values have been maintained.

More recently, the RAW identified a number of codes describing epidural spinal injections (62310-62311, 62318-62319), requesting bundling of these codes with their associated imaging guidance code, 77003, prompting the re-review of 77003. The "family" for 77003 was then expanded to include 77001-77002. Shortly thereafter, CMS elected to change the global period for 77002-77003 from XXX to ZZZ.

In parallel to this RUC survey, the CPT Editorial Panel is editorially revising the codes in this family to update the descriptors, vignettes, and parentheticals to accommodate a ZZZ global period.

General Comments on the Global Period

The specialty societies have concerns regarding the ZZZ global period for these codes. ZZZ add-on codes typically involve only intra-service work. The codes in this family include imaging-specific pre- and post-service period physician work that is separate from the physician work associated with the primary code. As with other ZZZ codes, there is additional imaging specific intra-service work also. In fact, during the survey of 77001 in 2013, the specialties recommended a change in the global period from ZZZ to XXX to capture this work.

These coding conventions are congruent with component coding rules for interventional procedures which have been in existence since the early 90s, as described in the June 5, 1991 Federal Register (Medicare Physician Fee Schedule Proposed Rule, pg. 25806) which directs that carriers "pay for the radiological aspect of interventional procedures as described by supervision and interpretation (S&I) CPT codes and the primary non--radiological procedure code such as a surgical code at the full fee schedule amounts." This language was accepted into the Final Rule as documented in the Federal Register November 25, 1991. The specialties are not aware of language in the interim directing carriers to abandon the conventions of component coding or for CMS to abandon a system they themselves championed over "complete procedure" coding which preceded the component coding system. When these component codes were initially and more recently valued by the RUC, care was taken to differentiate the work and practice expense activities for the S&I codes and the surgical codes so no duplication in work or PE RVUs occurred.

Nevertheless, the specialties surveyed all three codes as ZZZ codes, utilizing the RUC survey instrument which enables pre- and post-service time inputs as well. For all three codes, the survey respondents indicated pre- and post- service times and our recommendations reflect this.

Survey Process

The specialty societies performed a random survey of their respective members and convened an expert panel of physicians familiar with these services to review the survey data and provide recommendations. The American College of Radiology, the Society of Interventional Radiology, and the American Society of Anesthesiologists surveyed all three codes, the American Academy of Physical Medicine & Rehabilitation surveyed both 77002 and 77003, and the American Society of Neuroradiology and the American Academy of Pain Medicine surveyed only 77003.

General Comment on recommendations:

The specialties recommend the existing work RVUs for all three codes, and also recommend the same service period times for all three codes.

Work RVU Recommendation

The expert panel recommends maintaining the existing work RVU of 0.54 which is below the survey 25thpercentile value.

Service Period Times

The panel recommends the following service period times for 77002, the same as the other codes in the family: pre, intra, and post times of 7, 15, and 5 minutes, respectively. These values are below the survey

median for the pre, and the same as the survey median for the intra and post, the same as the current service period times.

Key Reference Services

The most commonly selected key reference service is 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))*. This ZZZ code has a higher RVU of 1.00 and a lower intraservice time of 10 minutes, reflecting the higher intensity of spine procedures than body procedures.
The second key reference is 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)*, at 0.85 RVUs and 14 minutes intra-service time.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
77002	Fluoro guidance during biopsy	0.54	7	15	5	27	0.018
19286	Clip placement, breast; using US guidance	0.85	5	14	0	19	0.057
64484	Injection, transforaminal epidural; lumbar or sacral	1.00	0	10	0	10	0.100

MPC Code

The panel recommendation of 0.54 RVUs for 77002 is bracketed by two MPC codes with XXX global periods: 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)* and 76536 *(Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation).*

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Global
93224	EKG monitoring	0.52	2	15	7	24	0.021	XXX
77002	Fluoro guidance during biopsy	0.54	7	15	5	27	0.018	ZZZ
76536	Head and neck u/s	0.56	4	10	4	18	0.038	XXX

Comparison within the Family

Our recommendations maintain relativity across the family. Our RVU recommendations increase with each successive code even though the service period times are the same, reflecting the increased intensity of the successive codes. The intensity during imaging guidance for body interventions falls between the intensity for central catheter and spine interventions.

In summary, our recommendations are as follows:

Codes in Family	Descriptor	Recommended RVUs	Pre Time	Intra Time	Post Time	Total Time	IWPUT
77001	Fluoro guidance during central catheter	0.38	7	15	5	27	0.007
77002	Fluoro guidance during biopsy	0.54	7	15	5	27	0.018
77003	Fluoro guidance for spine intervention	0.60	7	15	5	27	0.022

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77002

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology How often? Commonly

Specialty Anesthesiology How often? Commonly

Specialty Physical Medicine & Rehabilitation How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 1144600
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 77002 provided nationally in a one-year period is estimated to be 1,144,600.

Specialty Diagnostic Radiology Frequency 550800 Percentage 48.12 %

Specialty Anesthesiology Frequency 111000 Percentage 9.69 %

Specialty Physical Medicine & Rehabilitation Frequency 76000 Percentage 6.63 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 381,540 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 77002 was billed approximately 381,500 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 183640 Percentage 48.13 %

Specialty Anesthesiology Frequency 37000 Percentage 9.69 %

Specialty Physical Medicine & Rehabilitation Frequency 25300 Percentage 6.63 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77002

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:77003 Tracking Number Original Specialty Recommended RVU: **0.60**
Presented Recommended RVU: **0.60**
Global Period: ZZZ RUC Recommended RVU: **0.60**

CPT Descriptor: Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Fluoroscopic guidance is utilized for needle placement during a separately reported underlying procedure involving the spine (eg, biopsy, aspiration, injection).

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 38%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 15%

Description of Pre-Service Work: The physician reviews the patient's history and prior imaging studies (radiographs, computed tomography [CT] scans, and/or magnetic resonance imaging [MRI] scans) to be familiar with the patient's spine anatomy (numbering of levels, anatomic variants, prior surgery, pathology, etc). The physician dresses in radiation attire and instructs the radiologic technologists in the imaging equipment required and the proper settings for the imaging equipment.

Description of Intra-Service Work: Place patient on a fluoroscopy table in the prone, decubitus, or prone oblique position, depending on the type of injection to be performed. Perform preliminary fluoroscopy including angulation of the image intensifier to identify the appropriate level and approach for initial needle placement, and mark the skin entry site. During the needle/catheter placement, use intermittent fluoroscopy and angulation of the image intensifier to confirm the correct approach and need for needle repositioning or realignment. When the needle position appears correct, inject the radiographic contrast to confirm proper position. If position is not correct, provide additional fluoroscopy during repositioning until proper position is achieved. If a catheter is to be placed, provide additional fluoroscopic guidance during and after the catheter positioning to confirm proper positioning, and perform additional contrast injections as necessary.

Description of Post-Service Work: A report describing the guidance procedure, including the final position of the needle/catheter, is dictated, proofread, and submitted for the patient's medical record. The results of the procedure are communicated to the referring physician when appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015		
Presenter(s):	Ezequiel Silva III, MD; Kurt Schoppe, MD; Marc Leib, MD; Richard Rosenquist, MD; Barry Smith; MD; Gregory N. Nicola, MD; Eduardo Fraifeld, MD; Michael Hall, MD		
Specialty(s):	American College of Radiology, American Society of Anesthesiologists, American Academy of Physical Medicine & Rehabilitation, American Society of Neuroradiology, American Academy of Pain Medicine, Society of Interventional Radiology		
CPT Code:	77003		
Sample Size:	3692	**Resp N:** 114	**Response:** 3.0 %
Description of Sample:	Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**60.00**	188.00	1900.00
Survey RVW:	0.25	1.00	**1.00**	1.16	2.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	10.00	**15.00**	30.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	77003	**Recommended Physician Work RVU: 0.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**0.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64484	ZZZ	1.00	**RUC Time**

CPT Descriptor 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64491	ZZZ	1.16	**RUC Time**

CPT Descriptor Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (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
76536	XXX	0.56	**RUC Time**	766,859

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	**RUC Time**	999,613

CPT Descriptor 2 Ultrasound, abdominal, real time with image documentation; complete

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 53 **% of respondents:** 46.4 **%**

Number of respondents who choose 2nd Key Reference Code: 31 **% of respondents:** 27.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 77003	Top Key Reference CPT Code: 64484	2nd Key Reference CPT Code: **64491**
Median Pre-Service Time	2.00	0.00	0.00
Median Intra-Service Time	15.00	10.00	15.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**17.00**	**10.00**	**15.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.26	0.52
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.17	0.52
Urgency of medical decision making	0.19	0.32
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.32	0.45
Physical effort required	0.15	0.39

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.21	0.45
Outcome depends on the skill and judgment of physician	0.17	0.61
Estimated risk of malpractice suit with poor outcome	0.25	0.48

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.30	0.61

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

THE ADDITIONAL RATIONALE BELOW IS THE ORIGINAL RATIONALE SUBMITTED BY THE SPECIALTY SOCIETY(IES) PRIOR TO THE RUC MEETING AND DOES NOT NECESSARILY REPRESENT THE RATIONALE FOR THE RUC RECOMMENDATION. TO VIEW THE RUC'S RATIONALE, PLEASE REVIEW THE SEPARATE RUC RECOMMENDATION DOCUMENT.

Introduction

This family of codes describes the use of fluoroscopic guidance for localization and placement of needles or catheters during a variety of procedures:

Code	Descriptor
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)*
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) *(List separately in addition to code for primary procedure)*
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) *(List separately in addition to code for primary procedure)*

All three codes in this family have been reviewed by the RUC within the last 4 years: 77001 and 77002 in April of 2013 and 77003 in January of 2012. During each of these reviews, the existing values have been maintained.

More recently, the RAW identified a number of codes describing epidural spinal injections (62310-62311, 62318-62319), requesting bundling of these codes with their associated imaging guidance code, 77003, prompting the re-review of 77003. The "family" for 77003 was then expanded to include 77001-77002. Shortly thereafter, CMS elected to change the global period for 77002-77003 from XXX to ZZZ.

In parallel to this RUC survey, the CPT Editorial Panel is editorially revising the codes in this family to update the descriptors, vignettes, and parentheticals to accommodate a ZZZ global period.

General Comments on the Global Period

The specialty societies have concerns regarding the ZZZ global period for these codes. ZZZ add-on codes typically involve only intra-service work. The codes in this family include imaging-specific pre- and post-service period physician work that is separate from the physician work associated with the primary code. As with other ZZZ codes, there is additional imaging specific intra-service work also. In fact, during the survey of 77001 in 2013, the specialties recommended a change in the global period from ZZZ to XXX to capture this work.

These coding conventions are congruent with component coding rules for interventional procedures which have been in existence since the early 90s, as described in the June 5, 1991 Federal Register (Medicare Physician Fee Schedule Proposed Rule, pg. 25806) which directs that carriers "pay for the radiological aspect of interventional procedures as described by supervision and interpretation (S&I) CPT codes and the primary non--radiological procedure code such as a surgical code at the full fee schedule amounts." This language was accepted into the Final Rule as documented in the Federal Register November 25, 1991. The specialties are not aware of language in the interim directing carriers to abandon the conventions of component coding or for CMS to abandon a system they themselves championed over "complete procedure" coding which preceded the component coding system. When these component codes were initially and more recently valued by the RUC, care was taken to differentiate the work and practice expense activities for the S&I codes and the surgical codes so no duplication in work or PE RVUs occurred.

Nevertheless, the specialties surveyed all three codes as ZZZ codes, utilizing the RUC survey instrument which enables pre- and post-service time inputs as well. For all three codes, the survey respondents indicated pre- and post- service times and our recommendations reflect this.

Survey Process

The specialty societies performed a random survey of their respective members and convened an expert panel of physicians familiar with these services to review the survey data and provide recommendations. The American College of Radiology, the Society of Interventional Radiology, and the American Society of Anesthesiologists surveyed all three codes, the American Academy of Physical Medicine & Rehabilitation surveyed both 77002 and 77003, and the American Society of Neuroradiology and the American Academy of Pain Medicine surveyed only 77003.

General Comment on recommendations:

The specialties recommend the existing work RVUs for all three codes, and also recommend the same service period times for all three codes.

Work RVU Recommendation

The expert panel recommends maintaining the existing work RVU of 0.60 which is below the survey 25thpercentile value.

Service Period Times

The panel recommends the following service period times for 77003, the same as the other codes in the family: pre, intra, and post times of 7, 15, and 5 minutes, respectively. These values are below the survey

median for the pre, and the same as the survey median for the intra and post, the same as the current service period times.

Key Reference Service

The most commonly selected key reference service is 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))*. This ZZZ code has a higher RVU of 1.00 and a lower intra service time of 10 minutes reflecting the higher intensity of a nerve block versus a more general spine procedure.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
77003	Fluoro guidance for spine intervention	0.60	7	15	5	27	0.022
64484	Injection, transforaminal epidural; lumbar or sacral	1.00	0	10	0	10	0.100

MPC Code

The panel recommendation of 0.60 RVUs for 77003 is bracketed by two MPC codes with XXX global periods: 76536 *(Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation)* and 76700 *(Ultrasound, abdominal, real time with image documentation; complete).*

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Global
76536	Head and neck u/s	0.56	4	10	4	18	0.038	XXX
77003	Fluoro guidance for spine intervention	0.60	7	15	5	27	0.022	ZZZ
76700	Abdominal u/s; complete	0.81	5	11	5	21	0.053	XXX

Comparison within the Family

Our recommendations maintain relativity across the family. Our RVU recommendations increase with each successive code even though the service period times are the same, reflecting the increased intensity of the successive codes. The intensity during imaging guidance for body interventions falls between the intensity for central catheter and spine interventions.

In summary, our recommendations are as follows:

Codes in Family	Descriptor	Recommended RVUs	Pre Time	Intra Time	Post Time	Total Time	IWPUT
77001	Fluoro guidance during central catheter	0.38	7	15	5	27	0.007
77002	Fluoro guidance during biopsy	0.54	7	15	5	27	0.018
77003	Fluoro guidance for spine intervention	0.60	7	15	5	27	0.022

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77003

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology How often? Commonly

Specialty Anesthesiology How often? Commonly

Specialty Physical Medicine & Rehabilitation How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 480,000
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 77003 provided nationally in a one-year period is estimated to be 480,000

Specialty Diagnostic Radiology Frequency 58128 Percentage 12.11 %

Specialty Anesthesiology Frequency 171072 Percentage 35.64 %

Specialty Physical Medicine & Rehabilitation Frequency 51456 Percentage 10.72 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 160,372 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 bundling fluoroscopic guidance in the epidural injection codes the utilization for 77003 alone will decrease by 83%.

Specialty Diagnostic Radiology Frequency 19421 Percentage 12.10 %

Specialty Anesthesiology Frequency 57156 Percentage 35.63 %

Specialty Physical Medicine & Rehabilitation Frequency 17191 Percentage 10.71 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Other

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 77003

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: Fluoroscopic Guidance

TAB: 13

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	25	0.021			0.30			14						10			4					
REF	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)	8	0.047			1.00			25		1	4			20								
Apr 2013 RUC	77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and		0.032			0.38			13						9			4					
SVY	77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and	52	0.031	0.25	0.50	0.95	1.03	3.00	35	10			2	15	20	30	60	5	0	2	60	163	1200
REC		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)		0.022			0.38			17		2				15			0					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	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)	19	0.100			1.00			10						10								
REF	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)	15	0.057			0.85			19		1	4			14								
Apr 2013 RUC	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)		0.018			0.54			27	7					15			5					
SVY	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	72	0.044	0.20	0.80	1.00	1.00	2.00	30	10			3	10	15	23	60	5	0	20	50	100	600
REC		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		0.033			0.54			17		2				15			0					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	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)	53	0.100			1.00			10						10								
REF	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)	31	0.077			1.16			15						15								
Apr 2013 RUC	77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)		0.022			0.60			27	7					15			5					
SVY	77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in	114	0.044	0.25	1.00	1.00	1.16	2.00	30	10			2	10	15	30	60	5	0	10	60	188	1900
REC		Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)		0.037			0.60			17		2				15			0					

Tab Number: 13
Issue: Fluoroscopic Guidance
Code Range: 77003

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 Nicola, MD
_____
Printed Signature

American Society of Neuroradiology
_____
Specialty Society

8/17/2015
_____
Date

4
5
12
13
14
Tab Number

Percutaneous Biliary Procedures Bundling
Intracranial Endovascular Intervention
Abdominal Aorta Ultrasound Screening
Fluoroscopic Guidance
Moderate Sedation Services
Issue

475XX1-475XX14
61640-61642
767X1
77001-77003
991X1X-991X2X
Code Range

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Signature

Kurt A. Schoppe, MD
Printed Signature

American College of Radiology
Specialty Society

September 8, 2015
Date

4
5
12
13
14
Tab Number

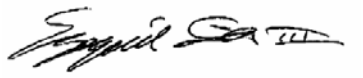
Percutaneous Biliary Procedures Bundling
Intracranial Endovascular Intervention
Abdominal Aorta Ultrasound Screening
Fluoroscopic Guidance
Moderate Sedation Services
Issue

475XX1-475XX14
61640-61642
767X1
77001-77003
991X1X-991X2X
Code Range

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Signature

Ezequiel Silva, III, MD, FACR
Printed Signature

American College of Radiology
Specialty Society

September 8, 2015
Date

13
Tab Number

Fluoroscopic Guidance
Issue

77001-77003
Code Range

Attestation Statement

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Signature

Marc Leib, MD, JD
Printed Signature

American Society of Anesthesiologists
Specialty Society

September 08, 2015
Date

13
Tab Number

Fluoroscopic Guidance
Issue

77001-77003
Code Range

Attestation Statement

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Signature

Richard Rosenquist, MD
Printed Signature

American Society of Anesthesiologists
Specialty Society

September 8, 2015
Date

Tab 4 Percutaneous Biliary Procedures Bundling (47531-47544)
Tab 5 Intracranial Endovascular Intervention (61460 – 61462)
Tab 12 Abdominal Aorta Ultrasound Screening (767X1)
Tab 13 Fluoroscopic Guidance (77001-77003)
Tab 14 Moderate Sedation Services (991X1X-991X4X)

Attestation Statement

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Signature

Michael Hall, MD
Printed Signature

The Society of Interventional Radiology (SIR)
Specialty Society

9/04/2015
Date

10_& 13_____
Tab Number

Epidural Injections_& _Fluoroscopic Guidance_
Issue

Attestation Statement

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Eduardo Fraifeld M.D.
Signature

Eduardo Fraifeld, M.D._____
Printed Signature

AAPM_____
Specialty Society

__9.1.15_____
Date

13
Tab Number

Fluoroscopic Guidance
Issue

77003
Code Range

Attestation Statement

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Signature

Barry Smith, MD

Printed Signature

AAPM&R

Specialty Society

9-8-15

Date

CPT Code: 77001,77002,77003
Specialty Society('s)_ACR, ASA, AAPM, SIR, AAPMR and ASNR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Global Period: _ZZZ__ Meeting Date: _October 2015

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)*
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) *(List separately in addition to code for primary procedure)*
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) *(List separately in addition to code for primary procedure)*

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 Society of Interventional Radiology (SIR), the American Society of Anesthesiologists (ASA), the American Academy of Physical Medicine & Rehabilitation (AAPM&R), the American Society of Neuroradiology (ASNR) and the American Academy of Pain Medicine (AAPM) convened a consensus panel to finalize the practice expense data for fluoroscopic guidance codes 77001-77003.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The societies included the existing PE inputs for 77001, 77002, and 77003 on the spreadsheet to serve as a reference. We also included surgical codes to the PE for reference, consistent with our PE from April 2013, and to avoid any duplication of activities.

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:

- **Availability of prior images confirmed**- For this code family, CMS proposed a standard of 2 minutes as per Table 5 "Clinical Labor Tasks Associated With Digital Technology" in the CY 2016 MPFS Proposed Rule.

- **Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist**- For this code family, CMS proposed a standard of 2 minutes as per Table 5 "Clinical Labor Tasks Associated With Digital Technology" in the CY 2016 MPFS Proposed Rule.

- **Prepare room, equipment, supplies**- In order to maintain consistency across the code family, the standard time of 2 minutes was allocated to code 77003.

- **Prepare and position patient/ monitor patient/ set up IV**- In order to maintain consistency across the code family, a standard time of 2 minutes was allocated to code 77003.

- **Acquire Images** - In order to maintain consistency across the code family, 15 minutes was allocated to code 77001.

- **Clean room/equipment by physician staff**- In order to maintain consistency across the code family, the standard time of 3 minutes was allocated to code 77003.

- **Technologist QC's images in PACS, checking for all images, reformats, and dose page**- For this code family, CMS proposed a standard of 2 minutes as per Table 5 "Clinical Labor Tasks Associated With Digital Technology" in the CY 2016 MPFS Proposed Rule.

- **Review examination with interpreting MD**- For this code family, CMS proposed a standard of 2 minutes as per Table 5 "Clinical Labor Tasks Associated With Digital Technology" in the CY 2016 MPFS Proposed Rule.

- **Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue**- For this code family, CMS proposed a standard of 1 minute as per Table 5 "Clinical Labor Tasks Associated With Digital Technology" in the CY 2016 MPFS Proposed Rule.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Availability of prior images confirmed
- Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist

Intra-Service Clinical Labor Activities:

- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- Acquire images
- Clean room/equipment by physician staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD
- Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

	A	AMA Specialty Society Recommendation		D	E	F	H	J
1	**REVISED AT RUC 10/1/15**			**REFERENCE CODE**		**EFERENCE COD**	**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**36556** **(April 2013 RUC)**		**76937** **(April 2013 RUC)**	**77001** **(April 2013 RUC)**	**77001** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older		Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites,	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes
4	**LOCATION**			**Non Fac**	**Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**37.0**	**3.0**	**15.0**	**21.0**	**31.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**		RadTech	**0.0**		**0.0**	**3.0**	**4.0**
8		**L041B**	RN/LPN/MTA	**6.0**	**0.0**			
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RadTech	**0.0**	**0.0**	**15.0**	**18.0**	**27.0**
10		**L041B**	RN/LPN/MTA	**28.0**				
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RadTech	**0.0**				
12		**L041B**	RN/LPN/MTA	**3.0**	**3.0**	**0.0**	**0.0**	**0.0**
13	**PRE-SERVICE**	**L037D**						
14	**Start: Following visit when decision for surgery or procedure made**							
15	Complete pre-service diagnostic & referral forms		RN/LPN/MTA					
16	Coordinate pre-surgery services	**L037D**						
17	Schedule space and equipment in facility		RN/LPN/MTA					
18	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA					
19	Follow-up phone calls & prescriptions	**L037D**	RN/LPN/MTA					
20	Availability of prior images confirmed	**L037D**	RadTech				**3**	**2**
21	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	**L041B**	RadTech					**2**
22	Other Clinical Activity - *specify:*	**L041B**						
23	**End: When patient enters office/facility for surgery/procedure**							
24	**SERVICE PERIOD**							
25	**Start: When patient enters office/facility for surgery/procedure:**							
26	Greet patient, provide gowning, ensure appropriate medical records are available							
27	Obtain vital signs							
28	Provide pre-service education/obtain consent		RN/LPN/MTA					
29	Prepare room, equipment, supplies	**L037D**	RadTech				**2**	**2**
30	Setup scope (non facility setting only)	**L041B**						
31	Prepare and position patient/ monitor patient/ set up IV		RN/LPN/MTA					
32	Prepare and position patient/ monitor patient/ set up IV	**L037D**	RadTech				**2**	**2**
33	Sedate/apply anesthesia	**L041B**						
34	Other Clinical Activity - specify:							
35	**Intra-service**							
36	Assist physician with fluoro and image acquisition		RN/LPN/MTA					
37	Assist physician with fluoro and image acquisition	**L037D**	RadTech				**9**	
38	Acquire images	**L041B**	RadTech					**15**

	A	B	C	D	E	F	H	J
1	**REVISED AT RUC 10/1/15**	AMA Specialty Society Recommendation		**REFERENCE CODE**		**EFERENCE COD**	**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**36556** **(April 2013 RUC)**		**76937** **(April 2013 RUC)**	**77001** **(April 2013 RUC)**	**77001** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older		Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites,	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes
4	**LOCATION**			**Non Fac**	**Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**
39	**Post-Service**	**L041B**						
40	Monitor pt. following moderate sedation							
41	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)							
42	Clean room/equipment by physician staff		RN/LPN/MTA					
43	Clean room/equipment by physician staff	**L037D**	RadTech				**3**	**3**
44	Clean Scope	**L041B**						
45	Clean Surgical Instrument Package							
46	Complete diagnostic forms, lab & X-ray requisitions							
47	Review/read X-ray, lab, and pathology reports							
48	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions		RN/LPN/MTA					
49	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L037D**	RadTech					**2**
50	Review examination with interpreting MD	**L041B**	RadTech					**2**
51	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	**L041B**	RadTech					**1**
52	Other Clinical Activity - *specify:*	**L041B**						
53	*Process films, hang films and review study with interpreting MD prior to patient discharge*		RadTech				**2**	
54	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	**L041B**		**n/a**			**n/a**	**n/a**
55	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**			**n/a**	**n/a**
56	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**			**n/a**	**n/a**
57	**End: Patient leaves office**		RN/LPN/MTA					

	A	AMA	B Specialty Society	C	D	E	F	H	J
1	**REVISED AT RUC 10/1/15**				**REFERENCE CODE**		**EFERENCE COD**	**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**				**36556** **(April 2013 RUC)**		**76937** **(April 2013 RUC)**	**77001** **(April 2013 RUC)**	**77001** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**		Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older		Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites,	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes
4	**LOCATION**				**Non Fac**	**Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**				**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**
58	**POST-SERVICE Period**	**L037D**							
59	**Start: Patient leaves office/facility**								
60	Conduct phone calls/call in prescriptions			RN/LPN/MTA					
61	***Office visits: List Number and Level of Office Visits***	**L037D**			**# visits**			**# visits**	**# visits**
62	99211 16 minutes			16					
63	99212 27 minutes			27					
64	99213 36 minutes			36					
65	99214 53 minutes			53					
66	99215 63 minutes			63					
67	**Total Office Visit Time**				**0.0**			**0.0**	**0.0**
68	Other Clinical Activity - *specify:*								
69	**End: with last office visit before end of global period**								
70	**MEDICAL SUPPLIES***			**UNIT**					
71	**kit, CVA catheter, non-tunneled**	**CODE**		kit	**1**				
72	**pack, minimum multi-specialty visit**	**SA009**		pack	**1**				
73	**tray, lumbar puncture**	**SA048**		tray					
74	**tray, shave prep**	**SA065**		tray	**1**				
75	**cap, surgical**	**SA067**		item	**1**			**1**	**1**
76	**cover-condom, transducer or ultrasound probe**	**SB001**		item			**1**		
77	**drape, non-sterile, sheet 40in x 60in**	**SB005**		item					
78	**drape, sterile barrier 16in x 29in**	**SB006**		item	**1**		**2**	**1**	**1**
79	**drape, sterile, c-arm, fluoro**	**SB007**		item				**1**	**1**
80	**gloves, non-sterile**	**SB008**		item					
81	**gloves, sterile**	**SB022**		pair	**1**			**1**	**1**
82	**gown, staff, impervious**	**SB024**		item	**1**				
83	**gown, surgical, sterile**	**SB027**		item				**1**	**1**
84	**mask, surgical**	**SB028**		item				**1**	**1**
85	**mask, surgical, with face shield**	**SB033**		item	**1**				
86	**shoe covers, surgical**	**SB034**		item	**1**			**1**	**1**
87	**iv tubing (extension)**	**SB039**		foot			**3**		
88	**needle, 18-27g**	**SC019**		item	**1**				
89	**spinal manometer**	**SC029**		item					
90	**syringe 1ml**	**SC048**		item	**1**				
91	**syringe 3ml**	**SC052**		item	**1**				
92	**syringe 50-60ml**	**SC055**		item			**1**		
93	**syringe 5-6ml**	**SC056**		item					
94	**bandage, strip 0.75in x 3in (Bandaid)**	**SC057**		item	**1**				
95	**gauze, sterile 4in x 4in**	**SG021**		item	**3**				
96	**gauze, sterile 4in x 4in (10 pack uou)**	**SG055**		item					
97	**tape, surgical paper 1in (Micropore)**	**SG056**		inch	**12**				
98	**heparin 1,000 units-ml inj**	**SG079**		ml	**5**				
99	**lidocaine 1%-2% inj (Xylocaine)**	**SH039**		ml	**1**				
100	**sodium chloride 0.9% flush syringe**	**SH047**		item	**1**				
101	**hydrogen peroxide**	**SH065**		ml	**20**				
102	**lubricating jelly (K-Y) (5gm uou)**	**SJ028**		item			**6**		
103	**povidone soln (Betadine)**	**SJ032**		ml	**10**				
104	**swab-pad, alcohol**	**SJ041**		item	**2**				
105	**ultrasound transmission gel**	**SJ053**		ml			**150**		
106	**disinfectant, surface (Envirocide, Sanizide)**	**SJ062**		item				**1**	**1**
107	**sanitizing cloth-wipe (patient)**	**SM013**		item			**5**		
108	**sanitizing cloth-wipe (surface, instruments, equipment)**	**SM021**		item			**2**		
109	**EQUIPMENT**	**SM022**							
110	**PACS Workstation Proxy**	**CODE**					**15**	**18**	**27**
111	**table, exam**	**ED050**			**30**				
112	**room, radiographic-fluoroscopic**	**EF023**						**16**	**24**
113	**light, exam**	**EL014**			**30**				
114	**ultrasound unit, portable**	**EQ168**					**10**		

	A	B	C	L	M	N	P
1	**REVISED AT RUC 10/1/15**			**REFERENCE CODE**		**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**20610** **(April 2012 RUC)**		**77002** **(2015 RUC DB)**	**77002** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary
4	**LOCATION**			**Non Fac**	**Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**19.0**	**3.0**	**27.0**	**31.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**		RadTech			**3.0**	**4.0**
8		**L041B**	RN/LPN/MTA	**0.0**	**0.0**		
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RadTech		**0.0**	**24.0**	**27.0**
10		**L041B**	RN/LPN/MTA	**16.0**			
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RadTech				
12		**L041B**	RN/LPN/MTA	**3.0**	**3.0**	**0.0**	**0.0**
13	**PRE-SERVICE**	**L037D**					
14	**Start: Following visit when decision for surgery or procedure made**						
15	Complete pre-service diagnostic & referral forms		RN/LPN/MTA				
16	Coordinate pre-surgery services	**L037D**					
17	Schedule space and equipment in facility		RN/LPN/MTA				
18	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA				
19	Follow-up phone calls & prescriptions	**L037D**	RN/LPN/MTA				
20	Availability of prior images confirmed	**L037D**	RadTech			**3**	**2**
21	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	**L041B**	RadTech				**2**
22	Other Clinical Activity - *specify:*	**L041B**					
23	**End: When patient enters office/facility for surgery/procedure**						
24	**SERVICE PERIOD**						
25	**Start: When patient enters office/facility for surgery/procedure:**						
26	Greet patient, provide gowning, ensure appropriate medical records are available						
27	Obtain vital signs						
28	Provide pre-service education/obtain consent		RN/LPN/MTA	**3**			
29	Prepare room, equipment, supplies	**L037D**	RadTech			**2**	**2**
30	Setup scope (non facility setting only)	**L041B**					
31	Prepare and position patient/ monitor patient/ set up IV		RN/LPN/MTA	**2**			
32	Prepare and position patient/ monitor patient/ set up IV	**L037D**	RadTech			**2**	**2**
33	Sedate/apply anesthesia	**L041B**					
34	Other Clinical Activity - specify:						
35	**Intra-service**						
36	Assist physician with fluoro and image acquisition		RN/LPN/MTA	**5**			
37	Assist physician with fluoro and image acquisition	**L037D**	RadTech			**15**	
38	Acquire images	**L041B**	RadTech				**15**

	A	B	C	L	M	N	P
1	**REVISED AT RUC 10/1/15**			**REFERENCE CODE**		**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**20610** **(April 2012 RUC)**		**77002** **(2015 RUC DB)**	**77002** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary
4	**LOCATION**			**Non Fac**	**Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**ZZZ**
39	**Post-Service**	**L041B**					
40	Monitor pt. following moderate sedation						
41	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
42	Clean room/equipment by physician staff		RN/LPN/MTA	**3**			
43	Clean room/equipment by physician staff	**L037D**	RadTech			**3**	**3**
44	Clean Scope	**L041B**					
45	Clean Surgical Instrument Package						
46	Complete diagnostic forms, lab & X-ray requisitions						
47	Review/read X-ray, lab, and pathology reports						
48	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions		RN/LPN/MTA	**3**			
49	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L037D**	RadTech				**2**
50	Review examination with interpreting MD	**L041B**	RadTech				**2**
51	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	**L041B**	RadTech				**1**
52	Other Clinical Activity - *specify:*	**L041B**					
53	*Process films, hang films and review study with interpreting MD prior to patient discharge*		RadTech			**2**	
54	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	**L041B**				**n/a**	**n/a**
55	Dischrg mgmt (1.0 x 99238) (enter 12 min)					**n/a**	**n/a**
56	Dischrg mgmt (1.0 x 99239) (enter 15 min)					**n/a**	**n/a**
57	**End: Patient leaves office**		RN/LPN/MTA				

	A	AMA Specialty Society Recommendation	C	L	M	N	P
1	**REVISED AT RUC 10/1/15**			**REFERENCE CODE**		**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**20610** **(April 2012 RUC)**		**77002** **(2015 RUC DB)**	**77002** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary
4	**LOCATION**			**Non Fac**	**Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**ZZZ**
58	**POST-SERVICE Period**	**L037D**					
59	**Start: Patient leaves office/facility**						
60	Conduct phone calls/call in prescriptions		RN/LPN/MTA	**3**	**3**		
61	***Office visits: List Number and Level of Office Visits***	**L037D**				**# visits**	**# visits**
62	99211 16 minutes		16				
63	99212 27 minutes		27				
64	99213 36 minutes		36				
65	99214 53 minutes		53				
66	99215 63 minutes		63				
67	**Total Office Visit Time**					**0.0**	**0.0**
68	Other Clinical Activity - *specify:*						
69	**End: with last office visit before end of global period**						
70	**MEDICAL SUPPLIES***		**UNIT**				
71	**kit, CVA catheter, non-tunneled**	**CODE**	kit				
72	**pack, minimum multi-specialty visit**	**SA009**	pack				
73	**tray, lumbar puncture**	**SA048**	tray				
74	**tray, shave prep**	**SA065**	tray				
75	**cap, surgical**	**SA067**	item				
76	**cover-condom, transducer or ultrasound probe**	**SB001**	item				
77	**drape, non-sterile, sheet 40in x 60in**	**SB005**	item				
78	**drape, sterile barrier 16in x 29in**	**SB006**	item	**1**			
79	**drape, sterile, c-arm, fluoro**	**SB007**	item			**1**	**1**
80	**gloves, non-sterile**	**SB008**	item			**1**	**1**
81	**gloves, sterile**	**SB022**	pair	**1**			
82	**gown, staff, impervious**	**SB024**	item				
83	**gown, surgical, sterile**	**SB027**	item				
84	**mask, surgical**	**SB028**	item				
85	**mask, surgical, with face shield**	**SB033**	item				
86	**shoe covers, surgical**	**SB034**	item				
87	**iv tubing (extension)**	**SB039**	foot				
88	**needle, 18-27g**	**SC019**	item	**2**			
89	**spinal manometer**	**SC029**	item				
90	**syringe 1ml**	**SC048**	item				
91	**syringe 3ml**	**SC052**	item				
92	**syringe 50-60ml**	**SC055**	item				
93	**syringe 5-6ml**	**SC056**	item	**1**			
94	**bandage, strip 0.75in x 3in (Bandaid)**	**SC057**	item	**1**			
95	**gauze, sterile 4in x 4in**	**SG021**	item				
96	**gauze, sterile 4in x 4in (10 pack uou)**	**SG055**	item	**1**			
97	**tape, surgical paper 1in (Micropore)**	**SG056**	inch				
98	**heparin 1,000 units-ml inj**	**SG079**	ml				
99	**lidocaine 1%-2% inj (Xylocaine)**	**SH039**	ml	**5**			
100	**sodium chloride 0.9% flush syringe**	**SH047**	item				
101	**hydrogen peroxide**	**SH065**	ml				
102	**lubricating jelly (K-Y) (5gm uou)**	**SJ028**	item				
103	**povidone soln (Betadine)**	**SJ032**	ml	**10**			
104	**swab-pad, alcohol**	**SJ041**	item	**2**			
105	**ultrasound transmission gel**	**SJ053**	ml				
106	**disinfectant, surface (Envirocide, Sanizide)**	**SJ062**	item			**1**	**1**
107	**sanitizing cloth-wipe (patient)**	**SM013**	item				
108	**sanitizing cloth-wipe (surface, instruments, equipment)**	**SM021**	item				
109	**EQUIPMENT**	**SM022**					
110	**PACS Workstation Proxy**	**CODE**				**24**	**27**
111	**table, exam**	**ED050**		**16**			
112	**room, radiographic-fluoroscopic**	**EF023**				**22**	**24**
113	**light, exam**	**EL014**		**16**			
114	**ultrasound unit, portable**	**EQ168**					

	A	B	C	R	S	T	V
1	**REVISED AT RUC 10/1/15**			**REFERENCE CODE**		**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62270** **(March 2003 PEAC)**		**77003** **(2015 RUC DB)**	**77003** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Spinal puncture, lumbar, diagnostic		Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**49.0**	**17.0**	**23.0**	**31.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**		RadTech			**3.0**	**4.0**
8		**L041B**	RN/LPN/MTA	**11.0**	**14.0**		
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RadTech	**0.0**	**0.0**	**20.0**	**27.0**
10		**L041B**	RN/LPN/MTA	**35.0**			
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RadTech				
12		**L041B**	RN/LPN/MTA	**3.0**	**3.0**	**0.0**	**0.0**
13	**PRE-SERVICE**	**L037D**					
14	**Start: Following visit when decision for surgery or procedure made**						
15	Complete pre-service diagnostic & referral forms		RN/LPN/MTA	**3**	**3**		
16	Coordinate pre-surgery services	**L037D**					
17	Schedule space and equipment in facility		RN/LPN/MTA		**3**		
18	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA	**5**	**5**		
19	Follow-up phone calls & prescriptions	**L037D**	RN/LPN/MTA	**3**	**3**		
20	Availability of prior images confirmed	**L037D**	RadTech			**3**	**2**
21	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	**L041B**	RadTech				**2**
22	Other Clinical Activity - *specify:*	**L041B**					
23	**End: When patient enters office/facility for surgery/procedure**						
24	**SERVICE PERIOD**						
25	**Start: When patient enters office/facility for surgery/procedure:**						
26	Greet patient, provide gowning, ensure appropriate medical records are available						
27	Obtain vital signs						
28	Provide pre-service education/obtain consent		RN/LPN/MTA				
29	Prepare room, equipment, supplies	**L037D**	RadTech			**1**	**2**
30	Setup scope (non facility setting only)	**L041B**					
31	Prepare and position patient/ monitor patient/ set up IV		RN/LPN/MTA				
32	Prepare and position patient/ monitor patient/ set up IV	**L037D**	RadTech			**1**	**2**
33	Sedate/apply anesthesia	**L041B**					
34	Other Clinical Activity - specify:						
35	**Intra-service**						
36	Assist physician with fluoro and image acquisition		RN/LPN/MTA				
37	Assist physician with fluoro and image acquisition	**L037D**	RadTech			**15**	
38	Acquire images	**L041B**	RadTech				**15**

	A	B	C	R	S	T	V
1	**REVISED AT RUC 10/1/15**			**REFERENCE CODE**		**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62270** **(March 2003 PEAC)**		**77003** **(2015 RUC DB)**	**77003** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Spinal puncture, lumbar, diagnostic		Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**ZZZ**
39	**Post-Service**	**L041B**					
40	Monitor pt. following moderate sedation						
41	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
42	Clean room/equipment by physician staff		RN/LPN/MTA				
43	Clean room/equipment by physician staff	**L037D**	RadTech			**1**	**3**
44	Clean Scope	**L041B**					
45	Clean Surgical Instrument Package						
46	Complete diagnostic forms, lab & X-ray requisitions						
47	Review/read X-ray, lab, and pathology reports						
48	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions		RN/LPN/MTA				
49	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L037D**	RadTech				**2**
50	Review examination with interpreting MD	**L041B**	RadTech				**2**
51	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	**L041B**	RadTech				**1**
52	Other Clinical Activity - *specify:*	**L041B**					
53	*Process films, hang films and review study with interpreting MD prior to patient discharge*		RadTech			**2**	
54	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	**L041B**				**n/a**	**n/a**
55	Dischrg mgmt (1.0 x 99238) (enter 12 min)					**n/a**	**n/a**
56	Dischrg mgmt (1.0 x 99239) (enter 15 min)					**n/a**	**n/a**
57	**End: Patient leaves office**		RN/LPN/MTA	**35**			

	A	AMA Specialty Society Recommendation	R	S	T	V
1	**REVISED AT RUC 10/1/15**		**REFERENCE CODE**		**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**		**62270** **(March 2003 PEAC)**		**77003** **(2015 RUC DB)**	**77003** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code** / **Staff Type**	Spinal puncture, lumbar, diagnostic		Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural
4	**LOCATION**		**Non Fac**	**Facility**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**		**000**	**000**	**XXX**	**ZZZ**
58	**POST-SERVICE Period**	**L037D**				
59	**Start: Patient leaves office/facility**					
60	Conduct phone calls/call in prescriptions		RN/LPN/MTA	**3**	**3**	
61	***Office visits: List Number and Level of Office Visits***	**L037D**			**# visits**	**# visits**
62	99211 16 minutes		16			
63	99212 27 minutes		27			
64	99213 36 minutes		36			
65	99214 53 minutes		53			
66	99215 63 minutes		63			
67	**Total Office Visit Time**				**0.0**	**0.0**
68	Other Clinical Activity - *specify:*					
69	**End: with last office visit before end of global period**					
70	**MEDICAL SUPPLIES***		**UNIT**			
71	**kit, CVA catheter, non-tunneled**	**CODE**	kit			
72	**pack, minimum multi-specialty visit**	**SA009**	pack	**1**		
73	**tray, lumbar puncture**	**SA048**	tray	**1**		
74	**tray, shave prep**	**SA065**	tray			
75	**cap, surgical**	**SA067**	item			
76	**cover-condom, transducer or ultrasound probe**	**SB001**	item			
77	**drape, non-sterile, sheet 40in x 60in**	**SB005**	item	**1**		
78	**drape, sterile barrier 16in x 29in**	**SB006**	item			
79	**drape, sterile, c-arm, fluoro**	**SB007**	item		**1**	**1**
80	**gloves, non-sterile**	**SB008**	item		**1**	**1**
81	**gloves, sterile**	**SB022**	pair	**2**		
82	**gown, staff, impervious**	**SB024**	item	**1**		
83	**gown, surgical, sterile**	**SB027**	item			
84	**mask, surgical**	**SB028**	item			
85	**mask, surgical, with face shield**	**SB033**	item			
86	**shoe covers, surgical**	**SB034**	item			
87	**iv tubing (extension)**	**SB039**	foot			
88	**needle, 18-27g**	**SC019**	item	**1**		
89	**spinal manometer**	**SC029**	item	**1**		
90	**syringe 1ml**	**SC048**	item	**1**		
91	**syringe 3ml**	**SC052**	item			
92	**syringe 50-60ml**	**SC055**	item			
93	**syringe 5-6ml**	**SC056**	item			
94	**bandage, strip 0.75in x 3in (Bandaid)**	**SC057**	item			
95	**gauze, sterile 4in x 4in**	**SG021**	item			
96	**gauze, sterile 4in x 4in (10 pack uou)**	**SG055**	item			
97	**tape, surgical paper 1in (Micropore)**	**SG056**	inch			
98	**heparin 1,000 units-ml inj**	**SG079**	ml			
99	**lidocaine 1%-2% inj (Xylocaine)**	**SH039**	ml			
100	**sodium chloride 0.9% flush syringe**	**SH047**	item			
101	**hydrogen peroxide**	**SH065**	ml			
102	**lubricating jelly (K-Y) (5gm uou)**	**SJ028**	item			
103	**povidone soln (Betadine)**	**SJ032**	ml			
104	**swab-pad, alcohol**	**SJ041**	item	**1**		
105	**ultrasound transmission gel**	**SJ053**	ml			
106	**disinfectant, surface (Envirocide, Sanizide)**	**SJ062**	item		**1**	**1**
107	**sanitizing cloth-wipe (patient)**	**SM013**	item			
108	**sanitizing cloth-wipe (surface, instruments, equipment)**	**SM021**	item			
109	**EQUIPMENT**	**SM022**				
110	**PACS Workstation Proxy**	**CODE**			**20**	**27**
111	**table, exam**	**ED050**		**35**		
112	**room, radiographic-fluoroscopic**	**EF023**			**18**	**24**
113	**light, exam**	**EL014**				
114	**ultrasound unit, portable**	**EQ168**				

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2018

Biopsy or Excision of Inguinofemoral Node(s)

In September 2017, the CPT Editorial Panel created a new code to describe biopsy or excision of inguinofemoral node(s). A parenthetical was added to codes 56630 and 56633 to instruct separate reporting of code 38531 with radical vulvectomy. This service was previously reported with unlisted code.

38531 ***Biopsy or excision of lymph node(s); open, inguinofemoral node(s) (For bilateral procedure, report 38531 with modifier 50)***
The RUC reviewed the survey results from 87 physicians and agreed with the following physician time component: pre-service time of 63 minutes, intra-service time of 65 minutes, post-service time of 30 minutes, one half-day discharge (99238), and two office visits (99213). The RUC compared CPT code 38531 to top key reference service code 38510 *Biopsy or excision of lymph node(s); open, deep cervical node(s)* (work RVU = 6.74) and the second top key reference code 38570 *Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple* (work RVU= 8.49). After review of the two key reference services, the RUC determined that the survey 25th percentile of 6.74 appropriately estimated the physician work of this service. **The RUC recommends a work RVU of 6.74 for CPT code 38531.**

Practice Expense
The RUC recommends the direct practice expense inputs without modification, as reviewed and approved by the PE Subcommittee.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Hemic and Lymphatic Systems **Lymph Nodes and Lymphatic Channels** **Excision**				
		(For injection of sentinel node identification, use 38792)		
38500		*Biopsy or excision of lymph node(s); open, superficial*		

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		(Do not report 38500 with 38700-38780)		
38505		*by needle, superficial, (eg, cervical, inguinal, axillary)*		
		(If imaging guidance is performed, see 76942, 77002, 77012, 77021)		
		(For fine needle aspiration, use 10021 or 10022)		
		(For evaluation of fine needle aspirate, see 88172, 88173)		
38510		*open, deep cervical node(s)*		
38520		*open, deep cervical node(s) with excision scalene fat pad*		
38525		*open, deep axillary node(s)*		
38530		*open, internal mammary nodes(s)*		
		(Do not report 38530 with 38720-38746)		
(For percutaneous needle biopsy, retroperitoneal lymph node or mass, use 49180. For fine needle aspiration, use 10022)				
● 38531	R1	Biopsy or excision of lymph node(s); open, inguinofemoral node(s) (For bilateral procedure, report 38531 with modifier 50)	010	6.74

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Hemic and Lymphatic Systems
Lymph Nodes and Lymphatic Channels
Other Procedures

✚*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)*

(Use 38900 in conjunction with 19302, 19307, 38500, 38510, 38520, 38525, 38530, 38531, 38542, 38562, 38564, 38570, 38571, 38572, 38740, 38745, 38760, 38765,38770, 38780, 56630, 56631, 56632, 56633, 56634, 56637, 56640~~, 58200, 58210, 58548~~)

(For injection of radioactive tracer for identification of sentinel node, use 38792)

Female Genital System
Vulva, Perineum, and Introitus
Excision

56630 *Vulvectomy, radical, partial;*

(For skin graft, if used, see 15004-15005, 15120, 15121, 15240, 15241)

56631 *with unilateral inguinofemoral lymphadenectomy*

56632 *with bilateral inguinofemoral lymphadenectomy*

(For partial radical vulvectomy with lymph node biopsy without complete lymphadenectomy, use 56630 in conjunction with 38531)

56633 *Vulvectomy, radical, complete;*

56634 *with unilateral inguinofemoral lymphadenectomy*

56637 *with bilateral inguinofemoral lymphadenectomy*

(For complete radical vulvectomy with lymph node biopsy without complete lymphadenectomy, use 56633 in conjunction with 38531)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:38531 Tracking Number R1 Original Specialty Recommended RVU: **8.50**
Presented Recommended RVU: **8.50**
Global Period: 010 Current Work RVU: **N/A** RUC Recommended RVU: **6.74**

CPT Descriptor: Biopsy or excision of lymph node(s); open, inguinofemoral node(s)
(For bilateral procedure, report 3853X with modifier 50)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65 year old has a previously confirmed squamous cell carcinoma of the vulva that is distant (more than 2cm) from the midline. An inguinofemoral lymph node(s) excision is performed.
(Note: Intraoperative mapping is reported separately.)

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 98% , In the ASC 0%, In the office 2%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 21% , Overnight stay-less than 24 hours 41% , Overnight stay-more than 24 hours 38%

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 25%

Description of Pre-Service Work: The history and physical exam are reviewed and updated. Medicine reconciliation is performed. Labs, imaging studies, and biopsies are reviewed. The discontinuation of any high risk medication is verified. Appropriate antibiotic coverage is determined consistent with procedure risks and patient's known allergies. The method and timing of DVT prophylaxis is considered and implementation is assured. The procedure is verified with the patient and any remaining questions are answered. The laterality of the groin node dissection is confirmed and the site is marked by physician and patient together. Physician changes into scrub clothes. The instruments and anticipated supplies are checked for completeness and functionality. The appropriate images are displayed in the operating room. After induction of anesthesia the patient is placed safely in dorsal lithotomy position. The extent of surgical prep is delineated. Physician scrubs. The surgical timeout is performed. At this time draping of the surgical field is performed as it is often necessary to keep the groins and external genitals exposed (side drapes, top drapes, and under buttocks drape, and coverage for lower extremity up to mid thigh level) . The limits of the femoral triangle are palpated. The femoral artery and inguinal ligament are identified with palpation and a marking is made on the skin. Identification of any enlarged lymph nodes is performed by palpation.

Description of Intra-Service Work: A skin incision is made parallel to the inguinal ligament and the subcutaneous fat is dissected down to and through Camper's fascia. The dissection continues both superiorly and inferiorly below Camper's fascia to expose the superficial inguinal nodes. Removal of any concerning superficial inguinal lymph nodes is performed. The dissection is carried down to the cribriform fascia, identifying the Sartorius and adductor longus muscles. Small veins were ligated in the process. The cribriform fascia is divided so that the deep inguinal lymph nodes can be visualized, palpated and removed if concerning. Additional lymph nodes are removed based on intraoperative pathologic assessment. A subcutaneous drain is then placed and sutured and secured to the skin. The subcutaneous fat is re-approximated in layers and the skin is then closed with staples or sutures.

Description of Post-Service Work: A sterile dressing is placed on the wound and around the groin drain. The transfer of patient to recovery area is supervised. Recovery and postoperative medications are ordered and initiated. Patient condition,

findings and anticipated outcome are conveyed to family members. The anticipated recovery process and criteria for discharge are conveyed. Procedure documentation is created and reviewed. The patient is assessed again the following day, laboratory studies are obtained and reviewed and the patient is assessed for appropriateness of discharge. Plans for discharge are made. Prescriptions for pain medications, DVT prophylaxis, resuming home medications and home therapy are processed. Restrictions of activities and precautions are outlined. Post-procedure follow-up is scheduled. First

Visit: Level 3 Office Visit (99213)
The patient is first seen 1-2 days post-discharge. A history is performed to assess for pain, return of bowel function, nausea and vomiting, bladder function and urinary retention, signs of infection or seroma, bleeding, lymphedema of the groin, perineum, or lower extremities, assessment for DVTs and nerve damage. Medications are reviewed. An exam including vitals, neurologic status, skin for infections, musculoskeletal for DVTs, cardio-pulmonary exam, exam of perineum, GI exam for bowel function or hernias and lymphatic exam for lymphedema. Output from the groin drain is assessed to determine if the drain can be removed. Typically the drain is removed at this visit. Laboratory studies are ordered, reviewed and prescriptions are filled as needed.

Second Visit: Level 3 Office Visit (99213)
The patient is next seen at 7-10 days after the procedure. A history is taken to review pain, any signs of infection, DVTs, lymphedema, lymphocysts, hematoma formation after removal of the drain at the earlier visit. Medications are reviewed. Chronic medical conditions are assessed for changes in the post op period. An exam is performed including general appearance, vital signs, skin to assess for infection, musculoskeatal exam to assess for DVTs, lymphatic exam to assess for edema of groins, lower extremities and external genitalia. An assessment for hematoma formation, seroma and lymphocyst formation is performed now that the drain is out. Sutures are removed. Pathology is reviewed. Prescriptions are filled as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018				
Presenter(s):	George A. Hill, MD, Jon Hathaway, MD, PhD, Mitch Schuster, MD, Barbara Goff, MD, Mark Shahin, MD and David Holtz, MD				
Specialty(s):	Gynecology, Oncology Gynecology				
CPT Code:	38531				
Sample Size:	1045	**Resp N:**	87	**Response:** 8.3 %	
Description of Sample:	All US/MD practicing members of the Society of Gynecologic Oncology				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**5.00**	8.00	15.00
Survey RVW:	3.08	6.74	**8.50**	10.85	20.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	12.00	47.00	**65.00**	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):	**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):	**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:	38531	**Recommended Physician Work RVU: 6.74**		
		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:		**65.00**		

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):	**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

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
38510	010	6.74	**RUC Time**

CPT Descriptor Biopsy or excision of lymph node(s); open, deep cervical node(s)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
38570	010	8.49	**RUC Time**

CPT Descriptor Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single 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
52354	000	8.00	**RUC Time**	8,494

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
38571	010	12.00	**RUC Time**	14,098

CPT Descriptor 2 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 31 **% of respondents:** 35.6 **%**

Number of respondents who choose 2nd Key Reference Code: 21 **% of respondents:** 24.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 38531	Top Key Reference CPT Code: 38510	2nd Key Reference CPT Code: **38570**
Median Pre-Service Time	63.00	45.00	53.00
Median Intra-Service Time	65.00	45.00	60.00
Median Immediate Post-service Time	30.00	20.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	38.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	46.0	23.00	39.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**223.00**	**152.00**	**220.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity			39%	61%	

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making		61%	39%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required		61%	29%
Physical effort required		58%	42%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	55%	35%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity		5%	48%	43%	5%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	5%	48%	48%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	48%	38%
Physical effort required	24%	33%	43%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	38%	52%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
The CPT Editorial Panel recently created a new code (38531) for reporting biopsy or excision of inguinofemoral node(s).

Positioning Time
The society requests 5 extra minutes of positioning time to put the patient in the dorsal lithotomy position.

Post Operative Visits
The society is requesting two level three office visits for this procedure, supported by survey data.

Visit: Level 3 Office Visit (99213)
The patient is first seen 1-2 days post-discharge. A history is performed to assess for pain, return of bowel function, nausea and vomiting, bladder function and urinary retention, signs of infection or seroma, bleeding, lymphedema of the groin, perineum, or lower extremities, assessment for DVTs and nerve damage. Medications are reviewed. An exam including vitals, neurologic status, skin for infections, musculoskeletal for DVTs, cardio-pulmonary exam, exam of perineum, GI exam for bowel function or hernias and lymphatic exam for lymphedema. Output from the groin drain is assessed to determine if the drain can be removed. Typically the drain is removed at this visit. Laboratory studies are ordered, reviewed and prescriptions are filled as needed.

Second Visit: Level 3 Office Visit (99213)
The patient is next seen at 7-10 days after the procedure. A history is taken to review pain, any signs of infection, DVTs, lymphedema, lymphocysts, hematoma formation after removal of the drain at the earlier visit. Medications are reviewed. Chronic medical conditions are assessed for changes in the post op period. An exam is performed including general appearance, vital signs, skin to assess for infection, musculoskeatal exam to assess for DVTs, lymphatic exam to assess for edema of groins, lower extremities and external genitalia. An assessment for hematoma formation, seroma and lymphocyst formation is performed now that the drain is out. Pathology is reviewed. Prescriptions are filled as needed.

Billed Together
We do not anticipate that this newly created CPT code 38531 used to report biopsy or excision of inguinofemoral node(s) will typically be reported on the same day as another procedure. We anticipate add-on CPT Code 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))* will be reported with 38531 for some of the cases.

Recommendation
ACOG received 87 completed RUC physician work surveys. The workgroup reviewed the survey data and believes 8.50 work RVUs appropriately ranks this new procedure with services in oncologic gynecology, gynecology, MPCs and within the fee schedule. See below:

		wRVU	Total Time	IWPUT	Pre	Intra	Post	Visits
50592	Other/MPC	6.55	145	0.0742	20	60	30	99238 (0.5) 99212 (1)
38510	Reference code	6.74	152	0.0816	45	45	20	99238 (0.5) 99213 (1)
49505	Other code	7.96	198	0.0645	50	70	20	99238 (0.5) 99212 99213
52354	MPC	8.00	133	0.1097	54	60	20	
38570	Reference code	8.49	220	0.0674	53	60	30	99238 (1) 99212 (1) 99213 (1)
38531	**Surveyed code**	**8.50**	**223**	**0.062**	**63**	**65**	**30**	**99238 (0.5), 99213 (2)**
49550	Other code	8.99	193	0.087	45	60	30	99238 (0.5) 99212 99213
38571	MPC	12.00	250	0.0839	53	90	30	99238 (1) 99212 (1) 99213 (1)

The specialty society is recommending 8.50 work RVUs for this new procedure with a total time of 223 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 38999 Unlisted procedure, hemic or lymphatic system

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gynecology/Oncology How often? Commonly

Specialty Obstetrics/Gynecology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on SEER data there are 3551 early vulvar cancers for which patients would be eligible for this service. We estimate that about 2000 cases would be performed each year.

Specialty Gynecology/Oncology Frequency 1000 Percentage 50.00 %

Specialty Obstetrics/Gynecology Frequency 1000 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,340
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on SEER data there are 3551 early vulvar cancers for which patients would be eligible for this service. We estimate that about 2000 cases would be performed each year, with about two-thirds in the Medicare population.

Specialty Gynecology/Oncology Frequency 670 Percentage 50.00 %

Specialty Obstetrics/Gynecology Frequency 670 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 58571

SS Rec Summary

ISSUE: Biopsy or Excision of Inguinofemoral Node(s)

TAB: 10

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	npt/sam 38	npt/sam 39	Office 15	Office 14	Office 13	Office 12	Office 11	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	38510	Biopsy or excision of lymph node(s); open, deep cervical	31	0.082			6.74			152	45					45			20	0.5				1							
2nd REF	38570	Laparoscopy, surgical; with retroperitoneal lymph node	21	0.067			8.49			220	40	3	10			60			30	1.0				1	1						
CURRENT	38999	Unlisted procedure, hemic or lymph		#DIV/0!			0.00			0																				
SVY	38531	Biopsy or excision of lymph node(s); open, inguinofemoral node(s) *(For bilateral procedure, report 38531 with modifier 50)*	87	0.048	3.08	6.74	8.50	10.85	20.00	254	45	15	15	12	47	65	90	240	30	1.0				2			0	3	5	8	15
REC				0.035			6.74			223	40	8	15			65			30	0.5				2						

Detailed Description of Pre-Service Time Packages (Minutes)

		FACILITY				NON-FAC	
		1	2	3	4	5**	6
	Total Pre-Service Time	**20**	**25**	**51**	**63**	**8**	**23**
	CATEGORY SUBTOTALS						
A	Pre-Service Evaluation (IWPUT =0.0224)	13	18	33	40	7	17
B	Pre-Service Positioning (IWPUT = 0.0224)	1	1	3	3	0	1
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	6	15	20	1	5
	DETAILS						
A	History and Exam (Performance and review of appropriate Pre-Tests)	5	10	10	15	4	9
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	2	4	1	1
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	3	5	5	2	3
A	Communicate with other professionals	0	0	5	5	0	2
A	Check/set-up room, supplies and equipment	1	1	5	5	0	1
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	1	5	5	0	1
A	Prepare/ review/ confirm procedure	1	1	1	1	0	0
B	Perform/ supervise patient positioning	1	1	3	3	0	1
C	Administer local/topical anesthesia	1	1	0	0	1	5
C	Observe (wait anesthesia care)	0	0	10	15	0	0
C	Dress and scrub for procedure	5	5	5	5	0	0

**If the procedure does not require local anesthesia, 1 minute should be removed from pre-service time

1 Straightforward Patient/Straightforward Procedure (No anesthesia care)
2 Difficult Patient/Straightforward Procedure (No anesthesia care)
3 Straightforward Patient/Difficult Procedure
4 Difficult Patient/Difficult Procedure
5 Procedure with minimal anesthesia care (If no anesthesia care deduct 1 minute)
6 Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect

Additional Positioning Times for Spinal Surgical Procedures

SS1	Anterior Neck Surgery (Supine) (eg ACDF)	15 Minutes
SS2	Posterior Neck Surgery (Prone) (eg laminectomy)	25 Minutes
SS3	Posterior Thoracic/Lumbar (Prone) (eg laminectomy)	15 Minutes
SS4	Lateral Thoracic/Lumbar (Lateral) (eg corpectomy)	25 Minutes
SS5	Anterior Lumbar (Supine) (eg ALIF)	15 Minutes

Additional Positioning Times for Spinal Injection Procedures

SI1	Anterior Neck Injection (Supine) (eg discogram)	7 Minutes
SI2	Posterior Neck Injection (Prone) (eg facet)	5 Minutes
SI3	Posterior Thoracic/Lumbar (Prone) (eg epidural)	5 Minutes
SI4	Lateral Thoracic/Lumbar (Lateral) (eg discogram)	7 Minutes

Additional Positioning Times for Urological Procedures

U1	Dorsal Lithotomy	5 Minutes

Notes:

- Roll-over cells for additional detail where available
- Straightforward procedure: Integumentary, Non-incisional endoscopy, natural orifice

Detailed Description of Facility Based Post-Service Time Packages (Minutes)						
	7A Local Anesthesia/ Straightforward Procedure	**7B Local Anesthesia/ Complex Procedure**	**8A IV Sedation/ Straightforward Procedure**	**8B IV Sedation/ Complex Procedure**	**9A General Anesthesia or Complex Regional Block/ Straightforward Procedure**	**9B General Anesthesia or Complex Regional Block/Complex Procedure**
Total Post-Service Time	**18**	**21**	**25**	**28**	**30**	**33**
Details:						
Application of Dressing[1]	2	2	2	2	2	2
Transfer of supine patient off table	1	1	1	1	1	1
Operative Note	5	5	5	5	5	5
Monitor patient recovery/ Stabilization	1	1	5	5	10	10
Communication with patient and/or family	5	5	5	5	5	5
Written post-operative note	2	5	2	5	2	5
Post-Operative Orders and Order Entry	2	2	5	5	5	5

Advisors may request additional time for circumstances that require additional work beyond the type of work described

1 This represents a simple dressing

CPT Code: 38531
Specialty Society: ACOG

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:
Biopsy or excision of lymph node(s); open, inguinofemoral node(s) (For bilateral procedure, report 38531 with modifier 50)

Global Period: 010 **Meeting Date:** January 2018

1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:**

   ACOG convened a workgroup consisting of their CPT/RUC committee members and SGO representatives. The workgroup developed these practice expense recommendations based on the physician survey results, the clinical aspects of the procedure and standard PE committee inputs.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:**

   We included CPT Code 38573 *Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling peritoneal washings, peritoneal biopsy(s), omentectomy, and diaphragmatic washings, including biopsy(s) when performed as a reference code.* CPT Code 38573 is a new code, reviewed by the RUC in October 2016. The service is also a 010 gyn onc procedure.

3. **Is this code(s) typically billed with an E/M service?**

   No

4. **If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:**

   We are requesting "Extensive use of Clinical Staff" for this 010 service. This procedure is typically performed to complete surgical staging of a cancer diagnosis in patients with multiple medical co-morbidities. Clinical staff is intimately involved with explanation to all stakeholders regarding this procedure. Clinical staff is involved with patient education as well as a new cancer diagnosis and the need for complete staging of the malignancy. The teaching for anticoagulation needs and preoperative prophylactic therapy associated with a cancer and a second operation is more robust. Management of medical co-morbidities associated with this procedure are complex and time-intensive. Coordinating medical clearance and reviewing common post-operative complications is performed.

   Complete pre-service diagnostic and referral forms (5)
   Clinical staff is utilized for explanation of need for the second operation to stakeholders (i.e. insurance carrier nurse).

   Coordinate pre-surgery services/review test/exam results (10)
   Obtain pathology reports from referring clinical team and any other consulting pathology services. Obtain slides, if needed, for physician review. Obtain initial operative report and outside records to determine for surgical-procedure planning. Coordinate Medical clearance for surgical procedure. Confirm availability of imaging.

Schedule space and equipment in facility (5)
Standard scheduling protocols with additional notification of possible need for medical clearance prior to surgery.

Provide pre-service education/obtain consent (7)
Standard consent with additional education for a new cancer diagnosis and explanation of need for complete surgical staging. Additional education for DVT prophylaxis, and comorbidity management with a second operation. Review of supplements and medications is critical with use of DVT prophylaxis. Counseling regarding post-operative complications including infection, seroma, and lymphedema is performed.

PRE phone calls & prescriptions (3)
Anticoagulation prophylaxis and preoperative antibiotics for bowel prep.

5. **If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:**

   N/A – new procedure

6. **If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:**

   N/A

7. **Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:***

   N/A

8. **If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.**

   N/A

9. **If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:**

   N/A

10. **If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.**

    N/A

11. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

N/A

12. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

N/A

13. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

EF023 table, exam – "Office Visit" formula
EQ168 light, exam – "Office Visit" formula

14. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

Post-Service Clinical Labor Time

Post-Operative day 2-3 office visit (99213)
To evaluate postoperative progress reviewing bowel, bladder, lymphatic, neurologic sequelae as well as DVT surveillance, seroma development and routine wound evaluation of the incision. Evaluation of drain output since surgery is reviewed to determine if drain can safely be removed. History involves multiple system discussion and physical exam includes groin, vulva and lower extremity exam for seroma/hematoma development in addition to routine post-operative evaluation of multiple systems.

Post-Operative day 7-10 office visit (99213)
To evaluate postoperative progress reviewing bowel, bladder, lymphatic, neurologic sequelae as well as DVT surveillance, seroma development and routine wound evaluation of groin incision and insure no complications since the drain has been removed. History involves multiple system discussion and physical exam includes groin, vulvar and lower extremity exam for seroma/hematoma development in addition to routine post-operative evaluation of multiple systems. Sutures or staples are removed at this visit.

Supplies

First Post-Operative Visit:
SA054 pack, post-op incision care (suture)

Second Post-Operative Visit:
SA052 pack, post-op incision care (staple)

Equipment
EF023 table, exam
EQ168 light, exam
Used in both post op visits

CMS packs, trays and rooms – Reference Material

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**1.143**
paper, exam table		foot	7	0.014
gloves, non-sterile		pair	2	0.084
gown, patient		item	1	0.533
pillow case		item	1	0.307
cover, thermometer probe		item	1	0.038

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (staple)	**SA052**	**pack**		**5.056**
kit, staple removal		kit	1	1.203
povidone soln (Betadine)		ml	10	0.009
gauze, sterile 4in x 4in		item	2	0.159
gloves, sterile		pair	1	0.840
steri-strip (6 strip uou)		item	2	1.116
swab-pad, alcohol		item	2	0.013
tape, surgical paper 1in (Micropore)		inch	12	0.002
tincture of benzoin, swab		item	1	0.320

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (suture)	**SA054**	**pack**		**4.907**
kit, suture removal		kit	1	1.054
povidone soln (Betadine)		ml	10	0.009
gauze, sterile 4in x 4in		item	2	0.159
gloves, sterile		pair	1	0.840
steri-strip (6 strip uou)		item	2	1.116
swab-pad, alcohol		item	2	0.013
tape, surgical paper 1in (Micropore)		inch	12	0.002
tincture of benzoin, swab		item	1	0.320

15. **If there is any other item on your spreadsheet that needs further explanation please include here:**

N/A

	A	B	D	E	F	G	H	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2		**Meeting Date: January 2018** **Tab: 10** **Specialty: ACOG**				**38573**		**38531**	
3		***RUC Collaboration Website***				*Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling peritoneal washings, peritoneal biopsy(s), omentectomy, and diaphragmatic washings, including biopsy(s) when performed*		*Biopsy or excision of lymph node(s); open, inguinofemoral node(s)*	
4	**Clinical Activity Code**	***C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**010**	**010**	**010**	**010**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0**	**125**	**0**	**108**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0**	**30**	**0**	**30**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0**	**6**	**0**	**6**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0**	**89**	**0**	**72**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 46.25**	**$ -**	**$ 39.96**
12		**PRE-SERVICE PERIOD**							
13		**Start: Following visit when decision for surgery or procedure made**							
14	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37		5		5
15	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37		10		10
16	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		5		5
17	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37		7		7
18	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37		3		3
19	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37				
20	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37				
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37				
28		**End: When patient enters office/facility for surgery/procedure**							
29		**SERVICE PERIOD**							
30		**Start: When patient enters office/facility for surgery/procedure:**							
31		**Pre-Service (of service period)**							
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.37				
33	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37				
34	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37				
35	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37				
36	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37				
37	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37				
38	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37				
39	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37				
40	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37				
47		**Intra-service (of service period)**							
48	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37				
49	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37				
50	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37				
51	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37				
58		**Post-Service (of service period)**							
59	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37				
60	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37				
61	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37				
62	CA025	Clean scope	L037D	RN/LPN/MTA	0.37				
63	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37				
64	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37				
65	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37				
66	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37				
67	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.37				
68	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37				
69	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.37				
70	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37				
71	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.37				
72	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37				
73	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**	**6**	**n/a**	**6**
80		**End: Patient leaves office**							
81		**POST-SERVICE PERIOD**							
82		**Start: Patient leaves office/facility**							
83	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37				
84	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37				
85		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**
86		99211 16 minutes	16						
87		99212 27 minutes	27						
88		99213 36 minutes	36				1		2
89		99214 53 minutes	53				1		
90		99215 63 minutes	63						
91	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**89.0**	**0.0**	**72.0**
98		**End: with last office visit before end of global period**							

	A	B	D	E	F	G	H	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2		**Meeting Date: January 2018** **Tab: 10** **Specialty: ACOG**				**38573**		**38531**	
3		***RUC Collaboration Website***				*Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling peritoneal washings, peritoneal biopsy(s), omentectomy, and diaphragmatic washings, including biopsy(s) when performed*		*Biopsy or excision of lymph node(s); open, inguinofemoral node(s)*	
4	**Clinical Activity Code**	***C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**010**	**010**	**010**	**010**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0**	**125**	**0**	**108**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0**	**30**	**0**	**30**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0**	**6**	**0**	**6**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0**	**89**	**0**	**72**
99	**Medical**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
100		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 3.78**	**$ -**	**$ 12.69**
101	SA048	pack, minimum multi-specialty visit	1.143	pack			2		2
102	SA031	kit, suture removal	1.054	kit			1		
103	SB006	drape, non-sterile, sheet 40in x 60in	0.222	item			2		2
104	SA052	pack, post-op incision care (staple)	5.056	pack					1
105	SA054	pack, post-op incision care (suture)	4.907	pack					1
106									
107		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*							
109	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
110		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 0.84**	**$ -**	**$ 0.53**
111	EF023	table, exam	1338.17	Office Visits	0.002976617		89		72
112	EQ168	light, exam	1630.12	Office Visits	0.004325893		36		72
113	EQ170	light, fiberoptic headlight w-source	1992.92		0.00789634		53		
117		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS 000-Day Global Typically Reported with an E/M

January 2018

Gastrostomy Tube Replacement

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported with an E/M to the 19 services that truly met the criteria. The 19 services CMS identified that have not been reviewed as typically being reported with an E/M service will be placed on the next Level of Interest (LOI) form for survey and presentation at the April 2017 RUC meeting. In April 2017, the RUC reviewed recommendations for the codes identified by CMS and noted that the current survey data was bimodal with ED physicians reporting less time than gastroenterology and general surgery physicians. At the April meeting, the RUC determined that because ED physicians were the dominant Medicare provider (37%), the work RVU for 43760 would need to be reflective of the work and time for ED physicians. However, the RUC also noted that because the data was bimodal, it may be appropriate to consider changes in the CPT descriptors to better differentiate physician work**.** In September 2017, the CPT Editorial Panel deleted code 43760 and created two new codes that describe replacement of gastrostomy tube, with and without revision of gastrostomy tract, respectively.

43762 ***Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract***
The RUC reviewed the survey results from 185 emergency physicians and gastroenterologists and determined that a work RVU of 0.75 accurately reflects the physician work necessary for this service and falls well below the survey 25th percentile. As this code is typically reported with an Evaluation and Management (E/M) service on the same date of service, pre-service time package 1 was adjusted to 5 minutes for pre-service evaluation to account for overlap in time with an E/M reported on the same day. Scrub/dress/wait time was reduced to reflect the survey data median of 4 minutes because it is less than the package time. Similarly, the post-service time package 7A was reduced from 18 minutes to 8 minutes to reflect the survey median. The survey data strongly supports an intra-service time of 7 minutes. Thus, the RUC recommends the following time components: 10 minutes pre-service time (5 minutes evaluation time, 1 minute positioning time, and 4 minutes scrub/dress/wait time), 7 minutes intra-service time and 8 minutes immediate post-service time.

The RUC noted that CPT code 43762, for simple replacements, shares the same vignette and physician work as the predecessor CPT code 43760 *Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance*, which will be deleted from CPT in 2019. Code 43760 was most recently reviewed by the RUC at the April 2017 RUC meeting where the RUC recommended a work value of 0.75, below the survey 25th percentile. The rationale for valuation of CPT code 43760 was the result of considerable effort at understanding how to accurately assess the physician work for codes with very brief intra-service times, especially since the majority of codes that have some similarity have intra-service times of either 5 or 10 minutes and times of 7 minutes are rare for comparison. A collection of codes with intra-service times of 5-10 minutes was reviewed and a crosswalk was recommended to CPT code 20550 *Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")* (work RVU = 0.75 and 5 minutes of intra-service time). For further support, the RUC recommends an additional crosswalk to CPT code

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20553 *Injection(s); single or multiple trigger point(s), 3 or more muscles* (work RVU = 0.75 and 10 minutes intra-service time). The RUC took into strong consideration the previous action of the Committee and recommends 0.75 work RVUs for CPT code 43762. **The RUC recommends a work RVU of 0.75 for CPT code 43762.**

43763 ***Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract***
The RUC reviewed the survey results from 81 general, pediatric and gastrointestinal surgeons and determined that the survey median work RVU of 1.41 accurately reflects the physician work necessary for this service. CPT code 43763 requires a different level of work complexity than 43762. It will be reported for the management of a patient who previously had a gastrostomy tube placed and the tube either fell out or became dislodged into the soft tissues of the abdominal wall and there has been a delay in presentation for replacement. The RUC agrees that CPT code 43763 represents more work for a different patient than described by the current (predecessor) CPT code 43760 and new code 43762.

CPT code 43763 will typically be provided by surgeons, not by emergency room physicians, family practice physicians, physician assistants or nurse practitioners who make up a majority of the current providers of CPT code 43760. These same providers also almost exclusively perform this procedure in the emergency department. Reported together data indicate that an E/M is typically reported only when 43760 is performed in the emergency department. The RUC does not anticipate that the procedure described by new CPT code 436X4 will be performed in the emergency department and therefore recommends pre-time package 2. The RUC removed two minutes from the extra positioning time requested for placing the patient in the supine position. The post-service time package 8A was reduced by 10 minutes to reflect the survey data which was less than the package time. The RUC recommends the following time components: 25 minutes pre-service time (18 minutes evaluation time, 1 minute positioning time and 6 minutes scrub/dress/wait time), 17 minutes intra-service time and 15 minutes immediate post-service time.

The RUC compared CPT code 43763 to key reference services CPT code 51710 *Change of cystostomy tube; complicated* (work RVU = 1.35 and 15 minutes intra-service time) and CPT code 51703 *Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)* (work RVU = 1.47 and 15 minutes intra-service time) and noted that both reference codes are typically performed in the office setting and reported with an office E/M, 44% and 41% of the time, respectively. In contrast, new CPT code 43763 will typically be provided in a facility setting with more than injection of local anesthetic and an E/M will not typically be reported.

For additional support, the RUC compared CPT code 43763 to MPC code 12004 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm* (work RVU = 1.44 and 17 minutes intra-service time) and noted that, although the intra-service times are identical, the MPC code has much less total time (29 minutes vs. 57 minutes) and a much higher IWPUT to reflect the increased intensity and complexity associated with repairing a wound of that length. Also, it is typically performed in the emergency department with injection of local anethetic and reported with an E/M code, unlike the survey code. The RUC concluded that CPT code 43763 should be valued at the median work RVU as supported by the survey. **The RUC recommends a work RVU of 1.41 for CPT code 43763.**

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Flag for Review
The RUC recommends that these codes be reviewed by the Relativity Assessment Workgroup in two years to examine utilization data to determine if 90% of 43760 are directed toward 43762 and 10% to 43763, as predicted. The data should also examine if these codes are typically reported with E/M services and if the global period assignment should remain 000.

Practice Expense
The RUC recommends the direct practice expense inputs with modifications as reviewed and approved by the PE Subcommittee. Importantly, there is a 60% reduction in the estimated supply direct cost inputs due to the elimination of an expensive kit in lieu of the gastrostomy tube.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Esophagogastroduodenoscopy				
43246		*Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube* (For percutaneous insertion of gastrostomy tube under fluoroscopic guidance ~~For nonendoscopic percutaneous placement of gastrostomy tube~~, use 49440) ~~(For replacement of gastrostomy tube without imaging or endoscopy, use 43760)~~ (To report percutaneous replacement of gastrostomy tube without imaging or endoscopy, see 43762, 43763)		
Stomach Introduction				
~~**D**43760~~	-	~~Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance~~ (43760 has been deleted. To report replacement of gastrostomy tube without imaging or endoscopy, see 43762, 43763)	000	N/A (2018 work RVU = 0.90)

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●43762	S1	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract	000	0.75
●43763	S2	requiring revision of gastrostomy tract (For percutaneous replacement of gastrostomy tube under fluoroscopic guidance, use 49450) (For endoscopically directed placement of gastrostomy tube, use 43246)	000	1.41

Other Procedures

43830 *Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)*

43831 *neonatal, for feeding*

~~(For change of gastrostomy tube, use 43760)~~

(For percutaneous replacement of gastrostomy tube with removal when performed without imaging or endoscopy, see 43762, 43763)

(For percutaneous replacement of gastrostomy tube under fluoroscopic guidance, use 49450)

Abdomen, Peritoneum, and Omentum
Introduction, Revision, Removal
Replacement

If an existing gastrostomy,,,

49450 *Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report*

~~(To report a percutaneous change of a gastrostomy tube without imaging or endoscopic guidance, use 43760)~~

(For percutaneous replacement of gastrostomy tube with removal when performed without imaging or endoscopy, see 43762, 43763)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:43762 Tracking Number Original Specialty Recommended RVU: **0.75**
Presented Recommended RVU: **0.75**
Global Period: 000 Current Work RVU: **0.90** RUC Recommended RVU: **0.75**

CPT Descriptor: Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76-year-old female suffering from significant malnutrition previously required placement of a percutaneous gastrostomy tube. The gastrostomy has become clogged; attempts to establish luminal patency have been unsuccessful. The physician is requested to remove the obstructed gastrostomy catheter and replace it.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's chart is reviewed and the order confirmed. Discussion with staff about difficulties encountered with current tube. Review pertinent labs. Review the procedure with patient and family and obtain informed consent. Verify all necessary instruments and supplies are readily available. Don protective clothing. Assist with patient positioning and draping patient.

Description of Intra-Service Work: The existing tube site is examined. The balloon is deflated as appropriate. The existing gastrostomy tube is removed by traction. A new balloon tube is tested, inserted, and the balloon is filled to specification. the tube is pulled back and secured, and checked for patency.

Description of Post-Service Work: Apply a dressing. Discuss the procedure findings with patient and family and answer questions. Discuss appropriate care of the tube and write orders for feeding supplies as necessary. Document the procedure in medical chart with copy to referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Ethan Booker, MD (ACEP); Jordan Celeste, MD (ACEP); R. Bruce Cameron, MD (ACG); Dawn Francis, MD (AGA); Shivan Mehta, MD (AGA); Seth Gross, MD (ASGE); Vivek Kaul, MD (ASGE)		
Specialty(s):	ACEP, ACG, AGA, ASGE		
CPT Code:	43762		
Sample Size:	7983	**Resp N:** 185	**Response:** 2.3 %
Description of Sample:	The ACEP, ACG, AGA, and ASGE conducted a simple random survey of our general U.S. memberships. We excluded anyone who had completed a survey for 43760 for the April 2017 RUC meeting.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	15.00	50.00
Survey RVW:	0.35	0.90	**1.00**	1.20	3.40
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**4.00**		
Intra-Service Time:	1.00	5.00	**7.00**	10.00	30.00

Immediate Post Service-Time:	**8.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	43762	**Recommended Physician Work RVU: 0.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**13.00**	**-8.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**4.00**	**6.00**	**-2.00**
Intra-Service Time:		**7.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**8.00**	**18.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
51705	000	0.90	**RUC Time**

CPT Descriptor Change of cystostomy tube; simple

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49082	000	1.24	**RUC Time**

CPT Descriptor Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
20552	000	0.66	**RUC Time**	366,284

CPT Descriptor 1 Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12001	000	0.84	**RUC Time**	192,422

CPT Descriptor 2 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less

Other Reference CPT Code	Global	Work RVU	Time Source
30901	000	1.10	**RUC Time**

CPT Descriptor Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 109 **% of respondents:** 58.9 **%**

Number of respondents who choose 2nd Key Reference Code: 31 **% of respondents:** 16.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 43762	**Top Key Reference CPT Code:** 51705	**2nd Key Reference CPT Code:** **49082**
Median Pre-Service Time	10.00	12.00	20.00
Median Intra-Service Time	7.00	10.00	10.00
Median Immediate Post-service Time	8.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**32.00**	**40.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	2%	50%	47%	2%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	5%	62%	34%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	2%	67%	31%

Physical effort required	2%	72%	26%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	4%	52%	44%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	19%	42%	23%	16%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	23%	48%	29%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	19%	39%	42%
Physical effort required	6%	48%	45%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	42%	48%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Additional Rationale and Comments:
43762 is a new code approved by the CPT Editorial Panel at its September 2017 meeting at the request of the American College of Surgeons to differentiate simple gastrostomy tube removal and replacement without imaging or endoscopic guidance from more complex replacements. Code 43762 for simple replacements is performed primarily by emergency

physicians and gastroenterologists and shares the same vignette and physician work as code 43760 (*Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance*), which will be deleted from CPT in 2019. Code 43760 was most recently reviewed by the RUC at the April 2017 RUC meeting.

For 43762, the ACEP, ACG, AGA, and ASGE conducted a simple random survey of our general U.S. memberships, excluding those who had completed a survey for 43760 for the April RUC meeting, and had 185 responses. The April 2017 survey results for 43760 and the current survey results for 43762 are nearly identical. The data represent the collective experience of 480 practicing emergency physicians and gastroenterologists; 295 from the April 2017 survey and 185 from the current survey.

We convened a consensus panel which spent a significant amount of time reviewing the survey data. As reflected in the survey summary excel spreadsheet, the median survey total time of the combined data is 37 minutes with 22 minutes of pre-service time, 7 minutes of intra-service time, and 8 minutes of post-service time. These times are similar to the times for April 2017 survey of 43760 of 31 minutes of total time, 16 minutes of pre-service time, 7 minutes of intra-service time, and 8 minutes of post-service time (Table 1).

Table 1: 43762 survey data summary

ISSUE:	Gastrostomy tube replacement																				
TAB:	11																				
					RVW					Total	Pre	PRE-TIME			INTRA-TIME					IMMD
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	Pkg	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	51705	Change of cystostomy tube; sir	109	0.041			0.90			32	5	7	5	0			10			10
2nd REF	49082	Abdominal paracentesis (diagnc	31	0.065			1.24			40	1a	13	1	6			10			10
CURRENT	43760	Change of gastrostomy tube, percuta		0.044			0.90			32		10	5	2			10			5
Apr17 SVY	43760	April 2017 Survey Data	295	0.072	0.40	0.90	1.00	1.24	6.00	31		10	3	3	1	5	7	10	45	8
Apr17 RUC	43760	April 2017 RUC Approved		0.068			0.75			21	1	5	1	3			7			5
SVY	43X63	Replacement of gastrostomy tu	185	0.055	0.35	0.90	1.00	1.20	3.40	37		15	3	4	1	5	7	10	30	8
REC	43X63	Replacement of gastrostomy tube, pe		0.058			0.75			25	1	5	1	4			7			8

As demonstrated in Table 1, the survey resulted in a median intra-service time of 7 minutes, with close agreement between specialty societies. The 25th percentile value for work from the survey is 0.90, matching the key reference service (KRS), 51705, which is a procedure that is very similar clinically.

The survey median for post service time is 8 minutes.

The survey data strongly supports an intra-service time of 7 minutes and based on survey data alone we would have recommended the 25th percentile for work at 0.90, the current value of the code being replaced (43760), supported by close clinical correlation with the key reference code, 51705, as described below.

However, it is presented now after presentation of 43760 and a RUC approved value only two meetings ago at the April 2017 meeting. While the April 2017 survey data for 43760 was also very robust and suggested similar times and values based on survey data alone, the RUC recommendation was for a value lower than the 25th. Subsequent to that presentation and recommendation, and related to concerns about variation in practice amongst specialties, two new codes were created to describe the service of replacing a G-tube, including this code, 43762, to describe the straightforward procedure that describes most of the clinical circumstances and is most commonly performed by emergency physicians and gastroenterologists.

The rationale arrived at for valuation of the previous code, 43760, at the April 2017 meeting was a result of considerable effort at understanding how to accurately assess the work of codes with very brief intra-service times, especially since the majority of codes that have some similarity have intra-service times of either 5 or 10 minutes and times of 7 minutes are rare for comparison. It was not felt that a value of 0.90 for a code with an intra-service time of 7 minutes was reasonable when compared to the KRS code 51705 with time of 10 minutes and the same value. Therefore, a collection of codes with intra-service times of 5-10 was reviewed and a crosswalk was identified, 20550 (Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")) with intra-service time of 5 and work RVU of 0.75.

We would suggest that if the survey was available without this recent history, that is 185 responses with close agreement between specialties and if also considering the additional 295 from the April 2017 survey with similar results for time and RVUs, that the survey would be convincing and should support the 25th percentile value. However, this recent process, with an accepted rationale and value is impossible to ignore and we, therefore, suggest that the survey cannot be the sole method of assessment.

Proposed wRVU and time:

Pre-time Package 1

The consensus panel determined that pre-time package 1 (*Straightforward Patient/Straightforward Procedure (No sedation/anesthesia care)*) is appropriate. However, as this code is typically reported with an E/M on the same date of service, we adjusted our recommendation to 5 minutes for pre-service evaluation to account for overlap in time with an E/M reported on the same day. We reduced the positioning time to reflect the package of 1 minute and we reduced the scrub, dress, wait time to reflect the survey data median of 4 minutes because it is less than the package time.

- **Evaluation**: 5 minutes
- **Positioning**: 1 minute
- **Scrub, dress, wait:** 4 minutes

Post-time Package 7a

The consensus panel determined that post-time package 7a (*Local Anesthesia/ Straightforward Procedure*) is appropriate. However, as the survey median was 8 minutes and package 7a has 18 minutes, we recommend the lesser value of 8 minutes post-service time.

Comparison to Primary Key Reference Code

The primary key reference code selected by those surveyed was 51705 (*Change of cystostomy tube; simple*). Code 51705 was last surveyed in 2010, has a 000-day global period, 0.90 wRVUs, 32 minutes of total time, 10 minutes of intra-service time. In comparison, the median values for surveyed code 43760 was 1.00 wRVU, 37 minutes of total procedure time, and 7 minutes of intra-service time. The majority of the data for intensity and complexity measures for primary key reference service indicate that 43760 is equally intense and complex as 51705.

Comparison to other recently RUC-valued codes with 5-10 minutes intra-service time

Previous surveys of codes with short intra-service times often resulted in times of either 5 or 10 minutes with few 000 day global codes falling between, therefore, the number of comparator codes with 7 minutes of intra-service time is small. The table below include several comparison codes with a span of 5-10 minutes of intra-service time.

Table 2: Comparison to other recently RUC-valued codes with 5-10 minutes intra-service time

CPT Code	Long Desc	Global	Work RVU	Pre Time Pkg	Pre Eval Time	Pre Pos Time	Pre SDW Time	Intra Time	Post Time	Total Time	Time Source	RUC Review	IWPUT	MPC	2016 Util
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	000	0.66	0	5	1	5	5	5	21	RUC	Jan16	0.0746	Yes	366,284
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	000	0.68	6	5	1	5	5	5	21	RUC	Oct10	0.0786		489,904
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	000	0.71	5	5	0	0	10	5	20	RUC	Oct12	0.0486		13,261,720
43X63	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract	000	0.75	1	5	1	4	7	8	25	---	---	0.0577		
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	000	0.75	0	5	1	5	5	5	21	RUC	Jan16	0.0926		841,001
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	000	0.80	0	2	5	0	10	10	27	RUC	Feb07	0.0419	Yes	29,359
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	000	0.84	0	5	1	1	10	5	22	RUC	Apr10	0.0585	Yes	192,422
51705	Change of cystostomy tube; simple	000	0.90	5	7	5	0	10	10	32	RUC	Oct10	0.0407	Yes	148,095

wRVU and Time Recommendations

Combining the survey data for time, our consensus panel review, and attention to recent RUC work, **we recommend affirming the recent RUC value of 0.75 RVUs**, pre-service package 1 with adjustments, and post-service package 7a with adjustments. **The resulting recommended times are 10 minutes pre-service, 7 minutes intra-service and 8 minutes post 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: 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) 43X63 is typically reported by the dominant provider (Emergency Medicine) with an E/M code on the same date of service

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

3. CPT	Descriptor	Global	wRVU	Total Pre-svc	Intra-svc	Post-svc	Total Time
4. 99283	Emergency Dept Visit	XXX	1.34	5	18	7	30

The dominant provider, Emergency Medicine, typically performs E/M code 99283 in conjunction with 43X63. Accordingly, our recommended pre-service time has been adjusted to 5 minutes to account for the overlap in time with E/M reported on the same day. Please also see the "Additional Rationale and Comments" section of this SOR.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 43760

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Emergency Medicine How often? Commonly

Specialty Gastroenterology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 152636
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 90% of 2016 Medicare volume (56,596)*3

Specialty Emergency Medicine Frequency 56000 Percentage 36.68 %

Specialty Gastroenterology Frequency 40000 Percentage 26.20 %

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? 50,878
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 90% of 2016 Medicare volume

Specialty Emergency Medicine Frequency 19000 Percentage 37.34 %

Specialty Gastroenterology Frequency 14000 Percentage 27.51 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

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. 43760

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:43763 Tracking Number S2 Original Specialty Recommended RVU: **1.41**
Presented Recommended RVU: **1.41**
Global Period: 000 Current Work RVU: **0.90** RUC Recommended RVU: **1.41**

CPT Descriptor: Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient with severe neurological deficit and high risk for aspiration required placement of a gastrostomy tube. The patient inadvertently dislodged the tube, but this was not recognized until the next day. The G-tube replacement requires revision of the gastrostomy tract.

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%

Description of Pre-Service Work: The patient's chart is reviewed with attention to prior imaging and prior tube-related history, including details of techniques used in prior tube placement. As necessary, other providers may be contacted for direct discussion regarding failed attempts at tube placement. The indications for the procedure, as well as the operative risks and benefits, are explained to the patient and/or family/caregiver, and informed consent is obtained. Perioperative antibiotics are ordered. Based on the patient's history and examination, a gastrostomy tube is selected with other tube options available, if needed. The availability of all necessary instruments and equipment is confirmed. The surgeon assists with patient positioning and indicates areas of the skin to be prepped and draped. The surgeon scrubs and dresses and a time-out is performed. Local anesthetic is injected.

Description of Intra-Service Work: Under anesthesia, as required, the existing tube site is examined and the skin at the abdominal wall site is cleansed and debrided as necessary. The insertion site is first probed with a hemostat and/or a guidewire to assure that the stomach can be accessed. The strictured insertion tract is opened using a scalpel followed by sequential dilators through the strictured tract to provide an adequate lumen to allow replacement of a new gastrostomy tube into the stomach through the original abdominal wall and gastric site openings. Once the new tube is inserted, aspiration is performed through the tube for gastric contents to confirm appropriate position in the stomach. Next the tube balloon is inflated and pulled back to the appropriate position and secured to the abdominal wall. Final wound closure of the debrided abdominal wall is then performed, as necessary. When indicated, water soluble contrast is injected through the tube and a plain film of the abdomen is obtained and reviewed to confirm proper placement of the tube into the stomach and that no leakage into the abdominal cavity occurs.

Description of Post-Service Work: Topical antibiotic ointment is applied around the tube entry site and the area is dressed. After reversal of anesthesia, if other than local was used, the patient is transferred to the recovery area and care instructions are provided to nursing staff. The operative report is dictated and a copy is sent to the PCP and other members of the patient's healthcare team. The procedure outcome is discussed with the patient and/or family/caregiver. Orders are written for when to resume feeding via the tube and for feeding supplies. Wound and tube care instructions are provide. When stable, the patient will be discharge from recovery to observation for same day discharge or overnight observation care, as appropriate. All medical records are completed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018				
Presenter(s):	Charles Mabry, MD, FACS; Nader Massarweh, MD FACS; Brendan Campbell, MD, FACS; Don Selzer, MD, FACS; Ketan Sheth, MD, FACS				
Specialty(s):	general surgery, pediatric surgery				
CPT Code:	43763				
Sample Size:	1750	**Resp N:**	81	**Response:** 4.6 %	
Description of Sample:	random sample from ACS, APSA, and SAGES membership database				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	2.00	**5.00**	10.00	50.00
Survey RVW:	0.90	1.35	**1.41**	1.50	2.47
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**8.00**		
Intra-Service Time:	10.00	15.00	**17.00**	30.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	43763	**Recommended Physician Work RVU: 1.41**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**18.00**	**18.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**17.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**25.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
51710	000	1.35	**RUC Time**

CPT Descriptor Change of cystostomy tube; complicated

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
51703	000	1.47	**RUC Time**

CPT Descriptor Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)

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
51710	000	1.35	**RUC Time**	17,458

CPT Descriptor 1 Change of cystostomy tube; complicated

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12004	000	1.44	**RUC Time**	23,166

CPT Descriptor 2 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

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 32 **% of respondents:** 39.5 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 22.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 43763	Top Key Reference CPT Code: 51710	2nd Key Reference CPT Code: **51703**
Median Pre-Service Time	25.00	12.00	20.00
Median Intra-Service Time	17.00	15.00	15.00
Median Immediate Post-service Time	15.00	15.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**57.00**	**42.00**	**45.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	58%	39%	3%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	77%	23%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	64%	39%
Physical effort required	0%	71%	29%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	48%	52%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	56%	28%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	56%	44%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	44%	50%
Physical effort required	11%	56%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	22%	67%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Final Rule for 2017 (Nov-2016). CMS finalized the list of 000-day global services reported with an E/M service 50% of the time or more, on the same day of service, same patient, by the same physician, that have not been reviewed in the last five years with Medicare utilization greater than 20,000. CPT code 43760 was identified on this list.

April 2017 RUC survey. The RUC reviewed the survey results from 295 emergency medicine physicians, gastroenterologists and general surgeons. The specialties presented the combined survey summary data for all specialties that surveyed and also presented the survey summary data separated out for each specialty. After reviewing the data, the RUC noted that the current survey data was bimodal with ED physicians reporting less time than GI and GS physicians. The RUC determined that because ED physicians were the dominant Medicare provider (37%), the work RVU for 43760 would need to be reflective of the work and time for ED physicians. However, the RUC also noted that because the data was bimodal, it may be appropriate to consider changes in the CPT descriptors to better differentiate physician work.

September 2017 CPT coding change application. Gastrostomy tubes may be inadvertently removed if traction is placed on the tube. Inadvertent gastrostomy tube removal is a common complication, usually occurring in combative or confused patients who pull on the tube. If the gastrostomy tract has had time to mature and the G-tube has not been removed for more than 4 to 6 hours, a replacement tube may be placed through the same gastrostomy tract. Removal and replacement may also be scheduled for a clogged tube. These procedures are straightforward and represent the majority of patients.

For some patients, however, replacing a gastrostomy tube is more complicated. For example, a tract that has not matured or a G-tube in a child where the tube has been out for many hours, may be difficult to access, requiring dilation, guidewires and tract revision to place a new tube. Another example is a patient where gastric contents have leaked and there is maceration, ulceration, or necrosis of the surrounding skin requiring debridement and management of a larger than normal gastrostomy tract for tube replacement. A third example involves pressure necrosis of the underlying skin which complicates replacement of a gastrostomy tube. These examples are more complicated and require more physician work than a straightforward replacement procedure.

The American College of Surgeons submitted a coding change application to delete 43760 and create two new codes; one for simple G-tube replacement (43762) and one for complex G-tube replacement (43763).

Compelling Evidence

Until 2008, 43760 was a Harvard-based code. In 2007, new codes were created to describe the array of percutaneous gastrostomy, jejunostomy, gastro-jejunostomy or cecostomy tube procedures and services including initial placement, conversion, replacement and removal. For CPT 2008, the code descriptor for 43760 was revised from "Change of gastrostomy tube" to "Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance" and only gastroenterology surveyed the revised code. The vignette used in 2007 is the same vignette that was used for the survey in April 2017 and also the same vignette used for the current survey of 43762. New code 43763 represents more work for a different patient than described by current code 43760 and new code 43762. This work was not considered in the original valuation of 43760 or the two subsequent RUC reviews (2007 and 2017). New code 43763 will typically be provided by surgeons, not by emergency room physicians, family practice physicians, physician assistants or nurse practitioners who make up a majority of the current providers of 43760. These same providers also almost exclusively perform this procedure in the emergency department.

Recommendation

We recommend the survey median work RVU of 1.41.

Preservice time: **Billed together data indicate that an E/M is typically reported only when 43760 is performed in the emergency department.** We do not anticipate that the procedure described by new code 436X4 will be performed in the emergency department. We recommend pre-time package 2: 18/1/6 minutes.

Postservice time: We recommend post-time package 8A, reduced to 15 minutes to be consistent with the survey median time. The typical patient for new code 43763 will require more than local anesthesia - could be moderate sedation or anesthesia depending on the patient presentation.

Key Reference Comparison

A majority of the survey respondents indicated they had experience with both key reference codes. Code 51710 (reviewed Oct 2010) is typically performed in the office setting without sedation/anesthesia care and in 2009 was billed with an office E/M code 44%. Code 51703 (reviewed Jan. 2016) is typically performed in the office setting with topical anesthesia and in 2013 was billed with an office E/M code 41%. In contrast, new code 43763 will typically be provided in a facility setting with more than injection of local anesthetic and an E/M will not typically be reported.

CPT	DESCRIPTION	RVW	IWPUT	TOT MIN	EVAL	POSIT	SDW	INTRA	POST
51710	Change of cystostomy tube; complicated	1.35	0.050	42	7	5	0	15	15
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	**1.41**	**0.035**	**57**	**18**	**1**	**6**	**17**	**15**
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	1.47	0.058	45	10	5	5	15	10

MPC comparison

Code 51710 (reviewed Oct 2010) is typically performed in the office setting without sedation/anesthesia care and in 2009 was billed with an office E/M code 44%. Code 12004 (reviewed Apr. 2010) is typically performed in the emergency department with injection of local anethetic and in 2013 was billed with an E/M code 81%.

CPT	DESCRIPTION	RVW	IWPUT	TOT MIN	EVAL	POSIT	SDW	INTRA	POST
51710	Change of cystostomy tube; complicated	1.35	0.050	42	7	5	0	15	15
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	**1.41**	**0.035**	**57**	**18**	**1**	**6**	**17**	**15**
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	1.44	0.070	29	5	1	1	17	5

Comparison to Other Codes

The table below presents 0-day global codes that have been recently reviewed (2014-2017) and have 15 minutes of intra-time. There are no recently reviewed codes 0-day global codes with 17 minutes of intra-time. Many of the codes on this table are typically performed in the office setting and/or typically reported with an E/M service. This table supports the recommended work RVU of 1.41 for new code 43763.

Year	CPT	Long Descriptor	RVW	IWPUT	Total	EVAL	POSIT	SDW	INTRA	POST
2017	**36470**	Injection of sclerosant; single incompetent vein (other than telangiectasia)	**0.75**	0.029	**30**	9		1	**15**	5
	43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	**1.41**	**0.035**	**57**	**18**	**1**	**6**	**17**	**15**
2016	**51703**	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	**1.47**	0.058	**45**	10	5	5	**15**	10
2014	**64487**	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)	**1.48**	0.066	**40**	5	5	5	**15**	10
2017	**30903**	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	**1.54**	0.072	**39**	8	1	5	**15**	10

Year	CPT	Long Descriptor	RVW	IWPUT	Total	EVAL	POSIT	SDW	INTRA	POST
2014	**62284**	Injection procedure for myelography and/or computed tomography, lumbar	**1.54**	0.058	**49**	13	5	6	**15**	10
2017	**36516**	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion	**1.56**	0.052	**50**	25			**15**	10
2014	**64488**	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)	**1.60**	0.074	**40**	5	5	5	**15**	10
2017	**36569**	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older	**1.70**	0.076	**44**	10	3	6	**15**	10
2015	**10035**	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	**1.70**	0.073	**45**	13	2	5	**15**	10
2017	**36556**	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	**1.75**	0.084	**40**	12	3	5	**15**	5
2015	**64461**	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	**1.75**	0.078	**44**	13	1	5	**15**	10
2015	**62326**	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	**1.78**	0.082	**43**	10	3	5	**15**	10
2015	**62320**	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	**1.80**	0.083	**43**	10	3	5	**15**	10
2015	**62323**	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	**1.80**	0.080	**45**	10	5	5	**15**	10
2015	**62324**	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	**1.89**	0.089	**43**	10	3	5	**15**	10
2015	**62327**	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal);	**1.90**	0.087	**45**	10	5	5	**15**	10

Year	CPT	Long Descriptor	RVW	IWPUT	Total	EVAL	POSIT	SDW	INTRA	POST
		with imaging guidance (ie, fluoroscopy or CT)								
2017	**36555**	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	**1.93**	0.084	**48**	15	3	5	**15**	10
2015	**62321**	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	**1.95**	0.090	**45**	10	5	5	**15**	10
2017	**93503**	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	**2.00**	0.105	**37**	5	2	5	**15**	10
2015	**31577**	Laryngoscopy, flexible; with removal of foreign body(s)	**2.19**	0.105	**48**	13	1	9	**15**	10
2015	**62325**	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	**2.20**	0.107	**45**	10	5	5	**15**	10
2015	**31573**	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	**2.43**	0.115	**52**	17	1	9	**15**	10
2015	**31574**	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	**2.43**	0.111	**55**	20	1	9	**15**	10
2015	**31578**	Laryngoscopy, flexible; with removal of lesion(s), non-laser	**2.43**	0.117	**51**	16	1	9	**15**	10
2016	**55700**	Biopsy, prostate; needle or punch, single or multiple, any approach	**2.50**	0.142	**35**	5	5	5	**15**	5

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 43760

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty general surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency data is not available, however, utilization in non-Medicare-aged population , especially children and learning disabled adults, will be greater.

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? 5,600
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate approximately 10% of total utilization for 43760. This is consistent with the current specialty distribution for this code that indicates surgeons perform about 12% of the utilization. This is to say that most of the general surgery utilization will be 43X64 and a lesser percentage (2%) would be reported with the other code in the family 43X63. lThe ACG, AGA, ASGE, and ACEP have indicated that their physicians would not perform 43X64 and instead would request that a general surgeon provide the complex service. Therefore we are indicating 100% of our Medicare estimate for 43X64 will come from general surgery.

Specialty general surgery Frequency 5600 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 55300

ISSUE: Gastrostomy tube replacement

TAB: 11

SOURCE	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	Pre Pkg	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	POST Pkg
1st REF	51705	Change of cystostomy tube; simple	109	0.041			0.90			32	5	7	5	0			10			10	n/a-office
2nd REF	49082	Abdominal paracentesis (diagnostic or	31	0.065			1.24			40	1a	13	1	6			10			10	no pkg
CURRENT	43760	Change of gastrostomy tube, percutane		0.044			0.90			32		10	5	2			10			5	
Apr17 SVY	*43760*	*04/17 survey data*	*295*	*0.072*	*0.40*	*0.90*	*1.00*	*1.24*	*6.00*	*31*		*10*	*3*	*3*	*1*	*5*	*7*	*10*	*45*	*8*	
Apr17 RUC	*43760*	*04/17 RUC (xwalk to 20550)*		*0.068*			*0.75*			*21*	*1*	*5*	*1*	*3*			*7*			*5*	*7a*
CURRENT SVY	43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed without imaging or	185	0.055	0.35	0.90	1.00	1.20	3.40	37		15	3	4	1	5	7	10	30	8	
REC	43762	Replacement of gastrostomy tube, perc		0.058			0.75			25	1	5	1	4			7			8	7a
	43762	*emergency med*	*78*	*0.061*	*0.50*	*0.90*	*1.00*	*1.19*	*3.02*	*35*		*11*	*3*	*4*	*1*	*5*	*7*	*10*	*30*	*10*	
	43762	*gastroenterology*	*107*	*0.046*	*0.35*	*0.90*	*1.00*	*1.22*	*3.40*	*38*		*18*	*4*	*3*	*2*	*5*	*8*	*10*	*30*	*5*	
1st REF	51710	Change of cystostomy tube; complicate	32	0.050			1.35			42	5	7	5	0			15			15	n/a-office
2nd REF	51703	Insertion of temporary indwelling bladd	18	0.058			1.47			45	6	10	5	5			15			10	n/a-office
CURRENT	43760	Change of gastrostomy tube, percutane		0.044			0.90			32		10	5	2			10			5	
Apr17 SVY	*43760*	*04/17 surgery survey data*	*5*	*0.011*	*0.90*	*1.01*	*1.30*	*1.43*	*1.87*	*76*		*22*	*7*	*12*	*18*	*20*	*20*	*25*	*40*	*15*	
CURRENT SVY	43763	Replacement of gastrostomy tube, percutaneous, includes removal, when	81	0.020	0.90	1.35	1.41	1.50	2.47	70		25	5	8	10	15	17	30	60	15	
REC	43763	Replacement of gastrostomy tube, perc		0.035			1.41			57	2	18	1	6			17			15	8a
	43763	*general surgery*	*33*	*0.018*	*0.90*	*1.35*	*1.40*	*1.50*	*2.00*	*70*		*25*	*5*	*5*	*10*	*15*	*20*	*30*	*60*	*15*	
	43763	*pediatric surgery*	*48*	*0.019*	*1.20*	*1.35*	*1.42*	*1.50*	*2.47*	*72*		*25*	*5*	*10*	*10*	*15*	*17*	*30*	*60*	*15*	

CPT Code: 43762
Specialty Society(ies) ACG, AGA, ASGE

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract

Global Period: 000 Meeting Date: January 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The ACG, AGA, and ASGE convened experts from a broad range of geographic locations with differing practice circumstances and settings who typically perform these services. The committee served as the RVS Expert Panel to develop non-facilty PE recommendations. ACEP did not participate as emergency physicians do not provide 43762 in the non-facility setting.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   The reference code our expert panel selected is 43760 (*Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance*). They crosswalked the recommendations for 43762 to the PE direct inputs for 43760 that were approved by the RUC at the April 2017 meeting for comparison.

3. Is this code(s) typically billed with an E/M service?

   Gastroenterologists, the majority provider of 43762 in the non-facility setting, do not typically report 43762 with an E/M service.

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different than for the global? (please see provided data in PE Subcommittee folder)

   Gastroenterologists are the dominant provider in the non-facility. Gastroenterologists perform gastrostomy tube replacement 90% in the nonfacility setting. The dominant provider in the nonfacility is not different than for the global, which is 000.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   Not applicable

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

   Not applicable

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

Not applicable.

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   The following inputs were approved by the RUC for 43760 at the April 2017 RUC meeting. We recommend a direct crosswalk to 43762, with a change in time for "Obtain vital signs" from 3 minutes as approved by the RUC in April 2017 to 5 minutes for consistency with CMS' new standard time as reflected in the 2017 MPFS final rule.
   - Greet patient, provide gowning, ensure appropriate medical records are available – 3 minutes
   - Obtain vital signs (level 1: 1-3 vitals) – 5 minutes
   - Prepare room, equipment and supplies – 2 minutes
   - Initial positioning and monitoring of patient – 2 minutes
   - Assist physician or other qualified healthcare professional – directly related to physician work time (100% of physician intra-service time) – 7 minutes: *Staff must assist during 100% of the procedure intra-service time to clean before and after removing the old PEG, hand the physician instruments and the new PEG, manipulate the abdomen to keep the sinus tract straight, keep the new PEG stationary as the balloon is inflated, help put the new skin bumper in place, help apply antibiotic cream and dressing, and often place an abdominal binder to prevent demented patients from pulling the new PEG out.*
   - Clean room/equipment by clinical staff – 3 minutes
   - Check dressings, catheters, wounds – 1 minute
   - Review home care instructions, coordinate visits/prescriptions – 2 minutes

9. If you have used a percentage of the physician intra-service work time other than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

   Not applicable

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

    Not applicable

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

    Not applicable.

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    Not applicable

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

Not applicable

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    The only equipment required for 43762 is an exam table (EF023). We used the standard "Default" equipment time formula.

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

    Not applicable

16. If there is any other item on your spreadsheet that needs further explanation please include here:

    Not applicable

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT	DESCRIPTOR	GLOBAL
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	000

Meeting Date: 01/2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The ACS, APSA, and SAGES Advisors and members of their coding and reimbursement committees reviewed the current inputs for 43760. The Advisors agree that 43763 will rarely be performed in an office setting, however because general surgeons have procedure rooms that are equipped for moderate sedation if required, this procedure may be performed in an office.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   The current data for code 43760 is used as a reference. The Advisors noted that the current inputs for 43760 are based on a patient that will not require gastrostomy tract revision.

3. Is this code(s) typically billed with an E/M service?

   No, an E/M service will not be typical when new code 43763 is performed in the non-facility setting.

4. What specialty is the dominant provider in the nonfacility?

   General surgery is expected to be the dominant provider of new code 43763.

   What percent of the time does the dominant provider provide the service(s) in the nonfacility?

   This information is not available. We anticipate the utilization in the office setting will be very low.

   Is the dominant provider in the nonfacility different than for the global? (please see provided data in PE Subcommittee folder)

   This information is not available. We anticipate the utilization in the office setting will be very low and that when provided in the office setting, a general surgeon will be the typical provider.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   N/A

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to

physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

Current code 43760 is based on a typical patient that will not require revision of the gastrostomy tract. For the small percentage of patients that require this work, there will be additional clinical staff time related to greeting/gowning the patient, assisting with applying local sedation, setting up and cleaning surgical instruments, and for a follow-up call to the patient/family to confirm the g-tube is patent. With respect to equipment, a general surgeon's office typically has a power table and surgical light in the procedure room where 43763 will be performed and an instrument pack and mayo stand would be typical.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

   N/A

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Clinical staff will circulate and hand instruments and supplies as needed during 100% of the procedure skin to skin work.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

   N/A

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

    N/A

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

    N/A

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    N/A

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    N/A

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here:

    N/A

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

    N/A

16. If there is any other item on your spreadsheet that needs further explanation please include here:

    N/A

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT	DESCRIPTOR	GLOBAL
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	000

Meeting Date: 01/2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The ACS, APSA, and SAGES Advisors and members of their coding and reimbursement committees reviewed the current inputs for 43760.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   The current data for code 43760 is used as a reference. The Advisors noted that the current facility inputs for 43760 are based on a patient that will not require gastrostomy tract revision.

3. Is this code(s) typically billed with an E/M service?

   No, an E/M service will not be typical when new code 43763 is performed in the facility setting.

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   When a patient requires revision of the gastrostomy tract, the work will typically be performed under sedation in the OR. This will not typically be an elective/scheduled procedure. For a majority of patients, the clinical staff work will be similar to 90-day global codes that are emergent and therefore we are recommending 20 minutes in the facility setting (standard for emergent procedures).

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

   When a patient requires revision of the gastrostomy tract, the work will typically be performed under sedation in the OR. This will not typically be an elective/scheduled procedure. For a majority of patients, the clinical staff work will be similar to 90-day global codes that are emergent and therefore we are recommending 20 minutes in the facility setting (standard for emergent procedures). This is different than patients that will simply have a g-tube replaced / put back in by ED physicians in the ER who will also report an ED E/M code.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

N/A

7. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   N/A

8. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

   N/A

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

   N/A

10. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

    N/A

11. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    N/A

12. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    N/A

13. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here:

    N/A

14. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

    N/A

15. If there is any other item on your spreadsheet that needs further explanation please include here:

    N/A

	A	B	D	E	F	G	H	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT (2018)**		**RECOMMENDED**		**RECOMMENDED**	
2		***the standards/guidelines in column C. For more complete***				**43760 RUC Approved**		**43760**		**43762**		**43763**	
3		***REVISED 1-11-2018***				Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance		Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance		Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic		Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic	
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 11 Specialty: 43762: ACG, AGA, ASGE, ACEP 43763: ACS, APSA, SAGES**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**								
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**26.0**	**0.0**	**39**	**3**	**28**	**0**	**53**	**23**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**3.0**	**0.0**	**9**	**3**	**3**	**0**	**3**	**20**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**23.0**	**0.0**	**30**	**0**	**25**	**0**	**47**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0**	**0**	**0**	**0**	**3**	**3**
11		**TOTAL COST OF CLINICAL**				**$ 9.62**	**$ -**	**$ 14.43**	**$ 1.11**	**$ 10.36**	**$ -**	**$ 19.61**	**$ 8.51**
12		**PRE-SERVICE PERIOD**											
13		**Start: Following visit when decision for surgery or procedure made**											
14	CA001	Complete pre-service diagnostic	L037D	RN/LPN/MTA	0.37			3					5
15	CA002	Coordinate pre-surgery services	L037D	RN/LPN/MTA	0.37				3				7
16	CA003	Schedule space and equipment	L037D	RN/LPN/MTA	0.37								4
17	CA004	Provide pre-service	L037D	RN/LPN/MTA	0.37			3					
18	CA005	Complete pre-procedure phone	L037D	RN/LPN/MTA	0.37	3		3		3		3	4
19	CA006	Confirm availability of prior	L037D	RN/LPN/MTA	0.37								
26		**End: When patient enters office/facility for surgery/procedure**											
27		**SERVICE PERIOD**											
28		**Start: When patient enters office/facility for surgery/procedure:**											
29		**Pre-Service (of service period)**											
30	CA009	Greet patient, provide gowning,	L037D	RN/LPN/MTA	0.37	3				3		3	
31	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37	3		5		5		5	
32	CA011	Provide education/obtain	L037D	RN/LPN/MTA	0.37			5					
33	CA013	Prepare room, equipment and	L037D	RN/LPN/MTA	0.37	2		1		2		2	
34	CA016	Prepare, set-up and start IV,	L037D	RN/LPN/MTA	0.37	2		2		2		2	
35	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37			1				2	
42		**Intra-service (of service period)**											
43	CA018	Assist physician or other qualified healthcare professional- directly related to physician	L037D	RN/LPN/MTA	0.37	7		16		7		17	
53		**Post-Service (of service period)**											
54	CA022	Monitor patient following	L037D	RN/LPN/MTA	0.37								
55	CA023	Monitor patient following	L037D	RN/LPN/MTA	0.37								
56	CA024	Clean room/equipment by	L037D	RN/LPN/MTA	0.37	3				3		3	
57	CA026	Clean surgical instrument	L037D	RN/LPN/MTA	0.37							10	
59	CA029	Check dressings, catheters,	L037D	RN/LPN/MTA	0.37	1				1		1	
60	CA035	Review home care instructions,	L037D	RN/LPN/MTA	0.37	2				2		2	
61	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**		**n/a**		**n/a**	
68		**End: Patient leaves office**											
69		**POST-SERVICE PERIOD**											
70		**Start: Patient leaves**											
71	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37							3	3
72	CA038	Coordinate post-procedure	L037D	RN/LPN/MTA	0.37								
86		**End: with last office visit before**											

	A	B	D	E	F	G	H	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT (2018)**		**RECOMMENDED**		**RECOMMENDED**	
2		***the standards/guidelines in column C. For more complete***				**43760 RUC Approved**		**43760**		**43762**		**43763**	
3		***REVISED 1-11-2018***				Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance		Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance		Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic		Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic	
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 11 Specialty: 43762: ACG, AGA, ASGE, ACEP 43763: ACS, APSA, SAGES**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**								
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**26.0**	**0.0**	**39**	**3**	**28**	**0**	**53**	**23**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**3.0**	**0.0**	**9**	**3**	**3**	**0**	**3**	**20**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**23.0**	**0.0**	**30**	**0**	**25**	**0**	**47**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0**	**0**	**0**	**0**	**3**	**3**
87	**Medical**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**									
88		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 113.13**	**$ -**	**$ 270.11**	**$ -**	**$ 109.03**	**$ -**	**$ 143.35**	**$ -**
89	SA048	pack, minimum multi-specialty visit	1.143	pack		1		1		1		1	
90	SC090	tube, gastrostomy	97	item		1				1		1	
91	SB024	gloves, sterile	0.84	pair		1		2		**0**		2	
92	SB022	gloves, non-sterile								**1**			
93	SB028	gown, surgical, sterile	4.671	item		1		2		1		2	
94	SB034	mask, surgical, with face shield	1.199	item		1		2		1		2	
95	SB039	shoe covers, surgical	0.338	pair		1		2		1		2	
96	SB044	underpad 2ft x 3ft (Chux)	0.23	item		1		1		1		1	
97	SB011	drape, sterile, fenestrated 16in x 29in	0.557	item		1		1		1		1	
98	SB042	towel, non-sterile	0.391	item								2	
99	SB012	drape, sterile, for Mayo stand	1.688	item								1	
100	SJ041	povidone soln (Betadine)	0.008	ml		60		60		60		60	
101	SG009	applicator, sponge-tipped	0.139	item		4		4		4		4	
102	SH047	lidocaine 1%-2% inj (Xylocaine)	0.035	ml				10				10	
103	SC029	needle, 18-27g	0.089	item								2	
104	SC051	syringe 10-12ml	0.184	item								2	
105	SK087	water, distilled	0.013	oz		2				**1**		1	
106	SG056	gauze, sterile 4in x 4in (10 pack uou)	0.798	item								1	
107	SG055	gauze, sterile 4in x 4in	0.159	item		2		2		2			
108	SC049	stop cock, 3-way	1.175	item		1		1		**0**			
109	SD088	guidewire	9.998	item				1				1	
110	SF007	blade, surgical (Bard-Parker)	0.535	item								1	
111	SF039	suture, silk, 2-0 to 5-0, x, fs, c	2.936	item								1	
112	SJ046	silver nitrate applicator	0.07	item								1	
113	SH065	sodium chloride 0.9% flush syringe	0.811	item		2		2		2		2	
114	SC056	syringe 50-60ml	0.881	item		1		1		1		1	
115	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	2.074	item		1		1		**0**		1	
116	SJ009	basin, irrigation	1.542	item								1	
117	SJ007	bacitracin oint (0.9gm uou)	0.091	item								1	
118	SG079	tape, surgical paper 1in (Micropore)	0.002	inch		12		12		12		12	
119	SA043	pack, cleaning, surgical instruments	5.339	pack								1	
120	SC010	closed flush system, angiography	11.883	item				1					
121	SB019	drape-towel, sterile 18in x 26in	0.282	item				2					
122	SB001	cap, surgical	0.209	item				2					
123	SA031	kit, suture removal	1.054	kit				1					
124	SA067	tray, shave prep	1.812	tray				1					
125	SD229	gastrostomy, stoma measuring device (Mic-Key)	10	item				1					
126	SA095	kit, gastrostomy, low profile device (Mic-Key)	210	item				1					
127	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0.435	item				2					
128		*Other supply item: please include the name of the item*											
129	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**								
130		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 0.07**	**$ -**	**$ 0.08**	**$ -**	**$ 0.07**	**$ -**	**$ 1.03**	**$ -**
131	EF023	table, exam	1338.17	Default	0.0029766	23		28		**22**			
132	EF031	table, power	6153.63	Default	0.0163301							**34**	
133	EF014	light, surgical	4489.13	Default	0.0099856							**34**	
134	EF015	mayo stand	530.76	Default	0.0011806							**34**	
135	EQ137	instrument pack, basic ($500-$1499)	500	Instrument Packs	0.0023238							**41**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Codes Reported Together 75% or More

January 2018

Dilation of Urinary Tract

In October 2014, the CPT Editorial Panel deleted six codes and created 12 codes to describe genitourinary catheter procedures and bundle inherent imaging services. These codes were most recently reviewed by the RUC in January 2015. In January 2015, the specialty societies indicated that CPT code 50395 *Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous*, which was identified as part of the family, will be referred to the CPT Editorial Panel to clear up any confusion with overlap in physician work with 50432 *Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*. The RUC recommended CPT code 50395 be referred to the CPT Editorial Panel. In September 2017, the CPT Editorial Panel deleted CPT code 50395 nephrostomy tract code and created two new codes to report dilation of existing tract, and establishment of new access to the collecting system, including percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy), all associated radiological supervision and interpretation, as well as post procedure tube placement when performed. Imaging is also now included in those codes.

Compelling Evidence
The specialty societies presented compelling evidence for CPT code 74485. The prior methodology for valuing this code is unknown and considered flawed, as the source is CMS/Other. In addition, the patient population for the use of this code has changed. In the past this code was mainly used by interventional radiologists for the dilation of a nephrostomy tract prior to nephrolithotomy. Dilation of nephrostomy tract is now part of CPT code 50436. Dilation of the lower urinary tract (urethra or lower ureter) is now the primary use of CPT code 74485 representing a substantial change in patient population. The RUC approved compelling evidence based on change in patient population and a flawed previous methodology.

50436 ***Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed;***
The RUC reviewed the survey results from 73 interventional radiologists, radiologists and urologists and agreed on the following physician time components: 18 minutes for pre-service evaluation time, 1 minutes for pre-service positioning time, 6 minutes for pre-service scrub/dress/wait, 30 minutes for intra-service time and 15 minutes for immediate post-time. Image guidance previously separately reported with CPT code 74485 has been bundled into this new service.

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The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents somewhat overvalued the work involved in performing this service, with a 25th percentile work RVU of 4.00. The RUC noted that the current value of 3.37 for deleted code 50395 *Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous,* which is being bundled with 74485 to create this new CPT code, would be appropriate. To justify a work RVU of 3.37, the RUC compared the survey code to MPC code 52287 *Cystourethroscopy, with injection(s) for chemodenervation of the bladder* (work RVU= 3.20, intra-service time of 21 minutes, total time of 58 minutes), and noted that the survey code involves more intra-service and total time, though with somewhat less work intensity per minute, it is appropriate for the survey code to only be valued somewhat higher. The RUC also compared the survey code to reference code 52214 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands* (work RVU= 3.50, intra-service time of 30 minutes, total time of 79 minutes) and noted that both services have identical intra-service time, whereas the reference code involves somewhat more total time. **The RUC recommends a work RVU of 3.37 for CPT code 50436.**

50437 ***Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed; including new access into the renal collecting system***

The RUC reviewed the survey results from 68 interventional radiologists, radiologists and urologists and agreed on the following physician time components: 18 minutes for pre-service evaluation time, 1 minutes for pre-service positioning time, 6 minutes for pre-service scrub/dress/wait, 60 minutes for intra-service time and 15 minutes for immediate post-time. The specialties recommended and the RUC agreed that the survey 75th percentile intra-service time better represents the additional time needed to introduce the guidewire into the renal pelvis and/or ureter, above and beyond the work involved in perform 50436. Image guidance previously separately reported with CPT code 74485 has been bundled into this new service.

The RUC reviewed the survey 25th percentile work RVU of 5.44 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 5.44, the RUC compared the survey code to MPC code 52235 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)* (work RVU= 5.44, intra-service time of 45 minutes, total time of 94 minutes) and noted that the survey code involves more intra-service and total time, though is a somewhat less intense service. To further support a value of 5.44, the RUC compared the survey code to 2nd key reference code 50694 *Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter* (work RVU= 5.25, intra-service time of 62 minutes, total time of 111 minutes) and noted that although the reference code involves somewhat more total time, both services have very similar intra-service times and 87 percent of the survey respondents that selected this reference code indicated that the survey code was more a more intense service. **The RUC recommends a work RVU of 5.44 for CPT code 50437.**

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52334 ***Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde***
The RUC reviewed the survey results from 46 interventional radiologists and urologists and agreed on the following physician time components: 18 minutes for pre-service evaluation time, 6 minutes for pre-service positioning time, 6 minutes for pre-service scrub/dress/wait, 30 minutes for intra-service time and 15 minutes for immediate post-time. The specialties noted and the RUC agreed that the 6 minutes of positioning time was appropriate as this service is performed with the patient in the dorsal lithotomy position, which is the standard RUC pre-service time package addition for urologic procedures.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents somewhat overvalued the work involved in performing this service, with a 25th percentile work RVU of 4.21. To find an appropriate work RVU crosswalk, the RUC compared the survey code to deleted family code 50395 *Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous* (work RVU = 3.37, intra-service time of 30 minutes), and noted that both services involve an identical amount of intra-service time and the same amount of physician work. Therefore, the RUC recommends a direct work RVU crosswalk of CPT code 52234 to CPT code 50395. To further justify a work RVU of 3.37, the RUC compared the survey code to reference code 52214 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands* (work RVU= 3.50, intra-service time of 30 minutes, total time of 79 minutes) and noted that both services have identical intra-service time, whereas the reference code involves slightly more total time. **The RUC recommends a work RVU of 3.37 for CPT code 52334.**

74485 ***Dilation of ureter(s) or urethra, radiological supervision and interpretation***
The RUC reviewed the survey results from 44 interventional radiologists, radiologists and urologists and agreed on the following physician time components: 3 minutes for pre-service time, 20 minutes for intra-service time and 5 minutes for immediate post-time. The RUC agreed that the previous times were erroneous as the prior methodology for valuing this code is unknown and considered flawed, as the source is CMS/Other.

The RUC reviewed the survey median work RVU of 0.83 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.83, the RUC compared the survey code to MPC code 76816 *Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus* (work RVU= 0.85, intra-service time of 15 minutes) and noted that the survey code involves more intra-service time and a similar amount of physician work. **The RUC recommends a work RVU of 0.83 for CPT code 74485.**

Affirmation of Current Values
The RUC affirmed the current values for CPT codes 50432 and 50433. These codes had been recently reviewed by the RUC in January 2015. The relativity within the family remains correct.

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Practice Expense
The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

Work Neutrality
The RUC's recommendation for this code family will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Urinary System				
Kidney				
Incision				
50080		*Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm*		
50081		*over 2 cm*		
		(For establishment of nephrostomy without nephrostolithotomy, see 50040, ~~50395,~~ 50432, 50433, 52334)		
		(For fluoroscopic guidance, see 76000~~, 76001~~)		
		(Do not report 50080, 50081 in conjunction with 50436, 50437 when performed by the same provider)		
Introduction				
Renal Pelvis Catheter Procedures				
Internally Dwelling				
50384		*Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation*		
		(For bilateral procedure, use modifier 50)		
		(Do not report 50382, 50384 in conjunction with ~~50395~~ 50436, 50437)		

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(For removal of an internally dwelling ureteral stent via a transurethral approach, use 50386)

Other Introduction (Injection/Change/Removal) Procedures

Percutaneous genitourinary procedures are performed with imaging guidance (eg, fluoroscopy and/or ultrasound). Diagnostic nephrostogram and/or ureterogram are typically performed with percutaneous genitourinary procedures and are included in 50436, 50437, 50432, 50433, 50434, 50435, 50693, 50694, 50695.

Code ~~50395~~50436 describes enlargement of an existing percutaneous tract to the renal collecting system to accommodate large instruments used in an ~~endoscopic~~ endourologic procedure~~and~~. Code 50436 includes pre-dilation urinary tract imaging, post-procedure nephrostomy tube placement, when performed, and includes all radiological supervision and interpretation and imaging guidance (eg, ultrasound, fluoroscopy). Code ~~50395~~50436 may ~~should~~ not be ~~used to~~ reported with 50432, 50433, 52334 for ~~used to report a~~ basic dilation of a percutaneous tract during ~~for~~ initial placement of a catheter or device.

Code 50437 includes all elements of 50436, but also includes new~~de novo~~ access into the renal collecting system performed ~~on the same day~~ in the same session when a pre-existing tract is not present.

Codes 50430 and 50431 are diagnostic procedure codes that include injection(s) of contrast material, all associated radiological supervision and interpretation, and procedural imaging guidance (eg, ultrasound and/or fluoroscopy). Code 50430 also includes accessing the collecting system and/or associated ureter with a needle and/or catheter. Codes 50430 or 50431 may not be reported together with 50432, 50433, 50434, 50435, 50693, 50694, 50695.

Codes 50432, 50433, 50434, 50435 represent therapeutic procedures describing catheter placement or exchange, and include the elements of access, drainage catheter manipulations, and imaging guidance (eg, ultrasonography and/or fluoroscopy), as well as diagnostic imaging supervision and interpretation, when performed.

Code 50433 describes percutaneous nephrostomy with the additional accessing of the ureter/bladder to ultimately place a nephroureteral catheter (a single transnephric catheter with nephrostomy and ureteral components that allows drainage internally, externally, or both).

For codes 50430, 50431, 50432, 50433, 50434, 50435, 50606, 50693, 50694, 50695, 50705, and 50706, the renal pelvis and its associated ureter are considered a single entity for reporting purposes. Codes 50430, 50431, 50432, 50433, 50434, 50435, 50606,50693, 50694, 50695, 50705, and 50706 may be reported once for each renal collecting system/ureter accessed (eg, two separate codes would be reported for bilateral nephrostomy tube placement or for unilateral duplicated collecting system/ureter requiring two separate procedures.)

50391 Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)

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~~**D**50395~~	-	~~*Introduction of guide into renal pelvic and/or ureter with dilation to establish nephrstomy tract percutaneous*~~ (50395 has been deleted. To report, see 50436, 50437)	000	N/A (2018 work RVU = 3.37)
●50436	T1	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed;	000	3.37
●50437	T2	including new access into the renal collecting system (For nephrostolithotomy, see 50080, 50081) (For retrograde percutaneous nephrostomy, use 52334) (For endoscopic surgery, see 50551-50561) (Do not report 50436, 50437 in conjunction with 50080, 50081, 50382, 50384, 50430, 50431, 50432, 50433, 52334, 74485)	000	5.44
50432**(f)**	T3	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (Do not report 50432 in conjunction with 50436, 50437, 50430, 50431, 50433, 50694, 50695, 74425 for the same renal collecting system and/or associated ureter) (Do not report 50432 in conjunction with ~~50395,~~ 50436, 50437, for dilation of the nephrostomy tube tract)	000	4.00 (No Change) (Affirm current work RVU, January 2015 RUC Review)

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50433**(f)**	T4	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogramwhen performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access Do not report 50433 in conjunction with 50430, 50431, 50432, 50693, 50694, 50695, 74425 for the same renal collecting system and/or associated ureter) (Do not report 50433 in conjunction with ~~50395~~ 50436, 50437 for dilation of the nephroureteral catheter tract) (For nephroureteral catheter removal and replacement, use 50387)	000	5.05 (No Change) (Affirm current work RVU, January 2015 RUC Review)

52334**(f)**	T5	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde (For percutaneous nephrostolithotomy, see 50080, 50081; for establishment of percutaneous nephrostomy, see 50432, 50433 ~~tract only, use 50395~~) (For cystourethroscopy, with ureteroscopy and/or pyeloscopy, see 52351-52356) (For cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves or obstructive hypertrophic mucosal folds, use 52400) (Do not report 52334 in conjunction with 52000, 52351, 50437)	000	3.37 (2018 work RVU = 4.82)

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52341	*Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)*
52342	*with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)*
52343	*with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)*
	(Do not report 52341, 52342, 52343 in conjunction with 52000, 52351)
	(For image-guided dilation of ureter, ureteropelvic junction stricture without endoscopic guidance, use 50706)
	(For radiological supervision and interpretation, use 74485)
52344	*Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)*
52345	*with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)*
52346	*with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)*
	(For radiological supervision and interpretation, use 74485)
	(Do not report 52341, 52342, 52343 in conjunction with 52000, 52351)
	(For transurethral resection or incision of ejaculatory ducts, use 52402)
	(Do not report 52344, 52345, 52346 in conjunction with 52351)
	(For image-guided dilation of ureter, ureteropelvic junction stricture without endoscopic guidance, use 50706)
52351	*Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic*
	~~(For radiological supervision and interpretation, use 74485)~~

Radiology
Diagnostic Radiology
Urinary Tract

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

▲74485	T6	Dilation of ~~nephrostomy,~~ ureter(s) or urethra, radiological supervision and interpretation (Do not report 74485 in conjunction with 50436, 50437) (For dilation of ureter without radiological guidance, use 52341, 52344) (For change of nephrostomy or pyelostomy tube, use 50435) (For dilation of a nephrostomy tract for endourologic procedure, see 50436, 50437)	XXX	0.83

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:50436 Tracking Number T1 Original Specialty Recommended RVU: **3.37**
Presented Recommended RVU: **3.37**
Global Period: 000 Current Work RVU: RUC Recommended RVU: **3.37**

CPT Descriptor: Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male patient presents with a symptomatic right renal pelvic stone confirmed by prior imaging. A percutaneous right renal pelvic 8 Fr nephrostomy tube has been previously placed. Dilation of the percutaneous tract is scheduled prior to endoscopic stone removal (reported separately).

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's medical history including physical examination and laboratory studies are reviewed and consent is obtained. Relevant preoperative imaging studies are retrieved and reviewed. A "time out" is performed. The patient is placed prone on the fluoro compatible OR table. Position to ensure that fluoro and endourologic equipment are compatible with room set up. Sterile prep and drape, gown and glove.

Description of Intra-Service Work: Through existing nephroureteral access perform and interpret antegrade nephroureterogram. Fluroscopically introduce 2 stiff wires into the urinary bladder. Skin incision is made. Fluroscopically position 10mm tract dilation balloon and dilate the tract. Over the balloon, fluroscopically advance the 30 French tract sheath to secure access for the distinct and separate work of the endourologic proceudure in question. Following the endourologic procedure, fluroscopically advance a post procedure nephrostomy tube into place. Perform and interpret post procedure nephroureterogram. The catheter is connected to a gravity drainage bag. Sterile dressings are applied.

Description of Post-Service Work: The patient is transported to the recovery room for hemodynamic monitoring, recovery, and pain control. Postoperative orders are entered. Findings discussed with patient and family. Surgical procedure and image interpretation reports are created for the patient's medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Michael Hall, MD, Curtis Anderson, MD, PhD, Kurt Schoppe, MD, Daniel Wessell, MD, Thomas M. Turk,MD, James Depree, MD and Kyle Richards, MD		
Specialty(s):	Interventional Radiology, Radiology and Urology		
CPT Code:	50436		
Sample Size:	8700	**Resp N:** 73	**Response:** 0.8 %
Description of Sample:	SIR - random sample of US physician members ACR - a random subset of 875 members who perform services pertaining to interventional radiology and a random sample of 875 members AUA - random sample of US physician members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	10.00	50.00
Survey RVW:	1.00	4.00	**5.20**	6.80	11.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**12.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	20.00	**30.00**	60.00	180.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
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)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	50436	**Recommended Physician Work RVU: 3.37**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**18.00**	**18.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**30.00**	**-15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50694	000	5.25	**RUC Time**

CPT Descriptor Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50695	000	6.80	**RUC Time**

CPT Descriptor Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter

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
52287	000	3.20	**RUC Time**	31,456

CPT Descriptor 1 Cystourethroscopy, with injection(s) for chemodenervation of the bladder

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.46	**RUC Time**	35,879

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 21 **% of respondents:** 28.7 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 20.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 50436	Top Key Reference CPT Code: 50694	2nd Key Reference CPT Code: 50695
Median Pre-Service Time	25.00	29.00	29.00
Median Intra-Service Time	30.00	62.00	75.00
Median Immediate Post-service Time	15.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**70.00**	**111.00**	**124.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity		5%	43%	48%	5%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	62%	38%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	52%	38%
Physical effort required	10%	67%	24%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	48%	43%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	27%	67%	7%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	7%	33%	60%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	33%	67%
Physical effort required	0%	47%	53%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	33%	67%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The CPT Editorial Panel created two codes to report dilation of existing tract, and establishment of new access to the collecting system, including percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement when performed. Imaging is included into these new codes.

CPT Codes 52234 and 74485 were included in the family and surveyed by the specialties.

CPT Codes 50432 and 50433 were also included in the family. The specialty societies are requesting the RUC re-affirm the values of these two recently RUC reviewed codes (January 2015).

Recommendation

After a comprehensive of the survey data, the consenus panel is recommending a wRVU of 3.37 for CPT Code 50436. New code 50436 is currently reported with CPT Codes 50395 and 74485. The specialty societies believe a value of 3.37, which is the current value of 50395, will maintain relativity within this dilation of urinary tract family of services. Although time and wRVU comparisons to the KRS are difficult, survey respondents did rate the reference code 50436 of similar or greater overall intensity/complexity. Proposed 50436 values are well bracketed by MPC codes 52287 (also a GU code) and 37191. We note that the current time in the RUC databse for CPT Code 50395 is Harvard and should not be used as a direct comparator to the surveyed 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: 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) 50395 + 74485

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology How often? Commonly

Specialty Radiology How often? Commonly

Specialty Urology 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. A national number is not known.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,720
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The current RUC database states that CPT Code 50395 was reported approximatley 3000 times in 2016. We estimate that 90% of those procedures would be reported as new code 50X39.

Specialty Radiology	Frequency 2000	Percentage	73.52 %
Specialty Interventional Radiology	Frequency 600	Percentage	22.05 %
Specialty Urology	Frequency 150	Percentage	5.51 %

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

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. 50432

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:50437 Tracking Number T2 Original Specialty Recommended RVU: **5.44**
Presented Recommended RVU: **5.44**
Global Period: 000 Current Work RVU: RUC Recommended RVU: **5.44**

CPT Descriptor: Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed; including new access into the renal collecting system
(For nephrostolithotomy, see 50080, 50081)
(For retrograde percutaneous nephrostomy, use 52334)
(For endoscopic surgery, see 50551-50561)
(Do not report 50436, 50437 in conjunction with 50080, 50081, 50382, 50384, 50430, 50431, 50432, 50433, 52334, 74485)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 57-year-old female presents with symptomatic chronic right renal pelvic calculi. Access to the right renal collecting system and dilation of the urinary tract is scheduled prior to endoscopic stone removal (reported separately).

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's medical history including physical examination and laboratory studies are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A "time out" is performed. The patient is placed prone on the fluoro compatible OR table. Position to ensure that ultrasound, fluoro, and endourologic equipment are compatible with room set up. Sterile prep and drape, gown and glove.

Description of Intra-Service Work: A small skin incision is made. Using US and fluoroscopy to target the area of stone disease within the collecting system, a needle is inserted through a calyceal approach. The needle placement is confirmed by performing and interpreting an antegrade nephrostogram. 018 wire is fluoroscopically placed down the ureter. Dilator system introduced so that a larger stiff 035 wire can be placed in the urinary bladder. An 8FR sheath is placed so that an additional stiff 035 wire can be placed in the urinary bladder. Skin incision is expanded. Fluroscopically position 10mm tract dilation balloon and dilate the tract. Over the balloon, fluroscopically advance the 30 French tract sheath to secure access for the distinct and separate work of the endourologic proceudure in question. Following the endourologic procedure, fluroscopically advance a post procedure nephrostomy tube into place. Perform and interpret post procedure nephroureterogram. The catheter is connected to a gravity drainage bag. Sterile dressings are applied.

Description of Post-Service Work: The patient is transported to the recovery room for hemodynamic monitoring, recovery, and pain control. Postoperative orders are entered. Findings discussed with patient and family. Surgical procedure and image interpretation reports are created for the patient's medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Michael Hall, MD, Curtis Anderson, MD, PhD, Kurt Schoppe, MD, Daniel Wessell, MD, Thomas M. Turk,MD, James Depree, MD and Kyle Richards, MD		
Specialty(s):	Interventional Radiology, Radiology and Urology		
CPT Code:	50437		
Sample Size:	8700	**Resp N:** 68	**Response:** 0.7 %
Description of Sample:	SIR - random sample of US physician members ACR - a random subset of 875 members who perform services pertaining to interventional radiology and a random sample of 875 members AUA - random sample of US physician members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	10.00	150.00
Survey RVW:	1.00	5.44	**6.80**	7.06	16.00
Pre-Service Evaluation Time:			**28.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	12.00	30.00	**45.00**	60.00	240.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	50437	**Recommended Physician Work RVU: 5.44**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**18.00**	**18.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**30.00**	**-15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50695	000	6.80	**RUC Time**

CPT Descriptor Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50694	000	5.25	**RUC Time**

CPT Descriptor Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.46	**RUC Time**	35,879

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	32,540

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 38 **% of respondents:** 55.8 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 17.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 50437	Top Key Reference CPT Code: 50695	2nd Key Reference CPT Code: **50694**
Median Pre-Service Time	25.00	29.00	29.00
Median Intra-Service Time	60.00	75.00	62.00
Median Immediate Post-service Time	15.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**100.00**	**124.00**	**111.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	32%	55%	13%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	66%	34%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	39%	58%
Physical effort required	3%	61%	37%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	3%	39%	58%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	17%	67%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	33%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	33%	67%
Physical effort required	0%	33%	67%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	17%	83%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The CPT Editorial Panel created two codes to report dilation of existing tract, and establishment of new access to the collecting system, including percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement when performed. Imaging is included into these new codes.

CPT Codes 52234 and 74485 were included in the family and surveyed by the specialties.

CPT Codes 50432 and 50433 were also included in the family. The specialty societies are requesting the RUC re-affirm the values of these two recently RUC reviewed codes (January 2015).

Survey respondents chose 50695 as the top KRS and 50694 as the second highest KRS. These are both similar codes involving the urinary collecting system. Intraservice time and wRVU are higher for 50695 compared to the reference code 50437. Intraservice time for 50694 is higher than the reference code with slightly lower wRVU than requested for 50437. Survey respondents tended to score 50437 of higher overall complexity and intensity compared to the KRSs. The expert panel feels that the requested times and wRVU values (25th percentile from survey) are appropriate based the survey and KRS comparisons. Clinically this makes sense as 50437 describes the work of creating a percutaneous renal access 3-4 times larger that of the KRSs. Furthermore the requested values for 50437 are well supported by MPC codes 37191 and 52235. In fact the requested wRVU for 50437 is the same as the wRVU for 52235 (also a code describing work with the GU system) with the same intraservice time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 50395 + 74485 + 50432

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 Interventional Radiology How often? Commonly

Specialty Radiology How often? Commonly

Specialty Urology 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. A national number is not known.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 300 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The current RUC database states that CPT Code 50395 was reported approximately 3000 times in 2016. We estimate that new code 50X40 would be reported in 10% of those cases.

Specialty Radiology Frequency 210 Percentage 70.00 %

Specialty Interventional Radiology Frequency 60 Percentage 20.00 %

Specialty Urology Frequency 20 Percentage 6.66 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

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. 50432

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:52334 Tracking Number T5 Original Specialty Recommended RVU: **3.37**
Presented Recommended RVU: **3.37**
Global Period: 000 Current Work RVU: **4.82** RUC Recommended RVU: **3.37**

CPT Descriptor: Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde
(For percutaneous nephrostolithotomy, see 50080, 50081; for establishment of percutaneous nephrostomy, see 50432, 50433 tract only, use 50395)
(For cystourethroscopy, with ureteroscopy and/or pyeloscopy, see 52351-52356)
(For cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves or obstructive hypertrophic mucosal folds, use 52400)
(Do not report 52334 in conjunction with 52000, 52351, 50437)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66 year old female has a large renal stone. A guide wire for percutaneous nephrostomy is placed by the retrograde method for guidance and targeting.

Percentage of Survey Respondents who found Vignette to be Typical: 80%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:
- Review the medical record including preoperative laboratory results.
- Write preoperative orders (to be sent or faxed to the hospital).
- Review surgical procedure and postoperative recovery in and out of hospital with patient and /or family. Answer patient and / or family questions.
- Insure that the informed consent has been completed and is present in the medical record.
- Change into scrubs.
- Place lubrication jelly into the urethra.
- Wait 10
- Wash and disinfect hands, put on sterile surgical gown.
- Prepare the genitalia with standard prep solution and place sterile drapes.
- Inspect and assemble the endoscopic equipment.
- Position patient onto the endoscopic table and move into dorsal lithotomy position.
- Perform the initial time out / briefing with the surgical team.

Description of Intra-Service Work:
- Perform cystoscopy, assess ureteral orifice
- Perform retrograde pyelogram to delineate anatomy
- Through a ureteral catheter Insert Lawson retrograde nephrostomy puncture wire
- The puncture wire is passed through the muscle and the skin is “tented”

- The skin is incised and the needle is delivered
- A 22 G and 18 G needle dilator are placed over the puncture wire, which is advanced through the skin, subcutaneous fat, abdominal wall musculature, and perinephric fat until it reached the renal parenchyma
- After the catheter dilation up to 12 Fr is performed, a safety guidewire is placed.
- A percutaneous nephrostomy balloon dilation catheter is placed over the guide wire and the tract is dilated.
- A Nephrostomy tube is then placed and the balloon dilation catheter is removed.

Description of Post-Service Work:

- Move the patient off of the treatment table and transport to the recovery area
- Discuss the patient's postoperative care with patient and/or family
- Write prescriptions
- Dictate the operative note
- Schedule follow-up appointment

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Michael Hall, MD, Curtis Anderson, MD, PhD, Kurt Schoppe, MD, Daniel Wessell, MD, Thomas M. Turk,MD, James Depree, MD and Kyle Richards, MD		
Specialty(s):	Interventional Radiology, Radiology and Urology		
CPT Code:	52334		
Sample Size:	8700	**Resp N:** 46	**Response:** 0.5 %
Description of Sample:	SIR - random sample of US physician members ACR - a random subset of 875 members who perform services pertaining to interventional radiology and a random sample of 875 members AUA - random sample of US physician members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	10.00	100.00
Survey RVW:	1.00	4.21	**5.38**	7.00	12.00
Pre-Service Evaluation Time:			**26.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	16.00	**30.00**	60.00	169.00

Immediate Post Service-Time:	**19.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
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)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	52334	**Recommended Physician Work RVU: 3.37**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**18.00**	**18.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**30.00**	**-15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50695	000	6.80	**RUC Time**

CPT Descriptor Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50694	000	5.25	**RUC Time**

CPT Descriptor Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter

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
52287	000	3.20	**RUC Time**	31,456

CPT Descriptor 1 Cystourethroscopy, with injection(s) for chemodenervation of the bladder

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.46	**RUC Time**	35,879

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 52334	**Top Key Reference CPT Code:** 50695	**2nd Key Reference CPT Code:** **50964**
Median Pre-Service Time	25.00	29.00	29.00
Median Intra-Service Time	30.00	75.00	62.00
Median Immediate Post-service Time	15.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**70.00**	**124.00**	**111.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	6%	47%	29%	18%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	12%	53%	35%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	38%	63%
Physical effort required	0%	69%	31%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	47%	53%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	50%	38%	13%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	50%	38%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	50%	38%
Physical effort required	0%	63%	38%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	75%	25%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
The CPT Editorial Panel created two codes to report dilation of existing tract, and establishment of new access to the collecting system, including percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement when performed. Imaging is included into these new codes.

CPT Codes 52234 and 74485 were included in the family and surveyed by the specialties.

CPT Codes 50432 and 50433 were also included in the family. The specialty societies are requesting the RUC re-affirm the values of these two recently RUC reviewed codes (January 2015).

Crosswalk Recommendation
After a comprehensive review of the survey data the consensus panel is recommending a cross-walk value for CPT Code 52334. The median surveyed intra times are the same for codes 50436 and 52234. To maintain relativity within this dilation of urinary tract family and the broader fee schedule, the consensus panel believes a crosswalk to the value for CPT Code 50436 is more appropriate than the median or 25th survey statistic.

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) CPT Code 52334

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency 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? 417 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The current RUC database states that CPT Code 52334 was performed 417 times for Medicare patients in 2016. We do not suspect the utilization to dramatically change.

Specialty Urology Frequency 400 Percentage 95.92 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 74445

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:74485 Tracking Number T6 Original Specialty Recommended RVU: **0.83**
Presented Recommended RVU: **0.83**
Global Period: XXX Current Work RVU: **0.54** RUC Recommended RVU: **0.83**

CPT Descriptor: Dilation of ureter(s) or urethra, radiological supervision and interpretation
(Do not report 74485 in conjunction with 50436, 50437)
(For dilation of ureter without radiological guidance, use 52341, 52344)
(For change of nephrostomy or pyelostomy tube, use 50435)
(For dilation of a nephrostomy tract for endourologic procedure, see 50436, 50437)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66 year old male with a ureteral stricture undergoes dilation of the ureter with imaging. Radiologic supervision and interpretation of images is done during and immediately following dilation.

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%

Description of Pre-Service Work: The physician reviews the patient's medical and surgical history including prior imaging studies to become familiar with the patient's urologic pathology and anatomy.

Description of Intra-Service Work: Pre- and Post- dilation imaging is interpreted making note of response to treatment, potential complication, and fluoroscopy time.

Description of Post-Service Work: Based on pertinent patient information and using direct comparison to other available imaging the report is dictated into PACS and the permanent medical record. The physician communicates pertinent findings to the referring physician when appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Michael Hall, MD, Curtis Anderson, MD, PhD, Kurt Schoppe, MD, Daniel Wessell, MD, Thomas M. Turk,MD, James Depree, MD and Kyle Richards, MD		
Specialty(s):	Interventional Radiology, Radiology and Urology		
CPT Code:	74485		
Sample Size:	8700	**Resp N:** 44	**Response:** 0.5 %
Description of Sample:	SIR - random sample of US physician members ACR - a random subset of 875 members who perform services pertaining to interventional radiology and a random sample of 875 members AUA - random sample of US physician members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**6.00**	21.00	200.00
Survey RVW:	0.40	0.61	**0.83**	1.78	5.60
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	15.00	**20.00**	34.00	90.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	74485	**Recommended Physician Work RVU: 0.83**		
		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:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77002	ZZZ	0.54	**RUC Time**

CPT Descriptor Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78707	XXX	0.96	**RUC Time**

CPT Descriptor Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention

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
99407	XXX	0.50	**RUC Time**	49,560

CPT Descriptor 1 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95819	XXX	1.08	**RUC Time**	236,046

CPT Descriptor 2 Electroencephalogram (EEG); including recording awake and asleep

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 34.0 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 18.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 74485	**Top Key Reference CPT Code:** 77002	**2nd Key Reference CPT Code:** **78707**
Median Pre-Service Time	3.00	2.00	0.00
Median Intra-Service Time	20.00	15.00	22.00
Median Immediate Post-service Time	5.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**28.00**	**17.00**	**22.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	20%	47%	33%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	27%	73%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	27%	73%

Physical effort required	7%	40%	53%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	27%	67%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	13%	13%	25%	50%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	25%	63%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	13%	88%
Physical effort required	0%	13%	88%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	13%	88%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The CPT Editorial Panel created two codes to report dilation of existing urinary tract, and establishment of new access to the collecting system, including percutaneous, for an endourologic procedure including imaging guidance (eg,

ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement when performed. Imaging is included into these new codes.

CPT Codes 52234 and 74485 were included in the family and surveyed by the specialties.

CPT Codes 50432 and 50433 were also included in the family. The specialty societies are requesting the RUC re-affirm the values of these two recently RUC reviewed codes (January 2015).

Compelling Evidence

AUA, ACR and SIR feels that there is compelling evidence for CPT 74485. The prior methodology for valuing this code is unknown and considered flawed, as the source is CMS/Other. There is a difference between the work and time values currently listed for this code compared with the survey responses. We believe this indicates both that the prior work and time values were incorrectly assigned. In addition, the patient population for the use of this code has changed. In the past this code was mainly used by interventional radiologists for the dilation of a nephrostomy tract prior to nephrolithotomy. Dilation of nephrostomy tract is now part of CPT 50436. Dilation of the lower urinary tract (urethra or lower ureter) is now the primary use of CPT 74485 representing a substantial change in patient population.

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) 74485

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology How often? Commonly

Specialty Radiology How often? Commonly

Specialty Urology 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. A national number is not known.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 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 2016 Medicare utilization rate for CPT Code 74485 in the current RUC database is 2,837. After 74485 is bundled into the two new urinary tract codes, we anticipate the utilization for this code will dramatically decrease. We anticipate the Medicare utilization for this code will be less than 100.

Specialty Urology	Frequency 60	Percentage 60.00 %
Specialty Radiology	Frequency 30	Percentage 30.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 74450

SS Rec Summary

ISSUE: Dilation of Urinary Tract

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	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	21	0.068			5.25			111	23	1	5			62			20					
2nd REF	50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	15	0.077			6.80			124	23	1	5			75			20					
CURRENT	50395	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous		0.047			3.37			99	29					46			24					
CURRENT	74485	Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation		n/a			0.54			12														
SVY	50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed;	73	0.132	1.00	4.00	5.20	6.80	11.00	92	25	12	10	5	20	30	60	180	15	0	2	5	10	50
REC				0.085			3.37			70	18	1	6			30			15					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	38	0.077			6.80			124	23	1	5			75			20					
2nd REF	50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	12	0.068			5.25			111	23	1	5			62			20					
CURRENT	50395	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous		0.047			3.37			99	29					46			24					
CURRENT	74485	Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation		n/a			0.54			12														
CURRENT	50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation		0.062			4.00			97	23	1	5			48			20					
SVY	50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed; including new access into the renal collecting system	68	0.123	1.00	5.44	6.80	7.06	16.00	108	28	10	10	12	30	45	60	240	15	0	2	5	10	150
REC				0.077			5.44			100	18	1	6			60			15					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	17	0.077			6.80			124	23	1	5			75			20					
2nd REF	50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	8	0.068			5.25			111	23	1	5			62			20					
CURRENT	52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde		0.076			4.82			114	25		25			49			15					
SVY	52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	46	0.136	1.00	4.21	5.38	7.00	12.00	95	26	10	10	5	16	30	60	169	19	0	0	1	10	100
REC		CROSSWALK TO 50X39 or 50395		0.082			3.37			75	18	6	6			30			15					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	15	0.033			0.54			17	2					15								
2nd REF	78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	8	0.044			0.96			22						22								
CMS/Other	74485	Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation		n/a			0.54			12														
SVY	74485	Dilation of ureter(s) or urethra, radiological supervision and interpretation	44	0.019	0.40	0.61	0.83	1.78	5.60	40	10			4	15	20	34	90	10	0	3	6	21	200
REC				0.033			0.83			28	3					20			5					

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
67						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
68	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
69	1st REF				#DIV/0!						0														
70	2nd REF				#DIV/0!						0														
71	CURRENT	50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation		0.062			4.00			97	23	1	5			48			20					
72	SVY				#DIV/0!						0														
73	REC	50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation		0.062			4.00			97	23	1	5			48			20					
74																									
75																									
76						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
77	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
78	1st REF				#DIV/0!						0														
79	2nd REF				#DIV/0!						0														
80	CURRENT	50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access		0.067			5.05			109	23	1	5			60			20					
81	SVY				#DIV/0!						0														
82	REC	50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogramwhen performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access		0.067			5.05			109	23	1	5			60			20					

CPT Code(s): 50436, 50437, 52334, 74485, 50432 and 50433
Specialty Society(s): SIR, ACR and AUA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

Meeting Date: January 2018

Global Period: 000

50436 *Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed;*

50437 *Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed; including new access into the renal collecting system*

52334 *Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde*

50432 *Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*

50433 *Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogramwhen performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access*

Global Period: XXX

74485 *Dilation of ureter(s) or urethra, radiological supervision and interpretation*

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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 RVS Committee Expert Panel:**

   SIR, ACR and AUA convened a panel that included a number of experts familiar with these Dilation of Urinary Tract Services to evaluate the direct practice expense inputs for this family of codes.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:**

   New Codes 50436 and 50437 – we included CPT Code 50431 (Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing

access) as a reference code. CPT Code 50431 was recently reviewed by the RUC/PE Subcommittee and is part of the Genitourinary family of services.

CPT Code 52334 – we included the current direct practice expense inputs

3. **Is this code(s) typically billed with an E/M service?**

   No

4. **If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:**

   The societies are recommending extensive use of clinical time in the Facility setting.

5. **If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:**

   N/A

6. **If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:**

   N/A

7. **Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:***

   N/A

8. **If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.**

   N/A

9. **If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:**

   N/A

10. **If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.**

    N/A

11. **If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    N/A

12. **If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    N/A

13. **List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:**

    N/A

14. **If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:**

    N/A

15. **If there is any other item on your spreadsheet that needs further explanation please include here:**

    N/A

CPT Code(s): 50436, 50437, 52334, 74485, 50432 and 50433
Specialty Society(s): SIR, ACR and AUA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non-Facility Direct Practice Expense (PE) Inputs

Meeting Date: January 2018

Global Period: XXX

74485 *Dilation of ureter(s) or urethra, radiological supervision and interpretation*

Global Period: 000

50432 *Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*

50433 *Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogramwhen performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access*

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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 RVS Committee Expert Panel:**

   SIR, ACR and AUA convened a panel that included a number of experts familiar with these Dilation of Urinary Tract Services to evaluate the direct practice expense inputs for this family of codes.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:**

   CPT Code 74485 – we included the current direct practice expense inputs

   CPT Codes 50432 and 50433 – We are asking the PE subcommittee (and RUC) to re-affirm the inputs for these recently reviewed (January 2015) services. We have included their current direct practice expense inputs.

3. **Is this code(s) typically billed with an E/M service?**

   No

4. **What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)**

Urology

5. **If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:**

   N/A

6. **If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:**

   We are recommending assist physician tech time at 100% of physician times.

7. **If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:**

   The original recommendations included 5 minutes of PRE TIME for "Other Clinical Activity: *Retrieve prior imaging exams, hang for MD review, verify orders, review chart to incorporate relevant clinical information, confirm contrast protocol with interpreting MD"*. We have split that 5 minutes into 3 minutes for CA006 *confirm availability of prior images/studies* and 2 minutes for CA007 *review patient clinical extant information and questionnaire.*

   The original recommendations included 2 minutes of INTRA TIME for "*hang and process films*". We have included that in CA030 *tech QCs images in PACS, checking for all images, reformats and dose page.*

8. **Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:***

   Pre-Service Clinical Labor Activities:

   Confirm availability of prior images/studies -

   Review patient clinical extant information and questionnaire -

   Intra-Service Clinical Labor Activities:

   Prepare room, equipment, supplies after consulting with MD

   Prepare and position patient on table

   Assist physician (100% - hip to hip) – The Radiologic Technologist is scrubbed into the procedure and is sterile to assist in the procedure.

   Clean room/equipment by physician staff – Radiologic technologist cleans room and equipment.

Technologist archives and QC's images to/in PACS, checking for all images and dose page

Review examination with interpreting MD to determine which images to send to PACS and to review documents.

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:

N/A

9. **If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.**

   N/A

10. **If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:**

    N/A

11. **If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.**

    N/A

12. **If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    N/A

13. **If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    N/A

14. **List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:**

    ED053 Professional PACS Workstation – "Other" formula *Half pre physician times and all of intra physician times

ED050 PACS Workstation Proxy – "PACS" formula

EL014 room, radiographic-fluoroscopic – "Default" formula

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

N/A

16. If there is any other item on your spreadsheet that needs further explanation please include here:

CPT Codes 50432 and 50433 – We are asking the PE Subcommittee to re-affirm the inputs for CPT Codes 50432 and 50433, which were included as part of the family for the two new dilation of urinary tract procedures. The direct practice expense inputs for CPT Codes 50432 and 50433 were recently established by the PE subcommittee (January 2015).

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet - AT MEETING**					**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**	
2		**Meeting Date:** January 2018 **Tab:** Tab 12 Dilation of Urinary Tract **Specialty:** Interventional Radiology, Radiology, Urology				**50431**		**50436**		**50437**	
3		***RUC Collaboration Website***				*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and*		*Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed;*		*Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed; including new access into the renal*	
4	**Clinical Activity Code**	**"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**				**0**	**30**	**0**	**33**	**0**	**33**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**				**0**	**30**	**0**	**30**	**0**	**30**
9			*L037D*	*RN/LPN/MTA*	*0.37*		*30*		*30*		*30*
10			*L041B*	*Radiologic Technologist*	*0.41*						
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**				**0**	**0**	**0**	**0**	**0**	**0**
12			*L037D*	*RN/LPN/MTA*	*0.37*						
13			*L041B*	*Radiologic Technologist*	*0.41*						
14			*L051A*	*RN*	*0.51*						
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0**	**0**	**0**	**3**	**0**	**3**
16		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 11.10**	**$ -**	**$ 13.03**	**$ -**	**$ 13.03**
17		**PRE-SERVICE PERIOD**									
18		**Start: Following visit when decision for surgery or procedure made**									
19	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37		5		5		5
20	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37		10		10		10
21	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		5		5		5
22	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37		7		7		7
23	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37		3		3		3
24	CA006	Confirm availability of prior images/studies	L041B	Radiologic Technologist	0.41				2		2
25	CA007	Review patient clinical extant information and questionnaire	L041B	Radiologic Technologist	0.41						
26	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L041B	Radiologic Technologist	0.41						
33		**End: When patient enters office/facility for surgery/procedure**									
34		**SERVICE PERIOD**									
35		**Start: When patient enters office/facility for surgery/procedure:**									
36		**Pre-Service (of service period)**									
37	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.37						
38	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37						
39	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37						
40	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37						
41	CA013	Prepare room, equipment and supplies	L041B	Radiologic Technologist	0.41						
42	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37						
43	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37						
44	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041B	Radiologic Technologist	0.41						
45	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37						
52		**Intra-service (of service period)**									
53	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L041B	Radiologic Technologist	0.41						
54	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	L037D	RN/LPN/MTA	0.37						
55	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L041B	Radiologic Technologist	0.41						
56	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37						
57	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L037D	RN/LPN/MTA	0.37						
63		**Post-Service (of service period)**									
64	CA022	Monitor patient following procedure/service, multitasking 1:4	L051A	RN	0.51						
65	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37						
66	CA024	Clean room/equipment by clinical staff	L041B	Radiologic Technologist	0.41						
67	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37						
68	CA025	Clean scope	L037D	RN/LPN/MTA	0.37						
69	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37						
70	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37						
71	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37						
72	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37						
73	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Radiologic Technologist	0.41						
74	CA031	Review examination with interpreting MD/DO	L041B	Radiologic Technologist	0.41						
75	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L041B	Radiologic Technologist	0.41						
76	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37						
77	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.37						
78	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37						
79	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**		**n/a**	
86		**End: Patient leaves office**									
87		**POST-SERVICE PERIOD**									
88		**Start: Patient leaves office/facility**									
89	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37				3		3
90	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37						
91		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
92		99211 16 minutes	16								
93		99212 27 minutes	27								
94		99213 36 minutes	36								
95		99214 53 minutes	53								
96		99215 63 minutes	63								
97	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
104		**End: with last office visit before end of global period**									

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet - AT MEETING**					**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**	
2		**Meeting Date:** January 2018 **Tab:** Tab 12 Dilation of Urinary Tract **Specialty:** Interventional Radiology, Radiology, Urology				**50431**		**50436**		**50437**	
3		***RUC Collaboration Website***				*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and*		*Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed;*		*Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed; including new access into the renal*	
4	**Clinical Activity Code**	**"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**				**0**	**30**	**0**	**33**	**0**	**33**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**				**0**	**30**	**0**	**30**	**0**	**30**
9			*L037D*	*RN/LPN/MTA*	*0.37*		*30*		*30*		*30*
10			*L041B*	*Radiologic Technologist*	*0.41*						
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**				**0**	**0**	**0**	**0**	**0**	**0**
12			*L037D*	*RN/LPN/MTA*	*0.37*						
13			*L041B*	*Radiologic Technologist*	*0.41*						
14			*L051A*	*RN*	*0.51*						
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0**	**0**	**0**	**3**	**0**	**3**
105	**Medical**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
106		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
107	SA048	pack, minimum multi-specialty visit	1.143	pack							
108	SB022	gloves, non-sterile	0.084	pair							
109	SM013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz							
110	SA019	kit, iv starter	1.6	kit							
111	SA067	tray, shave prep	1.812	tray							
112	SA071	kit, AccuStick II Introducer System with RO Marker	82.62	kit							
113	SB001	cap, surgical	0.209	item							
114	SB005	cover-condom, transducer or ultrasound probe	0.35	item							
115	SB009	drape, sterile, femoral	15.949	item							
116	SB019	drape-towel, sterile 18in x 26in	0.282	item							
117	SB024	gloves, sterile	0.84	pair							
118	SB028	gown, surgical, sterile	4.671	item							
119	SB033	mask, surgical	0.196	item							
120	SB034	mask, surgical, with face shield	1.199	item							
121	SB039	shoe covers, surgical	0.338	pair							
122	SB044	underpad 2ft x 3ft (Chux)	0.23	item							
123	SC010	closed flush system, angiography	11.883	item							
124	SC035	needle, Chiba	8.477	item							
125	SC049	stop cock, 3-way	1.175	item							
126	SC051	syringe 10-12ml	0.184	item							
127	SC056	syringe 50-60ml	0.881	item							
128	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0.435	item							
129	SD043	dilator, vessel, angiographic	6.5	item							
130	SD089	guidewire, hydrophilic	35.5	item							
131	SD090	guidewire, STIFF	23.9	item							
132	SD146	catheter percutaneous fastener (Percu-Stay)	12.745	item							
133	SD161	drainage catheter, all purpose	88.43	item							
134	SD163	drainage pouch, nephrostomy-biliary	13.25	item							
135	SD171	guidewire bowl w-lid, sterile	3	item							
136	SF007	blade, surgical (Bard-Parker)	0.535	item							
137	SG009	applicator, sponge-tipped	0.139	item							
138	SG055	gauze, sterile 4in x 4in	0.159	item							
139	SG079	tape, surgical paper 1in (Micropore)	0.002	inch							
140	SH047	lidocaine 1%-2% inj (Xylocaine)	0.035	ml							
141	SH065	sodium chloride 0.9% flush syringe	0.811	item							
142	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	2.074	item							
143	SJ041	povidone soln (Betadine)	0.008	ml							
144	SL036	cup, biopsy-specimen sterile 4oz	0.173	item							
145	SD147	catheter, (Glide)	62	item							
146	SD306	Nephroureteral Catheter	117.9	item							
147											
148		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*									
150	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
151		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
152	EF023	table, exam	1338.17		0.002976617						
153	ED053	Professional PACS Workstation	14616.93	Other Formula	0.057915145						
154	EL011	room, angiography	1386816	Highly Technical	5.25467238						
155	ED050	PACS Workstation Proxy	5557	PACS	0.022017924						
156	EL014	room, radiographic-fluoroscopic	367664	Default	1.393085936						
157	EQ250	ultrasound unit, portable	29999		0.11624994						
158	EQ168	light, exam	1630.12		0.004325893						
159	EF027	table, instrument, mobile	634		0.001410266						
160	EQ032	IV infusion pump	2384.45		0.006327678						
161	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	4322.5		0.013951439						
162											
163		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*									

	A	B	M	N	O	P	Q	R	S	T	U	V
1	**RUC Practice Expense Spreadsheet - AT MEETING**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**REAFFIRM**	
2		**Meeting Date:** January 2018 **Tab:** Tab 12 Dilation of Urinary Tract **Specialty:** Interventional Radiology, Radiology, Urology	**52334**		**52334**		**74485**		**74485**		**50432**	
3		***RUC Collaboration Website***	*Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde*		*Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde*		*Dilation of ureter(s) or urethra, radiological supervision and interpretation*		*Dilation of ureter(s) or urethra, radiological supervision and interpretation*		*Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*	
4	**Clinical Activity Code**	**"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "**									**January 2015**	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**000**	**XXX**	**XXX**	**XXX**	**XXX**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**0**	**33**	**0**	**35**	**21**	**0**	**33**	**0**	**180**	**30**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**30**	**0**	**32**	**5**	**0**	**3**	**0**	**7**	**30**
9				*30*							*3*	
10							*5*		*3*		*4*	
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**16**	**0**	**30**	**0**	**170**	**0**
12											*31*	
13							*16*		*30*		*94*	
14											*45*	
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**3**	**0**	**3**	**0**	**0**	**0**	**0**	**3**	**0**
16		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 12.21**	**$ -**	**$ 13.03**	**$ 8.61**	**$ -**	**$ 13.53**	**$ -**	**$ 76.82**	**$ 11.10**
17		**PRE-SERVICE PERIOD**										
18		**Start: Following visit when decision for surgery or procedure made**										
19	CA001	Complete pre-service diagnostic and referral forms		5		5					3	5
20	CA002	Coordinate pre-surgery services (including test results)		10		10						10
21	CA003	Schedule space and equipment in facility		5		5						5
22	CA004	Provide pre-service education/obtain consent		7		7						7
23	CA005	Complete pre-procedure phone calls and prescription		3		3						3
24	CA006	Confirm availability of prior images/studies				2	3		2		2	
25	CA007	Review patient clinical extant information and questionnaire					2		1		2	
26	CA008	Perform regulatory mandated quality assurance activity (pre-service)										
33		**End: When patient enters office/facility for surgery/procedure**										
34		**SERVICE PERIOD**										
35		**Start: When patient enters office/facility for surgery/procedure:**										
36		**Pre-Service (of service period)**										
37	CA009	Greet patient, provide gowning, ensure appropriate medical records are									3	
38	CA010	Obtain vital signs									5	
39	CA011	Provide education/obtain consent									5	
40	CA012	Review requisition, assess for special needs										
41	CA013	Prepare room, equipment and supplies					1		1		2	
42	CA014	Confirm order, protocol exam										
43	CA015	Setup scope (nonfacility setting only)										
44	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient					1		1		2	
45	CA017	Sedate/apply anesthesia										
52		**Intra-service (of service period)**										
53	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)							20		48	
54	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)										
55	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)					9				36	
56	CA021	Perform procedure/service---NOT directly related to physician work time										
57	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)									12	
63		**Post-Service (of service period)**										
64	CA022	Monitor patient following procedure/service, multitasking 1:4									45	
65	CA023	Monitor patient following procedure/service, no multitasking										
66	CA024	Clean room/equipment by clinical staff					3		3		3	
67	CA024	Clean room/equipment by clinical staff										
68	CA025	Clean scope										
69	CA026	Clean surgical instrument package										
70	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions									3	
71	CA028	Review/read post-procedure x-ray, lab and pathology reports										
72	CA029	Check dressings, catheters, wounds									3	
73	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page					2		2		2	
74	CA031	Review examination with interpreting MD/DO							2			
75	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.							1		1	
76	CA033	Perform regulatory mandated quality assurance activity (service period)										
77	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry										
78	CA035	Review home care instructions, coordinate visits/prescriptions										
79	CA036	Discharge day management	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
86		**End: Patient leaves office**										
87		**POST-SERVICE PERIOD**										
88		**Start: Patient leaves office/facility**										
89	CA037	Conduct patient communications		3		3					3	
90	CA038	Coordinate post-procedure services										
91		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
92		99211 16 minutes										
93		99212 27 minutes										
94		99213 36 minutes										
95		99214 53 minutes										
96		99215 63 minutes										
97	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
104		**End: with last office visit before end of global period**										

	A	B	M	N	O	P	Q	R	S	T	U	V
1	**RUC Practice Expense Spreadsheet - AT MEETING**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**REAFFIRM**	
2		**Meeting Date:** January 2018 **Tab:** Tab 12 Dilation of Urinary Tract **Specialty:** Interventional Radiology, Radiology, Urology	**52334**		**52334**		**74485**		**74485**		**50432**	
3		***RUC Collaboration Website***	*Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde*		*Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde*		*Dilation of ureter(s) or urethra, radiological supervision and interpretation*		*Dilation of ureter(s) or urethra, radiological supervision and interpretation*		*Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*	
4	**Clinical Activity Code**	**"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "**									**January 2015**	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**000**	**XXX**	**XXX**	**XXX**	**XXX**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**0**	**33**	**0**	**35**	**21**	**0**	**33**	**0**	**180**	**30**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**30**	**0**	**32**	**5**	**0**	**3**	**0**	**7**	**30**
9				*30*							*3*	
10							*5*		*3*		*4*	
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**16**	**0**	**30**	**0**	**170**	**0**
12											*31*	
13							*16*		*30*		*94*	
14											*45*	
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**3**	**0**	**3**	**0**	**0**	**0**	**0**	**3**	**0**
105	**Medical**	**MEDICAL SUPPLIES**										
106		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 0.25**	**$ -**	**$ 0.25**	**$ -**	**$ 341.56**	**$ -**
107	SA048	pack, minimum multi-specialty visit									1	
108	SB022	gloves, non-sterile					1		1			
109	SM013	disinfectant, surface (Envirocide, Sanizide)					1		1		1	
110	SA019	kit, iv starter									1	
111	SA067	tray, shave prep									1	
112	SA071	kit, AccuStick II Introducer System with RO Marker									1	
113	SB001	cap, surgical									4	
114	SB005	cover-condom, transducer or ultrasound probe									1	
115	SB009	drape, sterile, femoral									1	
116	SB019	drape-towel, sterile 18in x 26in									2	
117	SB024	gloves, sterile									2	
118	SB028	gown, surgical, sterile									2	
119	SB033	mask, surgical									2	
120	SB034	mask, surgical, with face shield									2	
121	SB039	shoe covers, surgical									4	
122	SB044	underpad 2ft x 3ft (Chux)									1	
123	SC010	closed flush system, angiography									1	
124	SC035	needle, Chiba									1	
125	SC049	stop cock, 3-way									1	
126	SC051	syringe 10-12ml									2	
127	SC056	syringe 50-60ml									2	
128	SC058	syringe w-needle, OSHA compliant (SafetyGlide)									2	
129	SD043	dilator, vessel, angiographic									2	
130	SD089	guidewire, hydrophilic									1	
131	SD090	guidewire, STIFF									1	
132	SD146	catheter percutaneous fastener (Percu-Stay)									1	
133	SD161	drainage catheter, all purpose									1	
134	SD163	drainage pouch, nephrostomy-biliary									1	
135	SD171	guidewire bowl w-lid, sterile									1	
136	SF007	blade, surgical (Bard-Parker)									1	
137	SG009	applicator, sponge-tipped									4	
138	SG055	gauze, sterile 4in x 4in									6	
139	SG079	tape, surgical paper 1in (Micropore)									12	
140	SH047	lidocaine 1%-2% inj (Xylocaine)									10	
141	SH065	sodium chloride 0.9% flush syringe									2	
142	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)									1	
143	SJ041	povidone soln (Betadine)									60	
144	SL036	cup, biopsy-specimen sterile 4oz									1	
145	SD147	catheter, (Glide)										
146	SD306	Nephroureteral Catheter										
147												
148		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*										
150	**Equipment Code**	**EQUIPMENT**										
151		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 47.99**	**$ -**	**$ 36.73**	**$ -**	**$ 98.00**	**$ -**
152	EF023	table, exam										
153	ED053	Professional PACS Workstation					6		22		25	
154	EL011	room, angiography					9					
155	ED050	PACS Workstation Proxy					16		30		80	
156	EL014	room, radiographic-fluoroscopic							25		60	
157	EQ250	ultrasound unit, portable									60	
158	EQ168	light, exam									75	
159	EF027	table, instrument, mobile									180	
160	EQ032	IV infusion pump									180	
161	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)									180	
162												
163		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*										

	A	B	W	X
1	**RUC Practice Expense Spreadsheet - AT MEETING**		**REAFFIRM**	
2		**Meeting Date:** January 2018 **Tab:** Tab 12 Dilation of Urinary Tract **Specialty:** Interventional Radiology, Radiology, Urology	**50433**	
3		***RUC Collaboration Website***	*Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access*	
4	**Clinical Activity Code**	**"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "**	**January 2015**	
5		**LOCATION**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**204**	**30**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**7**	**30**
9			*3*	
10			*4*	
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**194**	**0**
12			*34*	
13			*115*	
14			*45*	
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3**	**0**
16		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 86.54**	**$ 11.10**
17		**PRE-SERVICE PERIOD**		
18		**Start: Following visit when decision for surgery or procedure made**		
19	CA001	Complete pre-service diagnostic and referral forms	3	5
20	CA002	Coordinate pre-surgery services (including test results)		10
21	CA003	Schedule space and equipment in facility		5
22	CA004	Provide pre-service education/obtain consent		7
23	CA005	Complete pre-procedure phone calls and prescription		3
24	CA006	Confirm availability of prior images/studies	2	
25	CA007	Review patient clinical extant information and questionnaire	2	
26	CA008	Perform regulatory mandated quality assurance activity (pre-service)		
33		**End: When patient enters office/facility for surgery/procedure**		
34		**SERVICE PERIOD**		
35		**Start: When patient enters office/facility for surgery/procedure:**		
36		**Pre-Service (of service period)**		
37	CA009	Greet patient, provide gowning, ensure appropriate medical records are	3	
38	CA010	Obtain vital signs	5	
39	CA011	Provide education/obtain consent	5	
40	CA012	Review requisition, assess for special needs		
41	CA013	Prepare room, equipment and supplies	2	
42	CA014	Confirm order, protocol exam		
43	CA015	Setup scope (nonfacility setting only)		
44	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2	
45	CA017	Sedate/apply anesthesia		
52		**Intra-service (of service period)**		
53	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	60	
54	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)		
55	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	45	
56	CA021	Perform procedure/service---NOT directly related to physician work time		
57	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	15	
63		**Post-Service (of service period)**		
64	CA022	Monitor patient following procedure/service, multitasking 1:4	45	
65	CA023	Monitor patient following procedure/service, no multitasking		
66	CA024	Clean room/equipment by clinical staff	3	
67	CA024	Clean room/equipment by clinical staff		
68	CA025	Clean scope		
69	CA026	Clean surgical instrument package		
70	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	3	
71	CA028	Review/read post-procedure x-ray, lab and pathology reports		
72	CA029	Check dressings, catheters, wounds	3	
73	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	2	
74	CA031	Review examination with interpreting MD/DO		
75	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	1	
76	CA033	Perform regulatory mandated quality assurance activity (service period)		
77	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry		
78	CA035	Review home care instructions, coordinate visits/prescriptions		
79	CA036	Discharge day management	**n/a**	
86		**End: Patient leaves office**		
87		**POST-SERVICE PERIOD**		
88		**Start: Patient leaves office/facility**		
89	CA037	Conduct patient communications	3	
90	CA038	Coordinate post-procedure services		
91		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**
92		99211 16 minutes		
93		99212 27 minutes		
94		99213 36 minutes		
95		99214 53 minutes		
96		99215 63 minutes		
97	CA039	Post-operative visits (total time)	**0.0**	**0.0**
104		**End: with last office visit before end of global period**		

	A	B	W	X
1	**RUC Practice Expense Spreadsheet - AT MEETING**		**REAFFIRM**	
2		**Meeting Date:** January 2018 **Tab:** Tab 12 Dilation of Urinary Tract **Specialty:** Interventional Radiology, Radiology, Urology	**50433**	
3		***RUC Collaboration Website***	*Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access*	
4	**Clinical Activity Code**	**"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "**	**January 2015**	
5		**LOCATION**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**204**	**30**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**7**	**30**
9			*3*	
10			*4*	
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**194**	**0**
12			*34*	
13			*115*	
14			*45*	
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3**	**0**
105	**Medical**	**MEDICAL SUPPLIES**		
106		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 521.46**	**$ -**
107	SA048	pack, minimum multi-specialty visit	1	
108	SB022	gloves, non-sterile		
109	SM013	disinfectant, surface (Envirocide, Sanizide)	1	
110	SA019	kit, iv starter	1	
111	SA067	tray, shave prep	1	
112	SA071	kit, AccuStick II Introducer System with RO Marker	1	
113	SB001	cap, surgical	4	
114	SB005	cover-condom, transducer or ultrasound probe	1	
115	SB009	drape, sterile, femoral	1	
116	SB019	drape-towel, sterile 18in x 26in	2	
117	SB024	gloves, sterile	2	
118	SB028	gown, surgical, sterile	2	
119	SB033	mask, surgical	2	
120	SB034	mask, surgical, with face shield	2	
121	SB039	shoe covers, surgical	4	
122	SB044	underpad 2ft x 3ft (Chux)	1	
123	SC010	closed flush system, angiography	1	
124	SC035	needle, Chiba	1	
125	SC049	stop cock, 3-way	1	
126	SC051	syringe 10-12ml	2	
127	SC056	syringe 50-60ml	2	
128	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	2	
129	SD043	dilator, vessel, angiographic	2	
130	SD089	guidewire, hydrophilic	1	
131	SD090	guidewire, STIFF	1	
132	SD146	catheter percutaneous fastener (Percu-Stay)	1	
133	SD161	drainage catheter, all purpose	1	
134	SD163	drainage pouch, nephrostomy-biliary	1	
135	SD171	guidewire bowl w-lid, sterile	1	
136	SF007	blade, surgical (Bard-Parker)	1	
137	SG009	applicator, sponge-tipped	4	
138	SG055	gauze, sterile 4in x 4in	6	
139	SG079	tape, surgical paper 1in (Micropore)	12	
140	SH047	lidocaine 1%-2% inj (Xylocaine)	10	
141	SH065	sodium chloride 0.9% flush syringe	2	
142	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	1	
143	SJ041	povidone soln (Betadine)	60	
144	SL036	cup, biopsy-specimen sterile 4oz	1	
145	SD147	catheter, (Glide)	1	
146	SD306	Nephroureteral Catheter	1	
147				
148		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*		
150	**Equipment Code**	**EQUIPMENT**		
151		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 116.43**	**$ -**
152	EF023	table, exam		
153	ED053	Professional PACS Workstation	25	
154	EL011	room, angiography		
155	ED050	PACS Workstation Proxy	92	
156	EL014	room, radiographic-fluoroscopic	72	
157	EQ250	ultrasound unit, portable	72	
158	EQ168	light, exam	87	
159	EF027	table, instrument, mobile	180	
160	EQ032	IV infusion pump	180	
161	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	180	
162				
163		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*		

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Codes Reported 75% or More screen

January 2015

Genitourinary Catheter Procedures

In October 2012, the Joint CPT/RUC Workgroup on Codes Reported Together identified the following code pairs as billed together 75% or more of the time: 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984. At the October 2014 CPT meeting, the specialties submitted a Code Change Proposal to bundle codes per the workgroup's request, and also refined the descriptors for injection and aspiration procedures to better delineate surgical access requirements.

Prior to valuing these services, the specialty societies noted that for two of these new services, 50430 and 50431, there is compelling evidence that the current component codes used to report these services are potentially misvalued. The specialties brought forth the following compelling evidence arguments:

Change in technique and technology

- Virtually all the medical devices currently used in the genitourinary catheter procedures have been developed since the current codes were adopted. Advances in understanding of anatomy and avoidance of complications (especially genitourinary sepsis) have led to the development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time such as micropuncture access with gradual stepwise transition to heavy-duty guidewires, tract dilation and placement of nephrostomy catheters over a wire and use of real-time ultrasound guidance for needle access.

Change in patient population

- The population of patients treated with the genitourinary catheter procedures currently described by the family of codes being replaced by the new family of codes has changed considerably. Previously virtually all genitourinary catheter procedures were used for basic relief of urinary obstruction either acutely or chronically, but as a result of major advances in urologic surgery, patients with malignancies, stone disease and other problems are now being managed with innovative reconstructive techniques including the regular need for and use of catheter based procedures, including urinary drainage.

After hearing these arguments, the RUC agreed that there is compelling evidence that the current work values for 50430 and 50431 are potentially misvalued.

50430 Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access
The RUC reviewed the survey results for 45 interventional radiologists and recommends the following physician time components: pre-service time of 36 minutes, intra-service time of 35 minutes and post-service time of 20 minutes.

To determine an appropriate work value for 50430, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 3.15 is appropriate. To justify a work RVU of 3.15, the RUC compared the surveyed code to the top two key reference services chosen: CPT code 32557 *Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance* (work RVU= 3.12, intra time= 30 minutes) and CPT code 49405 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous* (work RVU= 4.25, intra time= 40 minutes). The RUC noted that both services provide comparable physician work and the recommended work value of 3.15 appropriately places 50430 in rank order betweeen these two reference services. **The RUC recommends a work RVU of 3.15 for CPT code 50430.**

50431 Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access
The RUC reviewed the survey results for 45 interventional radiologists and recommends the following physician time components: pre-service time of 25 minutes, intra-service time of 15 minutes and post-service time of 15 minutes.

To determine an appropriate work value for 50431, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 1.42 is appropriate. To justify a work RVU of 1.42, the RUC compared the surveyed code to the second highest chosen key reference code 49083 *Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance* (work RVU= 2.00) and noted that the reference code has slightly more total time than 50431, 60 minutes compared to 55 minutes, and is valued appropriately higher. The RUC also reviewed reference code 64445 *Injection, anesthetic agent; sciatic nerve, single* (work RVU= 1.48, intra time= 15 minutes) and MPC code 52000 *Cystourethroscopy (separate procedure)* (work RVU= 2.23, intra time= 15 minutes) and noted that both services provide comparable physician work and the recommended work value of 1.42 appropriately places 50431 relative to these two reference services. **The RUC recommends a work RVU of 1.42 for CPT code 50431.**

50432 Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
The RUC reviewed the survey results for 45 interventional radiologists and recommends the following physician time components: pre-service time of 39 minutes, intra-service time of 48 minutes and post-service time of 20 minutes.

To determine an appropriate work value for 50432, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 4.70 is appropriate. To justify a work RVU of 4.70, the RUC compared the surveyed code to the top two key reference services chosen: CPT code 49407 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal* (work RVU= 4.50, intra time= 45 minutes) and CPT code 49405 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous* (work RVU= 4.25, intra time= 40 minutes). The RUC agreed that considering the similarities in physician work and time, these two reference services are appropriately valued analogous to 50432.

Finally, the RUC noted that physician work involved in 50432 is the work involved in 50430 plus the work of re-accessing a system in a peripheral calyx. Therefore, the physician is accessing the system twice in 50432 and justifies a work RVU 1.55 difference greater than 50430. **The RUC recommends a work RVU of 4.70 for CPT code 50432.**

50433 Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access
The RUC reviewed the survey results for 46 interventional radiologists and recommends the following physician time components: pre-service time of 39 minutes, intra-service time of 60 minutes and post-service time of 20 minutes.

To determine an appropriate work value for 50433, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that neither the 25th percentile (work RVU= 5.00) nor the median work RVU (work RVU= 6.20) accurately values 50433. To determine a more accurate value, the RUC reviewed CPT code 52351 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic* (work RVU= 5.75) and noted that both codes have similar physician work and nearly identical total time. Given these similarities, the RUC recommends a work RVU of 5.75, which is a direct crosswalk to CPT code 52351. To justify this value, the RUC compared 50433 to CPT code 52342 *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation,*

laser, electrocautery, and incision) (work RVU= 5.85, intra time= 60 minutes) and noted that since both codes have identical intra-service time and comparable physician work, the recommended value is appropriately valued analogous to this reference code.

Finally, the RUC noted that the work involved in 50433 contains the physician work of 50432 plus the additional work of transversing the ureter and placing the catheter into the bladder and having it then travel externally to the patient. The RUC agreed that the additional incremental work of 1.05 above the recommended value of 4.70 for CPT code 50432 is accurate. **The RUC recommends a work RVU of 5.75 for CPT code 50433.**

50434 Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via pre-existing nephrostomy tract

The RUC reviewed the survey results for 45 interventional radiologists and recommends the following physician time components: pre-service time of 36 minutes, intra-service time of 45 minutes and post-service time of 20 minutes.

To determine an appropriate work value for 50434, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 4.20 is appropriate. To justify a work RVU of 4.20, the RUC compared the surveyed code to MPC code 31628 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe* (work RVU= 3.80) and noted that since this reference code has 5 fewer minutes than the surveyed code, 40 minutes compared to 45 minutes, 50434 is appropriately valued higher. In addition, the RUC reviewed CPT code 49407 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal* (work RVU= 4.50) and agreed that with identical intra-service time, these two codes should be valued similarly.

Finally, the RUC noted that the work involved in 50434 contains the physician work of 50431 plus the additional work of traversing the ureter with a new catheter analogous to 50433, where this new catheter extends from the bladder, through the ureter, is coiled in the kidney, and extends external to the patient. The RUC agreed that the additional work increment between this procedure and the injection procedure is accurate. **The RUC recommends a work RVU of 4.20 for CPT code 50434.**

50435 Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
The RUC reviewed the survey results for 44 interventional radiologists and recommends the following physician time components: pre-service time of 20 minutes, intra-service time of 20 minutes and post-service time of 15 minutes.

To determine an appropriate work value for 50435, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 2.00 is appropriate. To justify a work RVU of 2.00, the RUC compared the surveyed code to the key reference code 49452 *Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report* (work RVU= 2.86, total time= 60 minutes) and noted that the reference code has slightly more total time compared to the surveyed code and is appropriately valued higher. The RUC also reviewed CPT code 47000 *Biopsy of liver, needle; percutaneous* (work RVU= 1.90, intra time= 20 minutes) and agreed that this reference code should be valued similarly to 50435. **The RUC recommends a work RVU of 2.00 for CPT code 50435.**

50693 Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via a pre-existing nephrostomy tract
The RUC reviewed the survey results for 33 interventional radiologists and recommends the following physician time components: pre-service time of 39 minutes, intra-service time of 45 minutes and post-service time of 20 minutes.

To determine an appropriate work value for 50693, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey median work RVU of 4.60 is appropriate. To justify a work RVU of 4.60, the RUC compared the surveyed code to CPT code 49407 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal* (work RVU= 4.50) and noted that both services have identical intra-service time, 45 minutes, and should therefore be valued similarly. The RUC also reviewed CPT code 50385 *Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation* (work RVU= 4.44, intra time= 45 minutes) and agreed that this reference code also provides an accurate anchor point to the recommended value.

Finally, the RUC noted that 50693 is analogous to the physician work involved in 50434. However, the placement of the ureteral catheter does not have external connections to the skin surface. Therefore, during deployment of the stent, there is significant risk of stent migration and malposition . This adds additional intensity compared to 50434 and the recommended value appropriately values the surveyed code above this reference code. **The RUC recommends a work RVU of 4.60 for CPT code 50693.**

50694 Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter
The RUC reviewed the survey results for 33 interventional radiologists and recommends the following physician time components: pre-service time of 39 minutes, intra-service time of 62 minutes and post-service time of 20 minutes.

To determine an appropriate work value for 50694, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 6.00 is appropriate. To justify a work RVU of 6.00, the RUC compared the surveyed code to the second highest chosen key reference code 36247 *Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family* (work RVU= 6.29) and agreed that since both services have comparable physician work and nearly identical intra-service time, 60 minutes compared to 62 minutes, both should be valued similarly. The RUC also reviewed CPT code 52342 *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)* (work RVU= 5.85, intra time= 60 minutes) and agreed that both this reference code and 50694 should be valued similarly.

Finally, the RUC noted that 50694 is analogous to the physician work involved in 50693 except that there is not a pre-existing nephrostomy tract. Therefore, the additional work increment of placing the ureteral stent in a new access is accurately valued at 1.40 work RVUs. **The RUC recommends a work RVU of 6.00 for CPT code 50694.**

50695 Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter
The RUC reviewed the survey results for 33 interventional radiologists and recommends the following physician time components: pre-service time of 39 minutes, intra-service time of 75 minutes and post-service time of 20 minutes.

To determine an appropriate work value for 50695, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey median work RVU of 7.55 is appropriate. To justify a work RVU of 7.55, the RUC compared the surveyed code to the key reference code 36247 *Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family* (work RVU= 6.29) and noted that the surveyed code has more intra-service time compared to the reference code, 60 minutes compared to 75 minutes, and is therefore appropriately valued higher. The RUC also reviewed CPT code 20982 *Ablation therapy for reduction or eradication of 1 or more bone tumors (eg,*

metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency (work RVU= 7.27, intra time= 80 minutes) and agreed that this reference code is accurately valued similar to the surveyed code.

Finally, the RUC noted that the work involved in 50695 contains the physician work of 50694 plus the additional work of placing a nephrostomy tube. The RUC agreed that the additional work increment involved in the tube placement is accurately valued at 1.55 work RVUs. **The RUC recommends a work RVU of 7.55 for CPT code 50695.**

CPT Referral:
The RUC had significant concerns regarding the global period used for the following CPT codes: 50606, 50705 and 50706. The specialties noted that this code is almost always billed with another code. Since it was designated by CPT as -51 modifier exempt, the RUC was concerned that the pre- and post-service work would be duplicative. The specialties suggested that the surveyees had assumed that the code was a stand-alone code, and therefore assigned it pre- and post-work. The specialty societies agreed with the RUC that these three codes should be referred to the CPT Editorial Panel. Following referral, new surveys can be conducted, this time as add-on procedures, with new recommendations presented at the April 2015 meeting. **The RUC recommends CPT codes 50606, 50705 and 50706 be referred to the February 2015 CPT Editorial Panel. Note: The CPT Editorial Panel converted these codes to add-on codes at the February 2015 RUC Meeting.**

In addition, prior to the meeting, the specialties indicated that CPT code 50395 *Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous,* which was identified as part of the family, will be referred to the CPT Editorial Panel to clear up any confusion with overlap in physician work with 50432. **The RUC recommends CPT code 50395 be referred to the CPT Editorial Panel.**

Not Part of Family:
The specialties noted that two CPT codes identified as part of the family, 50391 and 50396, are current stand-alone procedure that do not describe introduction/exchange/removal of catheters within the renal pelvis and should not be considered part of the family of codes under this tab. The RUC agreed that these two codes were not part of the current family under review.

New Technology:
The RUC recommends that this family of codes be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Practice Expense:
The RUC reviewed and approved the direct practice expense inputs with the following modifications as approved by the Practice Expense Subcommittee:

- The clinical staff time for availability of prior images confirmed, was changed from 3 to 2 minutes for nonfacility setting to meet baseline standards for digital imaging (line 22).
- The clinical staff time for patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist, was changed from 0 to 2 minutes for nonfacility setting to meet baseline standards for digital imaging (line 23).
- The clinical staff time for obtain vital signs, was changed from 2 to 5 minutes for a standard level 2 (4-6 vitals) (line 29).
- The specialty had recommended 60 minutes (15 minutes of RN time per hour of monitoring) representing 4 hours of monitoring the patient after moderate sedation, however the PE Subcommittee determined that 15 minutes representing 1 hour of monitoring the patient after moderate sedation (line 43) was appropriate and moved the remaining 45 minutes of monitoring time to the appropriate line for monitoring the patient after procedure, not related to moderate sedation (line 44). The clinical staff type for monitoring the patient after procedure, not related to moderate sedation was changed from RN/LPN/MTA L037D to an RN L051A because that is the staff available in the office for these types of procedures (line 44).
- The clinical staff time for review examination with interpreting MD, was changed from 0 to 2 minutes for nonfacility setting to meet baseline standards for digital imaging (line 53).
- The clinical staff time for exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue, was changed from 0 to 1 minute for nonfacility setting to meet baseline standards for digital imaging (line 54).
- The PE Subcommittee had a robust discussion about use of the angiography room for these services. Unfortunately, in error, the equipment list for the angiography room has not been included in the PE reference materials for a number of years. AMA staff tracked down a list from 2003 and the equipment appears to remain unrevised since that time. The specialty advisors reviewed the equipment list in detail and verified that the angiography room, and not a subset of mobile equipment, is needed for these services.
- The equipment minute calculations were updated to include the appropriate line items for PACS Workstation Proxy (ED050) (line 140).

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Urinary System
Kidney
Introduction
Other Introduction Injection/Change/Removal Procedures

Percutaneous genitourinary procedures are performed with imaging guidance (eg, fluoroscopy and/or ultrasound). Diagnostic nephrostogram and/or ureterogram are typically performed with percutaneous genitourinary procedures and are included in 50432, 50433, 50435, 50434, 50693, 50694, and 50695.

Codes 50430 and 50431 are diagnostic procedure codes that include the work of injection(s) of contrast material, all associated radiological supervision and interpretation, and procedural imaging guidance (eg, ultrasound and/or fluoroscopy). Code 50430 also includes the work of accessing the collecting system associated and/or associated ureter with a needle and/or catheter. Codes 50430 or 50431 may not be reported together with 50432, 50433, 50435, 50434, 50693, 50694, 50695.

Codes 50432, 50433, 50435, 50434 are therapeutic procedures describing the work of catheter placement or exchange, and include the elements of access, drainage catheter manipulations and imaging guidance (eg ultrasonography and/or fluoroscopy) as well as diagnostic imaging supervision and interpretation, when performed.

Code 50433 describes the work of percutaneous nephrostomy with the additional work of accessing the ureter/bladder to ultimately place a nephroureteral catheter (a single transnephric catheter with nephrostomy and ureteral components that allows drainage internally, externally, or both).

50390 *Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous*

(For radiological supervision and interpretation, see 74425, 74470, 76942, 77002, 77012, 77021)

~~(For evaluation of fine needle aspirate, see 88172, 88173)~~

(For antegrade nephrostogram and/or antegrade pyelogram use 50430, 50431)

(For radiological supervision and interpretation, ~~see~~use 74425~~,74475,74480~~)

Kidney
Endoscopy

For supplies and materials, use 99070)

50551 *Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;*

50553 *with ureteral catheterization, with or without dilation of ureter*

(For image-guided[1] dilation of ureter without endoscopic guidance, see 50706)

50555 *with biopsy*

(For image-guided biopsy of ureter and/or renal pelvis without endoscopic guidance, see 50606)

50562 *with resection of tumor*

50570 *Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;*

50572 *with ureteral catheterization, with or without dilation of ureter*

(For image-guided[1] dilation of ureter without endoscopic guidance, see 50706)

50574 *with biopsy*

(For image-guided[1] biopsy of ureter and/or renal pelvis without endoscopic guidance, see 50606)

Ureter
Incision/Biopsy

Code 50606 is a an add-on code describing endoluminal biopsy (eg, brush) using non-endoscopic imaging guidance, and may be reported once per ureter per day. This code includes the work of the biopsy and the imaging guidance and radiological supervision and interpretation required to accomplish the biopsy. The biopsy may be performed through de novo transrenal access, an existing renal/ureteral access, transurethral access, an ileal conduit, or ureterostomy. The work to gain access may be separately reported. Diagnostic pyelography/ureterography is not included in the work of 50606 and may be separately reported. Other interventions or catheter placements performed at the same setting as the biopsy may be separately reported.

Ureter
Introduction
Other Introduction/Change/Removal Procedures

Codes 50693, 50694, 50695 are therapeutic procedure codes describing percutaneous placement of ureteral stents. These codes include the work of access, drainage, catheter manipulations, diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasonography and/or fluoroscopy), and all associated radiological supervision and interpretation. When a separate ureteral stent and a nephrostomy catheter are placed into a ureter and its associated renal pelvis during the same session through a new percutaneous renal access use 50695 to report the procedure.

50684 *Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter*

(For radiological supervision and interpretation, use 74425)

(Do not report 50684 in conjunction with 50433, 50434, 50693-95)

50686 *Manometric studies through ureterostomy or indwelling ureteral catheter*

50688 *Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit*

(If imaging guidance is performed, use 75984)

50690 *Injection procedure for visualization of ileal conduit and/ or ureteropyelography, exclusive of radiologic service*

(For radiological supervision and interpretation, use 74425)

Surgery
Urinary System
Ureter
Repair

Codes 50705, 50706 describe embolization or dilation of the ureter using non-endoscopic imaging guidance and each may be reported once per ureter per day. These codes include the work of catheter manipulations, contrast material injection(s) inherent to the intervention, imaging guidance (eg, fluoroscopy) and all associated radiologic supervision and interpretation. Access, and other therapeutic intervention(s) necessary for the introduction of needles, guide wires, and catheters into the kidney, renal pelvis, or ureter may be separately reported. Code 50705, 50706 are a add-on codes describing embolization and dilation of the ureter using non-endoscopic imaging guidance, and each may be reported once per ureter per day. These codes include the work of the embolization or dilation plus the imaging guidance and radiological supervision and interpretation required to accomplish the embolization or

dilation. These procedures may be performed through de novo transrenal access, an existing renal/ureteral access, transurethral access, an ileal conduit, or ureterostomy. The work to gain access may be separately reported. Diagnostic pyelography/ureterography is not included in the work of 50705 and 50706 and may be separately reported. Other interventions or catheter placements performed at the same setting as the embolization/dilation may be separately reported.

50951 *Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;*

50953 *with ureteral catheterization, with or without dilation of ureter*

(For image-guided[1] dilation of ureter without endoscopic guidance, see 50706)

50955 *with biopsy*

(For image-guided[1] biopsy of ureter and/or renal pelvis without endoscopic guidance, see 50606)

50961 *with removal of foreign body or calculus*

~~*(When procedures 50970-59080 provide a significant identifiable service, they may be added to 50600)*~~

50970 *Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;*

50972 *with ureteral catheterization, with or without dilation of ureter*

(For image-guided[1] dilation of ureter without endoscopic guidance, see 50706)

50974 *with biopsy*

(For image-guided[1] biopsy of ureter and/or renal pelvis without endoscopic guidance, see 50606)

~~*50980* *with removal of foreign body or calculus*~~

Endoscopy—Cystoscopy, urethroscopy, cystourethroscopy

52005 *Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;*

52007 *with brush biopsy of ureter and/or renal pelvis*

(For image-guided[1] biopsy of ureter and/or renal pelvis without endoscopic guidance, see 50606)

52341	*Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)*			
52343	*with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)*			
	(Do not report 52341, 52342, 52343 in conjunction with 52000, 52351)			
	(For image-guided[1] dilation of ureter, ureteropelvic junction stricture without endoscopic guidance, see 50706)			
52344	*Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)*			
52346	*with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)*			
	(For image-guided[1] dilation of ureter, ureteropelvic junction stricture without endoscopic guidance, see 50706)			
52354	*with biopsy and/or fulguration of ureteral or renal pelvic lesion*			
	(For image-guided[1] biopsy of ureter and/or renal pelvis without endoscopic guidance, see 50606)			
▲50387		Removal and replacement of externally accessible ~~transnephric ureteral stent~~nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation	000	2.00 (No Change)
50391(f)	I1	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenicor antifungal agent)	000	Not Part of Family
~~D50392~~		~~Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous~~ ~~(For radiological supervision and interpretation, see 74475, 76942, 77013)~~ (50392 has been deleted. To report nephrostomy tube placement, see 50432)	~~000~~	N/A

~~D50394~~		~~Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter~~ ~~(For radiological supervision and interpretation, see 74425)~~ (50394 has been deleted. To report injection procedures for antegrade nephrostogram or antegrade pyelogram, see 50430, 50431)	~~000~~	N/A
50395(f)	I2	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous	000	Refer to CPT Editorial Panel
50396(f)	I3	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter.	000	Not Part of Family
~~D50398~~		~~Change of nephrostomy or pyelostomy tube~~ ~~(For radiological supervision and interpretation, use 75894)~~ (50398 has been deleted. To report exchange of a percutaneous nephrostomy catheter, use 50435)	~~000~~	N/A
⊙●50430	I4	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	000	3.15

⊙●50431	I5	existing access (Do not report 50430, 50431 in conjunction with 50432, 50433, 50435, 50434, 50606, 50684, 50693, 50694, 50695, 50705, 50706, 74425)	000	1.42
⊙●50432	I6	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (Do not report 50432 in conjunction with 50395, 50430, 50431, 50433, 50694, 50695, 50705, 50706, 74425)	000	4.70
⊙●50433	I7	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (Do not report 50433 in conjunction with 50430, 50431, 50432, 50693, 50694, 50695, 74425 for the same renal collecting system and/or associated ureter) (Do not report 50433 in conjunction with 50395 for dilation of the nephrouteral catheter tract) (For nephroureteral catheter removal and replacement, use 50387)	000	5.75
⊙●50434	I8	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg,	000	4.20

		ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via pre-existing nephrostomy tract (Do not report 50435 in conjunction with 50430, 50431, 50693, 74425)		
⊙●50435	I9	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (Do not report 50435 in conjunction with 50430, 50431, 50434, 50693, 74425 for the same for the same renal collecting system and/or associated ureter) (For removal of nephrostomy catheter requiring fluoroscopic guidance, use 50389)	000	2.00
⊙✚●50606	I10	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List in addition to primary procedure) (Use 50606 in conjunction with 50382-50389, 50430-50435, 50434, 50684,50688, 50690, 50693-50695, 51610)	ZZZ	Refer to CPT Editorial Panel to Convert to Add-on Codes – Survey for April 2015
⊙●50693	I11	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and	000	4.60

		interpretation; via a pre-existing nephrostomy tract		
⊙●50694	I12	new access, without separate nephrostomy catheter	000	6.00
⊙●50695	I13	new access, with separate nephrostomy catheter (Do not report 50693, 50694, 50695 in conjunction with 50430, 50431, 50432, 50433, 50434, 50435, 50684, 74425 for the same collecting system and/or associated ureter[3])	000	7.55
⊙✚●50705	I14	Ureteral embolization or occlusion, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List in addition to primary procedure)	ZZZ	Refer to CPT Editorial Panel to Convert to Add-on Codes – Survey for April 2015

⊙✚●50706	I15	Balloon catheter dilation, ureteral stricture, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List in addition to primary procedure) (For percutaneous nephrostomy, nephroureteral catheter, and/or ureteral catheter placement use 50432, 50433, 50435, 50434, 50693, 50694, 50695) (Use 50705-50706 in conjunction with 50382-50389, 50430-50435, 50434,50684, 50688, 50690, 50693-50695, 51610) (Do not report 50706 in conjunction with 50553, 50572, 50953, 50972, 52341, 52344,52345, 74485)	ZZZ	Refer to CPT Editorial Panel to Convert to Add-on Codes – Survey for April 2015
74425	I16	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation	XXX	Survey for April 2015
~~D74475~~		~~Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation~~ (Codes 74475 and 74480 have been deleted. To report, see 50432, 50433, 50435, 50434, 50606, 50693, 50694, 50695)	~~XXX~~	N/A

~~74480~~		~~Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation~~ ~~For transurethral surgery [ureter and pelvis], see 52320-52356)~~ (Codes 74475 and 74480 have been deleted. To report, see 50432, 50433, 50435, 50434, 50606, 50693, 50694, 50695)	~~XXX~~	N/A

January 5, 2015

Barbara Levy, MD
RUC Chair
AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

Re: Tab 9 Genitourinary Catheter Procedures

Dear Dr. Levy:

Attached are the RUC recommendations for Tab 9 Genitourinary Catheter Procedures. They include recommendations for 5039X1-4, 5039X13, 5039X5, 506XX6, 507XX11, 507XX12, 5069X7, 5069X8 and 5069X9.

CPT Code 50391 *Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)* is an existing stand-alone therapeutic code utilized for the administration of therapeutic agents (i.e. chemotherapeutic drugs) into the renal pelvis through an existing nephrostomy tube. This code does not describe introduction/exchange/removal of catheters within the renal pelvis and should not be considered part of the family of codes under current consideration.

CPT Code 50396 *Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter* is an existing stand-alone diagnostic code utilized for measuring urinary tract flow rates through an existing nephrostomy tube. This code does not describe introduction/exchange/removal of catheters within the renal pelvis and should not be considered part of the family of codes under consideration.

The specialty societies are going to recommend CPT Code 50395 be referred to CPT to revise the nomenclature. There is concern about perceived confusion with the overlap in the X3 and 50395 descriptors.

We look forward to presenting our recommendations later this month in San Diego. If you have any questions, please don't hesitate to contact me at jerryn@tampabay.com.

Regards,



Gerald Niedzwiecki, MD
SIR RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:50432 Tracking Number I6 Original Specialty Recommended RVU: **4.70**
Presented Recommended RVU: **4.70**
Global Period: 000 RUC Recommended RVU: **4.70**

CPT Descriptor: Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 57-year-old female was diagnosed with a right renal urinary tract obstruction secondary to a ureteropelvic junction obstructing stone. Percutaneous nephrostomy catheter placement is requested to decompress the proximal collecting system.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 98%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 95%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed prone on the angiographic table. Moderate conscious sedation is administered.

Description of Intra-Service Work: Ultrasound is used to identify a potential tract to the right renal collecting system. The right flank is prepared and draped in sterile fashion and local anesthetic is administered. A small skin incision is made. A 21-gauge needle is inserted into a right renal pelvis through a calyceal approach.. The needle placement is confirmed by injection of a tiny amount of contrast material under fluoroscopic guidance and acquired images demonstrate a lower pole access would be more advantageous for drain placement. A second 21-gauge needle is directly inserted into a lower pole calyx using combined direct ultrasound and fluoroscopic guidance. Needle placement is confirmed by injection of a contrast material under fluoroscopic guidance and permanent images are acquired. A urine sample from the renal pelvis is acquired and sent to the laboratory for analysis. The needle is exchanged over a wire for an intermediate introducer catheter under fluoroscopic guidance. Diagnostic nephrostogram and ureterogram images are acquired using digital spot film acquisition in multiple projections after injection of iodinated contrast material through the catheter. A heavy duty wire is advanced through the catheter, and the catheter is removed. The tract is serially dilated to 8 Fr, and an 8 Fr drainage catheter placed. The renal collecting system and catheter are irrigated with saline. The catheter is connected to gravity bag drainage and the catheter is anchored at the skin surface with a percu-stay device.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring, sedation recovery, and pain control. An interim surgical procedure note is created in the

permanent record. Percutaneous nephrostomy drainage procedure results and patient status are communicated to the patient's family. Permanent surgical procedure and image interpretation reports are created for the medical record and copies of the reports are sent to the patient's referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Tim Swan, MD, Zeke Silva, MD and Kurt Schoppe, MD				
Specialty(s):	Interventional Radiology				
CPT Code:	50432				
Sample Size:	1750	**Resp N:**	45	**Response:** 2.5 %	
Description of Sample:	SIR - 1000 random US, MD members ACR - 750 random, US , MD members				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	15.00	**20.00**	40.00	90.00
Survey RVW:	2.86	4.70	**5.10**	6.33	8.50
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	15.00	30.00	**48.00**	60.00	90.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	50432	**Recommended Physician Work RVU: 4.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**48.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**25.00**	**-5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49407	000	4.50	**RUC Time**

CPT Descriptor Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49405	000	4.25	**RUC Time**

CPT Descriptor Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31628	000	3.80	**RUC Time**	37,262

CPT Descriptor 1 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	0.00	**RUC Time**	52,401

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 **% of respondents:** 20.0 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 17.7 **%**

TIME ESTIMATES (Median)	**CPT Code:** 50432	**Top Key Reference CPT Code:** 49407	**2nd Key Reference CPT Code:** **49405**
Median Pre-Service Time	39.00	45.00	45.00
Median Intra-Service Time	48.00	45.00	40.00
Median Immediate Post-service Time	20.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**107.00**	**110.00**	**105.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES *(of those that selected Key Reference codes)*	**Top Key Ref Code**	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.60	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.00	0.50
Urgency of medical decision making	0.20	0.88
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.60	0.63
Physical effort required	0.00	0.63
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.80	0.75
Outcome depends on the skill and judgment of physician	0.60	0.75

Estimated risk of malpractice suit with poor outcome	0.60	0.88

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.40	1.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The Joint CPT-RUC Workgroup identified codes 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 as codes reported together (Group 7). The specialties bundled codes per the workgroup's request, and refined the descriptors for injection and aspiration procedures to better delineate surgical access requirements. The CPT Editorial Panel deleted six CPT codes and created twelve codes to describe genitourinary catheter procedures and bundle inherent imaging services.

New GU Family

There are 12 new codes to describe genitourinary catheter procedures. These codes naturally fell into 3 subcategories (1) introduction injection/change/removal (X1, X2, X3, X4, X13 and X5), (2) ureter biospy/embolization/dilation (X6, X11, X12) and (3) ureteral stent (X7, X8 and X9). The codes were surveyed together as a family, to ensure appropriate relativity amongst all 12 codes. Below is an overview of the 12 new GU codes and how they relate to each other, the components included, etc.

	Via needle	Via existing cath
Nephrostogram	x1	x2
Neph tube placement	x3*	x5*
Nephroureteral tube placement	x4*	x13*
Ureteral stent- w/o neph tube	x8*	x7*
Ureteral stent- w/neph tube	x9*	x7*
** Includes nephrostogram if performed*		

Pre/Post Time

Below is a summary of the pre/post time packages selected for this family of codes. We adjusted the times down accordingly when the survey data were lower than the standard package.

PreTime Package 1A
We selected pre time package 1A straightforward patient/straightforward procedure w/o sedation for X5 *Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation.*

PreTime Package 2A
We selected pre time package 2A difficult patient/straightforward procedure w/o sedation for X2 *Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access.*

PreTime Package 2B

We selected pre time package 2b difficult patient/straightforward procedure with sedation for the remaining introduction/injection/change/removal procedures (X1, X3, X4, X13). We also selected pre time package 2b difficult patient/straightforward procedure with sedation for the ureteral stent procedures (X7, X8, X9).

PreTime Package 4

The consensus panel believes the ureter biopsy/embolization/dilation codes (X6, X11, X12) codes represent difficult patients and difficult procedures (pre-time package 4). However, this group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) so no Scrub/Dress/Wait or positioning time is recommended for these procedures. Also, because these procedures are performed with moderate sedation (not general anesthesia) we recommended pre service evaluation time equal to that of the 2B pre time package.

Post Time Package 7A

We selected post time package 7A Local anesthesia/straightforward procedures for X2 and X5.

Post Time Package 8A

We selected post time package 8A IV Sedation/ Straightforward Procedure for all the GU straightforward procedures with moderate sedation (X1, X3, X4, X13, X7, X8 and X9). Changed to be consisted with pre time above.

Post Time Package 8B

We selected post time package 8B IV Sedation/ Complex Procedure for the ureter biopsy/embolization/dilation codes (X6, X11, X12). This group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) however there would still be post time specific to these codes (i.e. operative note, monitor/stabilize, communicate with patient/family, written post-operative note and post-operative orders/order entry).

Relativity

The consensus panel reviewed the recommendations to the reference service codes selected throughout the 12 surveyed codes and the MPCs. The panel believes the recommendations maintain relativity within (1) the new family of GU codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
MPC	12013	1.22	27	5	1	1	15	5	0.064
Reference	49450	1.36	50	20	5	5	10	10	0.054
Surveyed	X2	1.42	55	18	1	6	15	15	0.041
Reference	49451	1.84	55	20	5	5	15	10	0.068
Reference	49083	2.00	60	15	5	5	25	10	0.052
MPC	52000	2.23	42	10	2	5	15	10	0.113
Surveyed	X5	2.00	55	13	1	6	20	15	0.079
MPC	52332	2.82	56	15	1	5	25	10	0.088
Reference	49452	2.86	60	20	5	5	20	10	0.102
Reference	32557	3.12	67	13	3	6	30	15	0.079
Surveyed	X1	3.15	91	30	1	5	35	20	0.056
MPC	31628	3.8	90	10	10	10	40	20	0.071
Reference	32550	4.17	90	15	15	10	30	20	0.099
Surveyed	X13	4.20	101	30	1	5	45	20	0.067
Reference	49405	4.25	105	35	5	5	40	20	0.072
Reference	49407	4.50	110	35	5	5	45	20	0.069
Surveyed	X7	4.60	104	33	1	5	45	20	0.074
Surveyed	X3	4.70	107	33	1	5	48	20	0.072
MPC	37191	4.71	83	30	3	5	30	15	0.120
Reference	37191	4.71	83	30	3	5	30	15	0.120
Reference	37213	5.00	99	33	3	5	33	25	0.109
Surveyed	X4	5.75	119	33	1	5	60	20	0.075

Reference	36223	6.00	123	40	3	5	45	30	0.096
Reference	36247	6.29	131	33	3	5	60	30	0.080
Surveyed	X8	6.30	121	33	1	5	62	20	0.081
MPC	52352	6.75	118	33	5	15	45	20	0.118
MPC	52353	7.5	133	33	5	15	60	20	0.101
Surveyed	X9	7.55	134	33	1	5	75	20	0.084
Reference	36253	7.55	131	33	3	5	60	30	0.101
Reference	37211	8.00	138	40	3	5	60	30	0.105
Reference	37241	9.00	147	19	3	5	90	30	0.087

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
introduction injection/change/ removal	X1	3.15	91	30	1	5	35	20	0.056
	X2	1.42	55	18	1	6	15	15	0.041
	X3	4.70	107	33	1	5	48	20	0.072
	X4	5.75	119	33	1	5	60	20	0.075
	X13	4.20	101	30	1	5	45	20	0.067
	X5	2.00	55	13	1	6	20	15	0.079
ureteral stent	X7	4.60	104	33	1	5	45	20	0.074
	X8	6.30	121	33	1	5	62	20	0.081
	X9	7.55	134	33	1	5	75	20	0.084

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 50392, 74475, 50390 and 74425

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency estimates are not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 20,817
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Best estimate available based on 2013 Medicare data, currently reported codes, new bundled coding structure and anticipated utilization

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 50392

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:50433 Tracking Number I7 Original Specialty Recommended RVU: **5.75**
Presented Recommended RVU: **5.75**
Global Period: 000 RUC Recommended RVU: **5.75**

CPT Descriptor: Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old female was diagnosed with a right urinary tract obstruction secondary to a stricture at the ureteropelvic junction. Percutaneous nephroureteral stent placement is requested to decompress the proximal collecting system.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 98%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 94%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed prone on the angiographic table. Moderate conscious sedation is administered.

Description of Intra-Service Work: Ultrasound is used to identify a potential tract to the right renal collecting system. The right flank is prepared and draped in sterile fashion and local anesthetic is administered. A small skin incision is made. A 21-gauge needle is inserted into the right renal pelvis through a calyceal approach.. The needle placement is confirmed by injection of a tiny amount of contrast material under fluoroscopic guidance and acquired images demonstrate an upper pole access would be more advantageous for nephroureteral catheter placement. A second 21-gauge needle is directly inserted into an upper pole calyx under combined direct ultrasound and fluoroscopic guidance . Needle placement is confirmed by injection of a contrast material under fluoroscopic guidance and permanent images are acquired. A urine sample from the renal pelvis is acquired and sent to the laboratory for analysis. The needle is exchanged over wire for an intermediate introducer catheter under fluoroscopic guidance. Diagnostic nephrostogram and ureterogram images are acquired using digital spot film acquisition in multiple projections after injection of iodinated contrast material through the catheter. A hydrophilic wire is then manipulated through the UPJ stricture into the distal ureter and bladder. The intermediate catheter is advanced across the stricture and a second safety guidewire is inserted into the ureter. The intermediate catheter is removed over the wire. The parenchymal tract is serially dilated to 8 Fr. An 8 Fr nephroureteral stent is inserted with the distal pigtail in the bladder and the proximal pigtail in the renal pelvis. The wires and delivery system are removed. The catheter is connected to gravity bag drainage and the catheter is anchored at the skin surface with a percu-stay device.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring, sedation recovery, and pain control. An interim surgical procedure note is created in the permanent record. Percutaneous nephroureteral stent placement procedure results and patient status are communicated to the patient's family. Permanent surgical procedure and image interpretation reports are created for the medical record and copies of the reports are sent to the patient's referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Tim Swan, MD, Zeke Silva, MD and Kurt Schoppe, MD		
Specialty(s):	Interventional Radiology		
CPT Code:	50433		
Sample Size:	1750	**Resp N:** 46	**Response:** 2.6 %
Description of Sample:	SIR - 1000 random US, MD members ACR - 750 random, US , MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**15.00**	29.00	140.00
Survey RVW:	1.00	5.00	**6.20**	8.00	11.23
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	20.00	46.00	**60.00**	75.00	120.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	50433	**Recommended Physician Work RVU: 5.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**25.00**	**-5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37191	000	4.71	**RUC Time**

CPT Descriptor Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37211	000	8.00	**RUC Time**

CPT Descriptor Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	52,401

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	19,892

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 **% of respondents:** 19.5 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 17.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 50433	Top Key Reference CPT Code: 37191	2nd Key Reference CPT Code: **37211**
Median Pre-Service Time	39.00	38.00	48.00
Median Intra-Service Time	60.00	30.00	60.00
Median Immediate Post-service Time	20.00	15.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**119.00**	**83.00**	**138.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES *(of those that selected Key Reference codes)*	**Top Key Ref Code**	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.25	0.33
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.38	0.00
Urgency of medical decision making	0.38	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.75	0.33
Physical effort required	0.50	1.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.38	0.00
Outcome depends on the skill and judgment of physician	0.63	0.00

Estimated risk of malpractice suit with poor outcome	0.38	-1.33

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.75	-0.67

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The Joint CPT-RUC Workgroup identified codes 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 as codes reported together (Group 7). The specialties bundled codes per the workgroup's request, and refined the descriptors for injection and aspiration procedures to better delineate surgical access requirements. The CPT Editorial Panel deleted six CPT codes and created twelve codes to describe genitourinary catheter procedures and bundle inherent imaging services.

Compelling Evidence

SIR/ACR believe that the current values for CPT codes used for the percutaneous, image guided genitourinary procedures newly described in Tab 9 are no longer rational or appropriate for the granular and more descriptive codes in this new group of codes. In our opinion, there have been significant changes in technique, knowledge and technology, patient population and physician time.

Technique, Knowledge and Technology

The codes currently used for this family of genitourinary procedures do not accurately reflect the techniques now used for image-guided, catheter-based genitourinary interventions. As an index example of these significant changes in technique, one of the most widely used of the current codes, 50392 "Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous" describes the placement of a nephrostomy tube. This procedure was previously performed most commonly with a blind technique using anatomic landmarks or less commonly by marking the skin with ultrasound and using the "trocar" method in which the collecting system was first densely opacified by puncture with a needle, after which the nephrostomy was placed by directly sticking the collecting system with one-piece sharpened stylet/cannula/catheter set. Guidewires were infrequently used.

Virtually all the medical devices currently used in GU catheter procedures have been developed since the current codes were adopted. Advances in understanding of GU anatomy and avoidance of complications (especially genitourinary sepsis) have led to the development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time such as micropuncture access with gradual stepwise transition to heavy-duty guidewires, tract dilation and placement of nephrostomy catheters over a wire and use of real-time ultrasound guidance for needle access. The collecting system is never distended to avoid septic complications. Additionally modern imaging guidance is used to more accurately avoid direct puncture of the renal pelvis, which can lead to urine leak and laceration of renal hilar vessels.

We would note that the example of 50392 is reflective of the majority of the existing codes for GU catheter procedures. Simply put, the new codes reflect new thinking and understanding as well as considerable improvements and advances in techniques which render the current values not appropriate for these new codes.

In another example, we can look at existing code 50393 Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection. Current methods utilize double-J internal stents designed specifically for placement via percutaneous methods. These stents were not available when the existing codes were proposed or adopted.

Some codes, for example, 507XX11 Ureteral embolization or occlusion and 506XX6 Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic describe procedures which did not exist previously and thus are new technology not able to be described at all under the old codes.

Patient Population

SIR/ACR assert that the population of patients treated with the GU catheter procedures currently described by the family of codes being replaced by the new family of codes has changed considerably. Previously virtually all GU catheter procedures were used for basic relief of urinary obstruction either acutely or chronically, but as a result of major advances in urologic surgery, patients with malignancies, stone disease and other problems are now being managed with innovative reconstructive techniques including the regular need for and use of catheter based procedures, including urinary drainage.

Examples of the significant change in the patient populations served by these procedures would be: 1) Percutaneous stone removal and extraction (percutanous nephrolithotomy) 2) Management of complex operative urinary diversion procedures such as ileal conduit diversion, Indiana pouch reservoirs and neobladder to urethra diversions. 3) Management of ureteral injuries and urinary leaks

An example of the change in patient populations can be seen in the management of stone disease. Previously, patients with urolithiasis were referred for nephrostomy and/or ureteral stent placement only if the collecting system was obstructed and dilated. Currently, one of the primary indications for access in patients with nephrolithiasis is the presence of staghorn calculi which produces nondilated collecting systems with complex occlusive inflammatory stone burden which resist guidewire passage and require far more skill and time to achieve satisfactory access for subsequent nephrolithotomy in the OR.

In the case of complex operative urinary diversion procedures, interventionalists are much more frequently involved in draining non-obstructed decompressed collecting systems and in intervening on ureteral strictures and urinary leaks.

New GU Family

There are 12 new codes to describe genitourinary catheter procedures. These codes naturally fell into 3 subcategories (1) introduction injection/change/removal (X1, X2, X3, X4, X13 and X5), (2) ureter biospy/embolization/dilation (X6, X11, X12) and (3) ureteral stent (X7, X8 and X9). The codes were surveyed together as a family, to ensure appropriate relativity amongst all 12 codes. Below is an overview of the 12 new GU codes and how they relate to each other, the components included, etc.

	Via needle	Via existing cath
Nephrostogram	x1	x2
Neph tube placement	x3*	x5*
Nephroureteral tube placement	x4*	x13*
Ureteral stent- w/o neph tube	x8*	x7*
Ureteral stent- w/neph tube	x9*	x7*
** Includes nephrostogram if performed*		

Pre/Post Time

Below is a summary of the pre/post time packages selected for this family of codes. We adjusted the times down accordingly when the survey data were lower than the standard package.

PreTime Package 1A
We selected pre time package 1A straightforward patient/straightforward procedure w/o sedation for X5 *Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation.*

PreTime Package 2A
We selected pre time package 2A difficult patient/straightforward procedure w/o sedation for X2 *Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access.*

PreTime Package 2B
We selected pre time package 2b difficult patient/straightforward procedure with sedation for the remaining introduction/injection/change/removal procedures (X1, X3, X4, X13). We also selected pre time package 2b difficult patient/straightforward procedure with sedation for the ureteral stent procedures (X7, X8, X9).

PreTime Package 4

The consensus panel believes the ureter biopsy/embolization/dilation codes (X6, X11, X12) codes represent difficult patients and difficult procedures (pre-time package 4). However, this group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) so no Scrub/Dress/Wait or positioning time is recommended for these procedures. Also, because these procedures are performed with moderate sedation (not general anesthesia) we recommended pre service evaluation time equal to that of the 2B pre time package.

Post Time Package 7A
We selected post time package 7A Local anesthesia/straightforward procedures for X2 and X5.

Post Time Package 8A
We selected post time package 8A IV Sedation/ Straightforward Procedure for all the GU straightforward procedures with moderate sedation (X1, X3, X4, X13, X7, X8 and X9). Changed to be consisted with pre time above.

Post Time Package 8B
We selected post time package 8B IV Sedation/ Complex Procedure for the ureter biopsy/embolization/dilation codes (X6, X11, X12). This group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) however there would still be post time specific to these codes (i.e. operative note, monitor/stabilize, communicate with patient/family, written post-operative note and post-operative orders/order entry).

Relativity

The consensus panel reviewed the recommendations to the reference service codes selected throughout the 12 surveyed codes and the MPCs. The panel believes the recommendations maintain relativity within (1) the new family of GU codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
MPC	12013	1.22	27	5	1	1	15	5	0.064
Reference	49450	1.36	50	20	5	5	10	10	0.054
Surveyed	X2	1.42	55	18	1	6	15	15	0.041
Reference	49451	1.84	55	20	5	5	15	10	0.068
Reference	49083	2.00	60	15	5	5	25	10	0.052
MPC	52000	2.23	42	10	2	5	15	10	0.113
Surveyed	X5	2.00	55	13	1	6	20	15	0.079
MPC	52332	2.82	56	15	1	5	25	10	0.088
Reference	49452	2.86	60	20	5	5	20	10	0.102
Reference	32557	3.12	67	13	3	6	30	15	0.079
Surveyed	X1	3.15	91	30	1	5	35	20	0.056
MPC	31628	3.8	90	10	10	10	40	20	0.071
Reference	32550	4.17	90	15	15	10	30	20	0.099
Surveyed	X13	4.20	101	30	1	5	45	20	0.067
Reference	49405	4.25	105	35	5	5	40	20	0.072
Reference	49407	4.50	110	35	5	5	45	20	0.069
Surveyed	X7	4.60	104	33	1	5	45	20	0.074
Surveyed	X3	4.70	107	33	1	5	48	20	0.072
MPC	37191	4.71	83	30	3	5	30	15	0.120
Reference	37191	4.71	83	30	3	5	30	15	0.120
Reference	37213	5.00	99	33	3	5	33	25	0.109
Surveyed	X4	5.75	119	33	1	5	60	20	0.075
Reference	36223	6.00	123	40	3	5	45	30	0.096
Reference	36247	6.29	131	33	3	5	60	30	0.080
Surveyed	X8	6.30	121	33	1	5	62	20	0.081
MPC	52352	6.75	118	33	5	15	45	20	0.118

MPC	52353	7.5	133	33	5	15	60	20	0.101
Surveyed	X9	7.55	134	33	1	5	75	20	0.084
Reference	36253	7.55	131	33	3	5	60	30	0.101
Reference	37211	8.00	138	40	3	5	60	30	0.105
Reference	37241	9.00	147	19	3	5	90	30	0.087

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
introduction injection/change/ removal	X1	3.15	91	30	1	5	35	20	0.056
	X2	1.42	55	18	1	6	15	15	0.041
	X3	4.70	107	33	1	5	48	20	0.072
	X4	5.75	119	33	1	5	60	20	0.075
	X13	4.20	101	30	1	5	45	20	0.067
	X5	2.00	55	13	1	6	20	15	0.079
ureteral stent	X7	4.60	104	33	1	5	45	20	0.074
	X8	6.30	121	33	1	5	62	20	0.081
	X9	7.55	134	33	1	5	75	20	0.084

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 50393, 74480, 50390, 74425 and 76942

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency estimates are not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,800
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Best estimate available based on 2013 Medicare data, currently reported codes, new bundled coding structure and anticipated utilization

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 50393

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Genitourinary Catheter Procedures

TAB: 9

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF1	32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	9	0.079			3.12			67	13	3	6			30			15					
REF2	49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen,	7	0.072			4.25			105	35	5	5			40			20					
CURRENT	50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous		0.025			1.96			83	24					38			21					
CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
CURRENT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5					
SVY	50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	45	0.074	1.84	3.15	4.00	4.75	8.00	105	30	10	10	10	30	35	50	60	20	0	3	10	25	80
REC				0.056			3.15			91	30	1	5			35			20					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF1	49450	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen,	15	0.072			4.25			105	35	5	5			40			20					
REF2	49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	6	0.052			2.00			60	15	5	5			25			10					
CURRENT	50394	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or		0.006			0.76			48	16					19			13					
CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
SVY	50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	45	0.064	1.10	1.42	2.00	3.00	5.00	67.5	17.5	10	10	5	10	15	29	60	15	0	10	23	40	150
REC				0.041			1.42			55	18	1	6			15			15					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF1	49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or	9	0.069			4.50			110	35	5	5			45			20					
REF2	49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen,	8	0.072			4.25			105	35	5	5			40			20					
CURRENT	50392	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous		0.062			3.37			87	27					36			24					
CURRENT	74475	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation		0.045			0.54			12						12								
CURRENT	50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous		0.025			1.96			83	24					38			21					
CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
CURRENT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5					
SVY	50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	45	0.074	2.86	4.70	5.10	6.33	8.50	123	35	10	10	15	30	48	60	90	20	0	15	20	40	90
REC				0.072			4.70			107	33	1	5			48			20					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF1	37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and	9	0.120			4.71			83	30	3	5			30			15					
REF2	37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation,	8	0.105			8.00			138	40	3	5			60			30					
CURRENT	50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous		0.058			4.15			102	27					52			23					
CURRENT	74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and		0.045			0.54			12						12								
CURRENT	50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous		0.025			1.96			83	24					38			21					
CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
CURRENT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5					
SVY	50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access	46	0.078	1.00	5.00	6.20	8.00	11.23	135	35	10	10	20	46	60	75	120	20	0	5	15	29	140
REC				0.075			5.75			119	33	1	5			60			20					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF1	49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	6	0.102			2.86			60	20	5	5			20			10					
REF2	36253	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for	6	0.101			7.55			131	33	3	5			60			30					
CURRENT	50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous		0.058			4.15			102	27					52			23					
CURRENT	74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and		0.045			0.54			12						12								
CURRENT	50394	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or		0.006			0.76			48	16					19			13					
CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
SVY	50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via pre-existing nephrostomy tract	45	0.068	2.45	4.20	4.50	6.00	9.00	115	30	10	10	15	30	45	60	90	20	0	10	15	20	60
REC				0.067			4.20			101	30	1	5			45			20					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF1	49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	16	0.102			2.86			60	20	5	5			20			10					
REF2	49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation	8	0.068			1.84			55	20	5	5			15			10					
CURRENT	50398	Change of nephrostomy or pyelostomy tube		0.040			1.46			49	14					21			14					
CURRENT	75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and		0.048			0.72			15						15								
CURRENT	50394	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or		0.006			0.76			48	16					19			13					
CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
SVY	50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	44	0.093	1.40	2.00	2.95	4.20	7.00	75	20	10	10	5	15	20	30	70	15	0	12	27	44	150
REC				0.065			2.00			55	13	1	6			20			15					

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
16	REF1	32550	Insertion of indwelling tunneled pleural catheter with cuff	7	0.099			4.17			90	15	15	10			30			20					
17	REF2	49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s),	6	0.102			2.86			60	20	5	5			20			10					
18	CURRENT	50398	Change of nephrostomy or pyelostomy tube		0.040			1.46			49	14					21			14					
19	CURRENT	75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess),		0.048			0.72			15						15								
20	CURRENT	50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous		0.058			4.15			102	27					52			23					
21	CURRENT	74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous,		0.045			0.54			12						12								
22	CURRENT	50394	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through		0.006			0.76			48	16					19			13					
23	CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
24	SVY	50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via a pre-existing nephrostomy tract	33	0.066	3.50	4.21	4.60	5.70	6.50	125	40	10	10	15	40	45	50	65	20	0	5	10	20	60
25	REC				0.074			4.60			104	33	1	5			45			20					
26																									
27						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
28	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
29	REF1	49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal	8	0.069			4.50			110	35	5	5			45			20					
30	REF2	36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower	7	0.080			6.29			131	33	3	5			60			30					
31	CURRENT	50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous		0.058			4.15			102	27					52			23					
32	CURRENT	74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous,		0.045			0.54			12						12								
33	CURRENT	50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous		0.025			1.96			83	24					38			21					
34	CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
35	CURRENT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging		0.027			0.67			27	7					15			5					
36	SVY	50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	33	0.073	4.00	6.00	6.30	7.50	9.00	147	45	10	10	30	60	62	75	120	20	0	3	10	22	60
37	REC				0.077			6.00			121	33	1	5			62			20					
38																									
39						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
40	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
41	REF	36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower	5	0.080			6.29			131	33	3	5			60			30					
42	REF	37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological	5	0.105			8.00			138	40	3	5			60			30					
43	CURRENT	50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous		0.058			4.15			102	27					52			23					
44	CURRENT	74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous,		0.045			0.54			12						12								
45	CURRENT	50392	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous		0.062			3.37			87	27					36			24					
46	CURRENT	74475	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological		0.045			0.54			12						12								
47	CURRENT	50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous		0.025			1.96				24					38			21					
48	CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
49	CURRENT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging		0.027			0.67			27	7					15			5					
50	SVY	50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	33	0.077	4.20	6.00	7.55	8.20	9.50	160	45	10	10	30	70	75	90	105	20	0	4	10	30	70
51	REC				0.084			7.55			134	33	1	5			75			20					

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5				1	1.0							1							
HVD	55555	abc		0.053			5.00			133	17					27			8				1	1.0							1							
SVY	55555	abc		0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10				1	1.0							1							
REC	55555	abc		0.020			4.25			142	17	1	3			30			10									1	1.0		1						

Detailed Description of Pre-Service Time Packages (Minutes)

		FACILITY						NON-FAC		
		1A	1B*	2A	2B*	3	4	5**	6A	6B*
	Total Pre-Service Time	**20**	**25**	**25**	**39**	**51**	**63**	**8**	**23**	**23**
	CATEGORY SUBTOTALS									
A	Pre-Service Evaluation (IWPUT =0.0224)	13	19	18	33	33	40	7	17	22
B	Pre-Service Positioning (IWPUT = 0.0224)	1	1	1	1	3	3	0	1	1
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	5	6	5	15	20	1	5	0
	DETAILS									
A	History and Exam (Performance and review of appropriate Pre-Tests)	5	5	10	10	10	15	4	9	9
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	2	2	2	4	1	1	1
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	3	3	5	5	5	2	3	3
A	Communicate with other professionals	0	1	0	3	5	5	0	2	2
A	Check/set-up room, supplies and equipment	1	1	1	1	5	5	0	1	1
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	1	1	1	5	5	0	1	1
A	Prepare/ review/ confirm procedure	1	1	1	1	1	1	0	0	0
A	Administer moderate sedation/observe (wait) anesthesia care	0	5	0	10	0	0	0	0	5
B	Perform/ supervise patient positioning	1	1	1	1	3	3	0	1	1
C	Administer local/topical anesthesia	1	0	1	0	0	0	1	5	0
C	Observe (wait anesthesia care)	0	0	0	0	10	15	0	0	0
C	Dress and scrub for procedure	5	5	5	5	5	5	0	0	0

* Indicates packages that contain moderate sedation
**If the procedure does not require local anesthesia, 1 minute should be removed from pre-service time

1A Straightforward Patient/Straightforward Procedure (No sedation/anesthesia care)
1B* Straightforward Patient/Straightforward Procedure (With sedation/anesthesia care)
2A Difficult Patient/Straightforward Procedure (No sedation/anesthesia care)
2B* Difficult Patient/Straightforward Procedure (With sedation/anesthesia care)
3 Straightforward Patient/Difficult Procedure
4 Difficult Patient/Difficult Procedure
5 Procedure with minimal anesthesia care (If no anesthesia care deduct 1 minute)
6A Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect
6B Procedure with sedation

Additional Positioning Times for Spinal Surgical Procedures

SS1	Anterior Neck Surgery (Supine) (eg ACDF)	15 Minutes
SS2	Posterior Neck Surgery (Prone) (eg laminectomy)	25 Minutes
SS3	Posterior Thoracic/Lumbar (Prone) (eg laminectomy)	15 Minutes
SS4	Lateral Thoracic/Lumbar (Lateral) (eg corpectomy)	25 Minutes
SS5	Anterior Lumbar (Supine) (eg ALIF)	15 Minutes

Additional Positioning Times for Spinal Injection Procedures

SI1	Anterior Neck Injection (Supine) (eg discogram)	7 Minutes
SI2	Posterior Neck Injection (Prone) (eg facet)	5 Minutes
SI3	Posterior Thoracic/Lumbar (Prone) (eg epidural)	5 Minutes
SI4	Lateral Thoracic/Lumbar (Lateral) (eg discogram)	7 Minutes

Additional Positioning Times for Urological Procedures

U1	Dorsal Lithotomy	5 Minutes

Notes:

*Roll-over cells for additional detail where available

***Straightforward procedure: Integumentary, Non-incisional endoscopy, natural orifice**

*For building block IWPUT purposes whenever the procedure is on Appendix G – (Summary of CPT codes that include moderate (conscious) sedation) the IWPUT should be .0224 for the administration of moderate sedation line item because the physician is responsible for the administration of conscious sedation. If the procedure is one where conscious sedation is not inherent the same line item should have an IWPUT of .0081.

*Additional time may be justified for a straightforward patient undergoing a straightforward procedure (Package 1B), if the procedure is performed under general anesthesia and the surveys support

Detailed Description of Facility Based Post-Service Time Packages (Minutes)			
	8B IV Sedation/ Complex Procedure	**9A General Anesthesia or Complex Regional Block/ Straightforward Procedure**	**9B General Anesthesia or Complex Regional Block/Complex Procedure**
Total Post-Service Time	**28**	**30**	**33**
Details:			
Application of Dressing[1]	2	2	2
Transfer of supine patient off table	1	1	1
Operative Note	5	5	5
Monitor patient recovery/ Stabilization	5	10	10
Communication with patient and/or family	5	5	5
Written post-operative note	5	2	5
Post-Operative Orders and Order Entry	5	5	5

Advisors may request additional time for circumstances that require additional work beyond the type of work described

1 This represents a simple dressing

Tabs #7 and #9
Tab Number

Intravascular Ultrasound
Genitourinary Catheter Procedures
Issue

372X1, 372X2
5039X1-4, 5039X13, 5039X5, 506XX6, 507XX11, 507XX12 and 5069X7-X9
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Gerald Niedzwiecki, MD
Printed Signature

The Society of Interventional Radiology (SIR)
Specialty Society

January 5, 2015
Date

CPT Code: 50430-50435, 50606, 50693-5, 50705-6
Specialty Societies: SIR and ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

Global Period: 000 **Meeting Date:** January 2015

CPT Long Descriptors:

CPT Code	CPT Descriptor
50430	*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access*
50431	*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access*
50432	*Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50433	*Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access*
50434	*Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via pre-existing nephrostomy tract*
50435	*Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50606	*Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50705	*Ureteral embolization or occlusion, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50706	*Balloon dilation, ureteral stricture, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50693	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via a pre-existing nephrostomy tract*
50694	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter*
50695	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter*

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

SIR and ACR convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for these newly created CPT codes.

CPT Codes X6, X11 and X12 will be included on the modifier 51/exempt list. As such, we have made recommendations taking this into account and backed out time for several pre/post service period activities. We would ask that a note be included in the RUC database that explains this and that these codes should not be used as PE crosswalks in the future (or non exempt codes).

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT code 50387 *Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation* was included as a reference code. The direct practice expenses for CPT codes currently reported to describe these new procedures, (when priced in an office) were also included on the spreadsheet.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

The specialty societies are requesting additional 'clean room' time for X3, X4, X13, X5, X7, X8 and X9. These procedures generate external fluids, which require additional cleaning time. The clinical staff also needs time to clean the imaging equipment (in addition to the standard time to clean the angio room/equipment).

The specialty societies are recommending intra service/assist physician in performing procedure time based on the PE/RUC approved interventional procedure convention. That includes a scrubbed rad tech hip/hip assisting the MD, a rad tech doing the imaging (75%), a nurse blend circulator (25%) and a nurse to assist with sedation.

The specialty societies are recommending post procedure monitoring times consistent with the moderate sedation monitoring time workgroup recommendations. More specifically, the consensus panel is recommending four hours of post procedure monitoring for high-risk procedures (i.e. puncture of solid organ) for X1, X3, X4, X13, X7, X8 and X9. Consistent with the workgroup recommendations, we are requesting 15 minutes of RN time per hour (not blend).

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The specialty societies are requesting time to complete diagnostic forms for X3, X4, X13, X5, X7, X8 and X9. Specimens are generated to be sent to the laboratory for microbiology/pathology.

5. Please describe in detail the clinical activities of your staff:

CPT Code: 50430-50435, 50606, 50693-5, 50705-6
Specialty Societies: SIR and ACR

Pre-Service Clinical Labor Activities:
Availability of prior images confirmed and reviewed
Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist

Intra-Service Clinical Labor Activities:
Prepare room, equipment, supplies
Patient is greeted, gowned and escorted into procedure room
Prepare and position patient prone on table / obtain vitals / set up IV / monitor patient
Sterile prep performed and draping of target site
Nurse administers conscious sedation *(excluding X2 and X5)*
Assist physician in performing procedure
Monitor pt. following service/check tubes, monitors, drains not related to moderate sedation
Clean room/equipment by physician staff
Complete diagnostic forms, lab & X-ray requisitions
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions
Technologist QC's images in PACS, checking for all images, and dose page
Review examination with interpreting MD
Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:
Conduct phone calls/call in prescriptions

CPT Code: 50430-50435, 50606, 50693-5, 50705-6
Specialty Societies: SIR and ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

Global Period: 000 **Meeting Date:** January 2015

CPT Long Descriptors:

CPT Code	CPT Descriptor
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50434	*Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via pre-existing nephrostomy tract*
50435	*Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50606	*Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50705	*Ureteral embolization or occlusion, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50706	*Balloon dilation, ureteral stricture, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50693	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via a pre-existing nephrostomy tract*
50694	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter*
50695	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter*

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

SIR and ACR convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for these newly created CPT codes.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT code 50387 *Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation* was included as a reference code. The direct practice expenses for CPT codes currently reported to describe these new procedures, (when priced in an office) were also included on the spreadsheet.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are including pre service minutes for various activities in these 000 codes. They are required/necessary steps for these new GU procedures.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic & referral forms
- Coordinate pre-surgery services
- Schedule space and equipment in facility
- Provide pre-service education/obtain consent
- Follow-up phone calls & prescriptions

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

N/A

	A	B	C	D	E	F	G	H	I	J	K
1	**REVISED AT MEETING**			**REFERENCE CODE**		**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Interventional Radiology			**50387**		**50430 ndl gram**		**50431 cath gram**		**50432 place neph**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation*		*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access*		*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access*		*Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**74**	**0**	**205**	**30**	**83**	**30**	**250**	**30**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**6**	**0**	**7**	**30**	**7**	**30**	**7**	**30**
8		*L037D*	*RN/LPN/MTA*	*3*	*0*	*3*	*30*	*3*	*30*	*3*	*30*
9		*L041B*	*RadTech*	*3*	*0*	*4*		*4*		*4*	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	**RedTech**	**65**	**0**	**195**	**0**	**73**	**0**	**240**	**0**
11		*L037D*	*RN/LPN/MTA*	*8*	*0*	*25*		*35*		*31*	
12		*L041B*	*RadTech*	*22*	*0*	*73*		*38*		*99*	
13		*L051A*	*RN*	*35*	*0*	*97*		*0*		*110*	
14	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
15	**PRE-SERVICE**										
16	**Start: Following visit when decision for surgery or procedure made**										
17	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3		3	5	3	5	3	5
18	Coordinate pre-surgery services	L037D	RN/LPN/MTA				10		10		10
19	Schedule space and equipment in facility	L037D	RN/LPN/MTA				5		5		5
20	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA				7		7		7
21	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA				3		3		3
22	Availability of prior images confirmed	L041B	RadTech	3		2		2		2	
23	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	RadTech			2		2		2	
24	*Other Clinical Activity - *specify:*										
25	**End: When patient enters office/facility for surgery/procedure**										
26	**SERVICE PERIOD**										
27	**Start: When patient enters office/facility for surgery/procedure:**										
28	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA			3		3		3	
29	Obtain vital signs	L037D	RN/LPN/MTA			5		5		5	
30	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		5		5		5	
31	Prepare room, equipment, supplies	L041B	RT	2		2		2		2	
32	Setup scope (non facility setting only)										
33	Prepare and position patient/ monitor patient/ set up IV	L041B	RT	2		2		2		2	
34	Sedate/apply anesthesia	L051A	RN	2		2				2	
35	*Other Clinical Activity - specify:										
36	**Intra-service**										
37	Assist Physician in Performing Procedure (CS)	L051A	RN	18		35				48	
38	Assist Physician in Performing Procedure	L037D	RN/LPN/MTA					15			
39	Assist Physician in Performing Procedure	L041B	RT			35		15		48	
40	Acquire images (75%)	L041B	RT	14		26		11		36	
41	Circulator (25%)	L037D	RN/LPN/MTA			9		4		12	
42	**Post-Service**										
43	Monitor pt. following moderate sedation	L051A	RN	15		15				15	
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN			45				45	
45	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA								
46	Clean room/equipment by physician staff	L041B	RT	2		3		3		6	
47	Clean Scope										
48	Clean Surgical Instrument Package										
49	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA							3	
50	Review/read X-ray, lab, and pathology reports										
51	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		3		3		3	
52	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT	2		2		2		2	
53	Review examination with interpreting MD	L041B	RT			2		2		2	
54	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RT			1		1		1	
55	*Other Clinical Activity - *specify:*										
56	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		n/a		n/a		n/a	
57	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		n/a		n/a		n/a	
58	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		n/a		n/a		n/a	
59	**End: Patient leaves office**										

	A	B	C	D	E	F	G	H	I	J	K
1	**REVISED AT MEETING**			**REFERENCE CODE**		**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Interventional Radiology			**50387**		**50430 ndl gram**		**50431 cath gram**		**50432 place neph**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation*		*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access*		*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access*		*Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
60	**POST-SERVICE Period**										
61	**Start: Patient leaves office/facility**										
62	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3		3		3		3	
70	*Other Clinical Activity - *specify:*										
71	**End: with last office visit before end of global period**										
72	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
73	pack, minimum multi-specialty visit	SA048	pack			1		1		1	
74	pack, conscious sedation	SA044	pack	1		1				1	
75	**Catheter, balloon, PTA**	**SD152**	**item**								
76	**Stent, ureteral, without guidewire**	**SD218**	**item**								
77	**Non-detachable embolization coil**	**SF057**	**item**								
78	**Nephroureteral Catheter**	**NEW**	**item**								
79	kit, iv starter	SA019	kit			1		1		1	
80	kit, suture removal	SA031	kit	1							
81	pack, cleaning and disinfecting, endoscope	SA042	pack			1		1		1	
82	tray, shave prep	SA067	tray	1		1		1		1	
83	kit, AccuStick II Introducer System with RO Marker	SA071	kit			1				1	
84	cap, surgical	SB001	item	2		4		4		4	
85	cover-condom, transducer or ultrasound probe	SB005	item			1				1	
86	drape, sterile, femoral	SB009	item			1				1	
87	drape, sterile, fenestrated 16in x 29in	SB011	item	1				1			
88	drape-towel, sterile 18inx26in	SB019	item	2		2		2		2	
89	gloves, non-sterile	SB022	pair			2		2		2	
90	gloves, sterile	SB024	pair	2		2		2		2	
91	gown, surgical, sterile	SB028	item	2		2		2		2	
92	mask, surgical	SB033	item			2		2		2	
93	mask, surgical, with face shield	SB034	item	2		2		2		2	
94	shoe covers, surgical	SB039	pair	2		4		4		4	
95	underpad 2ftx3ft (Chux)	SB044	item	1		1		1		1	
96	closed flush system, angiography	SC010	item	1		1		1		1	
97	needle 18-27g	SC029	item								
98	needle, Chiba	SC035	item							1	
99	3 way stop cock (for irrigation)	SC049	item	1		1		1		1	
100	syringe 10-12ml	SC051	item			2		2		2	
101	syringe 60ml (for irrigation)	SC056	item	2		2		2		2	
102	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	2		2		2		2	
103	brush, ureteral	SD008	item								
104	dilator, vessel, angiographic	SD043	item							2	
105	guidewire	SD088	item	1							
106	guidewire, hydrophilic	SD089	item							1	
107	guidewire, STIFF	SD090	item							1	
108	percutaneous catheter fastener (Percu-Stay)	SD146	item	1						1	
109	catheter, (Glide)	SD147	item								
110	catheter, balloon inflation device	SD149	item								
111	drainage catheter, all purpose	SD161	item	1						1	
112	pouch, nephrostomy-biliary drainage	SD163	item	1						1	
113	guidewire bowl w-lid, sterile	SD171	item							1	
114	introducer sheath, Ansel [45 cm 6 Fr Ansel]	SD250	item								
115	blade, surgical (Bard-Parker)	SF007	item							1	
116	applicator, sponge-tipped	SG009	item	4		4				4	
117	gauze, sterile 4in x 4in	SG055	item	6		6				6	
118	tape, surgical paper 1in (Micropore)	SG079	item	12		12				12	
119	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10		10				10	
120	sodium chloride 0.9% flush syringe	SH065	item	2		2				2	
121	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1		1				1	
122	povidone soln (Betadine)	SJ041	ml	60		60				60	
123	cup, biopsy-specimen sterile 4oz	SL036	item							1	
124	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	1		1		1		1	
125	computer media, dvd	SK013	item	1							
126	film, x-ray 14inx17in	SK034	item	1							
127	x-ray developer solution	SK089	oz	0.5							
128	x-ray envelope	SK091	item	1							
129	x-ray fixer solution	SK092	oz	0.5							
130	film, x-ray, laser print	Sk098	item								
131											
132	**EQUIPMENT**	**CODE**									
133	angiographic room	EL011		35		44		22		60	
134	table, exam	EF023									
135	fiberscope, flexible, cystoscopy, with light source	ES019									
136	light, exam	EQ168		60		44		22		60	
137	table, instrument, mobile	EF027		80		284		22		300	
138	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011		80		284				300	
139	IV infusion pump	EQ032		80		284				300	
140	PACS Workstation Proxy	ED050				**58**		**21**		**71**	
141	film processor, dry, laser	ED024		3							
142	film alternator	ER029		3							
143	portable ultrasound	EQ250				44				60	

	A	B	C	L	M	N	O	P	Q	R	S
1	**REVISED AT MEETING**			**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Interventional Radiology			**50433 place neph-u**		**50434 convert to neph-u**		**50435 xchng neph**		**50606 bx**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access*		*Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via pre-*		*Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*		*Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**286**	**30**	**241**	**30**	**119**	**30**	**143**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**7**	**30**	**7**	**30**	**7**	**30**	**0**	**0**
8		*L037D*	*RN/LPN/MTA*	*3*	*30*	*3*	*30*	*3*	*30*	*0*	*0*
9		*L041B*	*RadTech*	*4*		*4*		*4*		*0*	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	**RedTech**	**276**	**0**	**231**	**0**	**109**	**0**	**143**	**0**
11		*L037D*	*RN/LPN/MTA*	*34*		*30*		*59*		*13*	
12		*L041B*	*RadTech*	*120*		*94*		*50*		*85*	
13		*L051A*	*RN*	*122*		*107*		*0*		*45*	
14	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**3**	**0**	**3**	**0**	**3**	**0**	**0**	**0**
15	**PRE-SERVICE**										
16	**Start: Following visit when decision for surgery or procedure made**										
17	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3	5	3	5	3	5		
18	Coordinate pre-surgery services	L037D	RN/LPN/MTA		10		10		10		
19	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5		5		5		
20	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		7		7		7		
21	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		3		3		3		
22	Availability of prior images confirmed	L041B	RadTech	2		2		2			
23	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	RadTech	2		2		2			
24	*Other Clinical Activity - *specify:*										
25	**End: When patient enters office/facility for surgery/procedure**										
26	**SERVICE PERIOD**										
27	**Start: When patient enters office/facility for surgery/procedure:**										
28	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3		3			
29	Obtain vital signs	L037D	RN/LPN/MTA	5		5		5			
30	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		5		5		2	
31	Prepare room, equipment, supplies	L041B	RT	2		2		2		1	
32	Setup scope (non facility setting only)										
33	Prepare and position patient/ monitor patient/ set up IV	L041B	RT	2		2		2		1	
34	Sedate/apply anesthesia	L051A	RN	2		2					
35	*Other Clinical Activity - specify:										
36	**Intra-service**										
37	Assist Physician in Performing Procedure (CS)	L051A	RN	60		45				45	
38	Assist Physician in Performing Procedure	L037D	RN/LPN/MTA					20			
39	Assist Physician in Performing Procedure	L041B	RT	60		45		20		45	
40	Acquire images (75%)	L041B	RT	45		34		15		34	
41	Circulator (25%)	L037D	RN/LPN/MTA	15		11		5		11	
42	**Post-Service**										
43	Monitor pt. following moderate sedation	L051A	RN	15		15					
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN	45		45					
45	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA					15			
46	Clean room/equipment by physician staff	L041B	RT	6		6		6			
47	Clean Scope										
48	Clean Surgical Instrument Package										
49	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	3		3		3			
50	Review/read X-ray, lab, and pathology reports										
51	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		3		3			
52	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT	2		2		2		1	
53	Review examination with interpreting MD	L041B	RT	2		2		2		2	
54	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RT	1		1		1		1	
55	*Other Clinical Activity - *specify:*										
56	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a	
57	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a	
58	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a	
59	**End: Patient leaves office**										

	A	B	C	L	M	N	O	P	Q	R	S
1	**REVISED AT MEETING**			**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Interventional Radiology			**50433 place neph-u**		**50434 convert to neph-u**		**50435 xchng neph**		**50606 bx**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access*		*Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via pre-*		*Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*		*Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
60	**POST-SERVICE Period**										
61	**Start: Patient leaves office/facility**										
62	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3		3		3			
70	*Other Clinical Activity - *specify:*										
71	**End: with last office visit before end of global period**										
72	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
73	pack, minimum multi-specialty visit	SA048	pack	1		1		1			
74	pack, conscious sedation	SA044	pack	1		1					
75	**Catheter, balloon, PTA**	**SD152**	**item**								
76	**Stent, ureteral, without guidewire**	**SD218**	**item**								
77	**Non-detachable embolization coil**	**SF057**	**item**								
78	**Nephroureteral Catheter**	**NEW**	**item**	**1**		**1**					
79	kit, iv starter	SA019	kit	1		1		1			
80	kit, suture removal	SA031	kit			1		1			
81	pack, cleaning and disinfecting, endoscope	SA042	pack	1		1		1			
82	tray, shave prep	SA067	tray	1		1		1			
83	kit, AccuStick II Introducer System with RO Marker	SA071	kit	1							
84	cap, surgical	SB001	item	4		4		4			
85	cover-condom, transducer or ultrasound probe	SB005	item	1							
86	drape, sterile, femoral	SB009	item	1		1		1			
87	drape, sterile, fenestrated 16in x 29in	SB011	item								
88	drape-towel, sterile 18inx26in	SB019	item	2		2		2			
89	gloves, non-sterile	SB022	pair	2		2		2			
90	gloves, sterile	SB024	pair	2		2		2			
91	gown, surgical, sterile	SB028	item	2		2		2			
92	mask, surgical	SB033	item	2		2		2			
93	mask, surgical, with face shield	SB034	item	2		2		2			
94	shoe covers, surgical	SB039	pair	4		4		4			
95	underpad 2ftx3ft (Chux)	SB044	item	1		1		1			
96	closed flush system, angiography	SC010	item	1		1		1			
97	needle 18-27g	SC029	item								
98	needle, Chiba	SC035	item	1							
99	3 way stop cock (for irrigation)	SC049	item	1		1		1			
100	syringe 10-12ml	SC051	item	2		2		2			
101	syringe 60ml (for irrigation)	SC056	item	2		2		2			
102	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	2		2		2			
103	brush, ureteral	SD008	item							1	
104	dilator, vessel, angiographic	SD043	item	2							
105	guidewire	SD088	item								
106	guidewire, hydrophilic	SD089	item	1		1					
107	guidewire, STIFF	SD090	item	1		1		1			
108	percutaneous catheter fastener (Percu-Stay)	SD146	item	1		1		1			
109	catheter, (Glide)	SD147	item	1		1		1		1	
110	catheter, balloon inflation device	SD149	item								
111	drainage catheter, all purpose	SD161	item	1		1		1			
112	pouch, nephrostomy-biliary drainage	SD163	item	1		1		1			
113	guidewire bowl w-lid, sterile	SD171	item	1		1		1			
114	introducer sheath, Ansel [45 cm 6 Fr Ansel]	SD250	item							1	
115	blade, surgical (Bard-Parker)	SF007	item	1							
116	applicator, sponge-tipped	SG009	item	4		4		4			
117	gauze, sterile 4in x 4in	SG055	item	6		6		6			
118	tape, surgical paper 1in (Micropore)	SG079	item	12		12		12			
119	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10		10		10			
120	sodium chloride 0.9% flush syringe	SH065	item	2		2		2			
121	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1		1		1			
122	povidone soln (Betadine)	SJ041	ml	60		60		60			
123	cup, biopsy-specimen sterile 4oz	SL036	item	1						1	
124	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	1		1		1			
125	computer media, dvd	SK013	item								
126	film, x-ray 14inx17in	SK034	item								
127	x-ray developer solution	SK089	oz								
128	x-ray envelope	SK091	item								
129	x-ray fixer solution	SK092	oz								
130	film, x-ray, laser print	Sk098	item								
131											
132	**EQUIPMENT**	**CODE**									
133	angiographic room	EL011		72		57		30		47	
134	table, exam	EF023									
135	fiberscope, flexible, cystoscopy, with light source	ES019									
136	light, exam	EQ168		72		57		30		47	
137	table, instrument, mobile	EF027		312		297		90		47	
138	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011		312		297				47	
139	IV infusion pump	EQ032		312		297				47	
140	PACS Workstation Proxy	ED050		**83**		**68**		**21**		**53**	
141	film processor, dry, laser	ED024									
142	film alternator	ER029									
143	portable ultrasound	EQ250		72							

	A	B	C	T	U	V	W	X	Y	Z	AA
1	**REVISED AT MEETING**			**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Interventional Radiology			**50705 embo**		**50706 dilation**		**50693 place ureteral exist**		**50694 place ureteral new w/o tube**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Ureteral embolization or occlusion, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*		*Balloon dilation, ureteral stricture, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*		*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via a pre-existing nephrostomy tract*		*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**203**	**0**	**188**	**0**	**241**	**30**	**292**	**30**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**	**7**	**30**	**7**	**30**
8		*L037D*	*RN/LPN/MTA*	*0*	*0*	*0*	*0*	*3*	*30*	*3*	*30*
9		*L041B*	*RadTech*	*0*		*0*		*4*		*4*	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	**RedTech**	**203**	**0**	**188**	**0**	**231**	**0**	**282**	**0**
11		*L037D*	*RN/LPN/MTA*	*18*		*17*		*30*		*35*	
12		*L041B*	*RadTech*	*120*		*111*		*94*		*124*	
13		*L051A*	*RN*	*65*		*60*		*107*		*124*	
14	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**	**0**	**0**	**0**	**3**	**0**	**3**	**0**
15	**PRE-SERVICE**										
16	**Start: Following visit when decision for surgery or procedure made**										
17	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA					3	5	3	5
18	Coordinate pre-surgery services	L037D	RN/LPN/MTA						10		10
19	Schedule space and equipment in facility	L037D	RN/LPN/MTA						5		5
20	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA						7		7
21	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA						3		3
22	Availability of prior images confirmed	L041B	RadTech					2		2	
23	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	RadTech					2		2	
24	*Other Clinical Activity - *specify:*										
25	**End: When patient enters office/facility for surgery/procedure**										
26	**SERVICE PERIOD**										
27	**Start: When patient enters office/facility for surgery/procedure:**										
28	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA					3		3	
29	Obtain vital signs	L037D	RN/LPN/MTA					5		5	
30	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	2		2		5		5	
31	Prepare room, equipment, supplies	L041B	RT	1		1		2		2	
32	Setup scope (non facility setting only)										
33	Prepare and position patient/ monitor patient/ set up IV	L041B	RT	1		1		2		2	
34	Sedate/apply anesthesia	L051A	RN					2		2	
35	*Other Clinical Activity - specify:										
36	**Intra-service**										
37	Assist Physician in Performing Procedure (CS)	L051A	RN	65		60		45		62	
38	Assist Physician in Performing Procedure	L037D	RN/LPN/MTA								
39	Assist Physician in Performing Procedure	L041B	RT	65		60		45		62	
40	Acquire images (75%)	L041B	RT	49		45		34		47	
41	Circulator (25%)	L037D	RN/LPN/MTA	16		15		11		16	
42	**Post-Service**										
43	Monitor pt. following moderate sedation	L051A	RN					15		15	
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN					45		45	
45	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA								
46	Clean room/equipment by physician staff	L041B	RT					6		6	
47	Clean Scope										
48	Clean Surgical Instrument Package										
49	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA					3		3	
50	Review/read X-ray, lab, and pathology reports										
51	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA					3		3	
52	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT	1		1		2		2	
53	Review examination with interpreting MD	L041B	RT	2		2		2		2	
54	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RT	1		1		1		1	
55	*Other Clinical Activity - *specify:*										
56	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a	
57	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a	
58	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a	
59	**End: Patient leaves office**										

	A	B	C	T	U	V	W	X	Y	Z	AA
1	**REVISED AT MEETING**			**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Interventional Radiology			**50705 embo**		**50706 dilation**		**50693 place ureteral exist**		**50694 place ureteral new w/o tube**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Ureteral embolization or occlusion, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*		*Balloon dilation, ureteral stricture, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*		*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via a pre-existing nephrostomy tract*		*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
60	**POST-SERVICE Period**										
61	**Start: Patient leaves office/facility**										
62	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA					3		3	
70	*Other Clinical Activity - *specify:*										
71	**End: with last office visit before end of global period**										
72	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
73	pack, minimum multi-specialty visit	SA048	pack					1		1	
74	pack, conscious sedation	SA044	pack					1		1	
75	**Catheter, balloon, PTA**	**SD152**	**item**			1					
76	**Stent, ureteral, without guidewire**	**SD218**	**item**					**1**		**1**	
77	**Non-detachable embolization coil**	**SF057**	**item**	**6**							
78	**Nephroureteral Catheter**	**NEW**	**item**								
79	kit, iv starter	SA019	kit					1		1	
80	kit, suture removal	SA031	kit					1			
81	pack, cleaning and disinfecting, endoscope	SA042	pack					1		1	
82	tray, shave prep	SA067	tray					1		1	
83	kit, AccuStick II Introducer System with RO Marker	SA071	kit							1	
84	cap, surgical	SB001	item					4		4	
85	cover-condom, transducer or ultrasound probe	SB005	item							1	
86	drape, sterile, femoral	SB009	item					1		1	
87	drape, sterile, fenestrated 16in x 29in	SB011	item								
88	drape-towel, sterile 18inx26in	SB019	item					2		2	
89	gloves, non-sterile	SB022	pair					2		2	
90	gloves, sterile	SB024	pair					2		2	
91	gown, surgical, sterile	SB028	item					2		2	
92	mask, surgical	SB033	item					2		2	
93	mask, surgical, with face shield	SB034	item					2		2	
94	shoe covers, surgical	SB039	pair					4		4	
95	underpad 2ftx3ft (Chux)	SB044	item					1		1	
96	closed flush system, angiography	SC010	item					1		1	
97	needle 18-27g	SC029	item								
98	needle, Chiba	SC035	item							1	
99	3 way stop cock (for irrigation)	SC049	item					1		1	
100	syringe 10-12ml	SC051	item					2		2	
101	syringe 60ml (for irrigation)	SC056	item					2		2	
102	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item					2		2	
103	brush, ureteral	SD008	item								
104	dilator, vessel, angiographic	SD043	item							2	
105	guidewire	SD088	item								
106	guidewire, hydrophilic	SD089	item					1		1	
107	guidewire, STIFF	SD090	item					1		1	
108	percutaneous catheter fastener (Percu-Stay)	SD146	item					1			
109	catheter, (Glide)	SD147	item	1		1		1		1	
110	catheter, balloon inflation device	SD149	item			1					
111	drainage catheter, all purpose	SD161	item					1			
112	pouch, nephrostomy-biliary drainage	SD163	item					1			
113	guidewire bowl w-lid, sterile	SD171	item					1		1	
114	introducer sheath, Ansel [45 cm 6 Fr Ansel]	SD250	item	1		1		1		1	
115	blade, surgical (Bard-Parker)	SF007	item							1	
116	applicator, sponge-tipped	SG009	item					4		4	
117	gauze, sterile 4in x 4in	SG055	item					6		6	
118	tape, surgical paper 1in (Micropore)	SG079	item					12		12	
119	lidocaine 1%-2% inj (Xylocaine)	SH047	ml					10		10	
120	sodium chloride 0.9% flush syringe	SH065	item					2		2	
121	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item					1		1	
122	povidone soln (Betadine)	SJ041	ml					60		60	
123	cup, biopsy-specimen sterile 4oz	SL036	item							1	
124	disinfectant, surface (Envirocide, Sanizide)	SM013	oz					1		1	
125	computer media, dvd	SK013	item								
126	film, x-ray 14inx17in	SK034	item								
127	x-ray developer solution	SK089	oz								
128	x-ray envelope	SK091	item								
129	x-ray fixer solution	SK092	oz								
130	film, x-ray, laser print	Sk098	item								
131											
132	**EQUIPMENT**	**CODE**									
133	angiographic room	EL011		67		62		57		74	
134	table, exam	EF023									
135	fiberscope, flexible, cystoscopy, with light source	ES019									
136	light, exam	EQ168		67		62		57		74	
137	table, instrument, mobile	EF027		67		62		297		314	
138	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011		67		62		297		314	
139	IV infusion pump	EQ032		67		62		297		314	
140	PACS Workstation Proxy	ED050		**73**		**68**		**68**		**85**	
141	film processor, dry, laser	ED024									
142	film alternator	ER029									
143	portable ultrasound	EQ250								74	

	A	B	C	AB	AC	AD	AE	AF	AG	AH	AI
1	**REVISED AT MEETING**			**RECOMMENDATION**		**EXISTING**		**EXISTING**		**EXISTING**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Interventional Radiology			**50695 place ureteral new w/tube**		**50394**		**74475**		**50398**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter*		*Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter*		*Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation*		*Change of nephrostomy or pyelostomy tube*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**XXX**	**XXX**		
6	**TOTAL CLINICAL LABOR TIME**			**331**	**30**	**53**	**30**	**21**	**0**	**44**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**7**	**30**	**18**	**30**	**5**	**0**	**0**	**0**
8		*L037D*	*RN/LPN/MTA*	*3*	*30*	*18*	*30*			*0*	*0*
9		*L041B*	*RadTech*	*4*				*5*		*0*	*0*
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	**RedTech**	**321**	**0**	**35**	**0**	**16**	**0**	**41**	**0**
11		*L037D*	*RN/LPN/MTA*	*38*		*35*	*0*			*35*	
12		*L041B*	*RadTech*	*146*				*16*		*6*	
13		*L051A*	*RN*	*137*							
14	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**3**	**0**	**0**	**0**	**0**	**0**	**3**	**0**
15	**PRE-SERVICE**										
16	**Start: Following visit when decision for surgery or procedure made**										
17	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3	5	5	5				
18	Coordinate pre-surgery services	L037D	RN/LPN/MTA		10	3	10				
19	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5		5				
20	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		7	7	7				
21	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		3	3	3				
22	Availability of prior images confirmed	L041B	RadTech	2				5			
23	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	RadTech	2							
24	*Other Clinical Activity - *specify:*										
25	**End: When patient enters office/facility for surgery/procedure**										
26	**SERVICE PERIOD**										
27	**Start: When patient enters office/facility for surgery/procedure:**										
28	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		5					
29	Obtain vital signs	L037D	RN/LPN/MTA	5		3					
30	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5						5	
31	Prepare room, equipment, supplies	L041B	RT	2		2		1		1	
32	Setup scope (non facility setting only)										
33	Prepare and position patient/ monitor patient/ set up IV	L041B	RT	2		2		1		2	
34	Sedate/apply anesthesia	L051A	RN	2						1	
35	*Other Clinical Activity - specify:										
36	**Intra-service**										
37	Assist Physician in Performing Procedure (CS)	L051A	RN	75		13					
38	Assist Physician in Performing Procedure	L037D	RN/LPN/MTA							21	
39	Assist Physician in Performing Procedure	L041B	RT	75							
40	Acquire images (75%)	L041B	RT	56				9			
41	Circulator (25%)	L037D	RN/LPN/MTA	19							
42	**Post-Service**										
43	Monitor pt. following moderate sedation	L051A	RN	15		2					
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN	45		3				6	
45	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA			3				6	
46	Clean room/equipment by physician staff	L041B	RT	6				3		2	
47	Clean Scope										
48	Clean Surgical Instrument Package										
49	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	3		3					
50	Review/read X-ray, lab, and pathology reports										
51	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		2				3	
52	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT	2				2			
53	Review examination with interpreting MD	L041B	RT	2							
54	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RT	1							
55	*Other Clinical Activity - *specify:*										
56	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		**n/a**		**n/a**		**n/a**	
57	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		**n/a**		**n/a**		**n/a**	
58	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		**n/a**		**n/a**		**n/a**	
59	**End: Patient leaves office**										

	A	B	C	AB	AC	AD	AE	AF	AG	AH	AI
1	**REVISED AT MEETING**			**RECOMMENDATION**		**EXISTING**		**EXISTING**		**EXISTING**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Interventional Radiology			**50695 place ureteral new w/tube**		**50394**		**74475**		**50398**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter*		*Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter*		*Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation*		*Change of nephrostomy or pyelostomy tube*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**XXX**	**XXX**		
60	**POST-SERVICE Period**										
61	**Start: Patient leaves office/facility**										
62	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3						3	
70	*Other Clinical Activity - *specify:*										
71	**End: with last office visit before end of global period**										
72	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
73	pack, minimum multi-specialty visit	SA048	pack	1		1					
74	pack, conscious sedation	SA044	pack	1							
75	**Catheter, balloon, PTA**	**SD152**	**item**								
76	**Stent, ureteral, without guidewire**	**SD218**	**item**	**1**							
77	**Non-detachable embolization coil**	**SF057**	**item**								
78	**Nephroureteral Catheter**	**NEW**	**item**								
79	kit, iv starter	SA019	kit	1							
80	kit, suture removal	SA031	kit							1	
81	pack, cleaning and disinfecting, endoscope	SA042	pack	1		1					
82	tray, shave prep	SA067	tray	1						1	
83	kit, AccuStick II Introducer System with RO Marker	SA071	kit	1							
84	cap, surgical	SB001	item	4		2				2	
85	cover-condom, transducer or ultrasound probe	SB005	item	1							
86	drape, sterile, femoral	SB009	item	1							
87	drape, sterile, fenestrated 16in x 29in	SB011	item			1				1	
88	drape-towel, sterile 18inx26in	SB019	item	2		2				2	
89	gloves, non-sterile	SB022	pair	2				1			
90	gloves, sterile	SB024	pair	2		2				2	
91	gown, surgical, sterile	SB028	item	2		2				2	
92	mask, surgical	SB033	item	2							
93	mask, surgical, with face shield	SB034	item	2						2	
94	shoe covers, surgical	SB039	pair	4						2	
95	underpad 2ftx3ft (Chux)	SB044	item	1		1				1	
96	closed flush system, angiography	SC010	item	1						1	
97	needle 18-27g	SC029	item			2					
98	needle, Chiba	SC035	item	1							
99	3 way stop cock (for irrigation)	SC049	item	1		1				1	
100	syringe 10-12ml	SC051	item	2		2					
101	syringe 60ml (for irrigation)	SC056	item	2		2				2	
102	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	2						2	
103	brush, ureteral	SD008	item								
104	dilator, vessel, angiographic	SD043	item	2							
105	guidewire	SD088	item							1	
106	guidewire, hydrophilic	SD089	item	1							
107	guidewire, STIFF	SD090	item	1							
108	percutaneous catheter fastener (Percu-Stay)	SD146	item	1							
109	catheter, (Glide)	SD147	item	1							
110	catheter, balloon inflation device	SD149	item								
111	drainage catheter, all purpose	SD161	item	1						1	
112	pouch, nephrostomy-biliary drainage	SD163	item	1						1	
113	guidewire bowl w-lid, sterile	SD171	item	1							
114	introducer sheath, Ansel [45 cm 6 Fr Ansel]	SD250	item	1							
115	blade, surgical (Bard-Parker)	SF007	item	1							
116	applicator, sponge-tipped	SG009	item	4		4				4	
117	gauze, sterile 4in x 4in	SG055	item	6						6	
118	tape, surgical paper 1in (Micropore)	SG079	item	12						12	
119	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10						10	
120	sodium chloride 0.9% flush syringe	SH065	item	2						2	
121	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1						1	
122	povidone soln (Betadine)	SJ041	ml	60		60				60	
123	cup, biopsy-specimen sterile 4oz	SL036	item	1							
124	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	1				1			
125	computer media, dvd	SK013	item					1			
126	film, x-ray 14inx17in	SK034	item								
127	x-ray developer solution	SK089	oz								
128	x-ray envelope	SK091	item					1			
129	x-ray fixer solution	SK092	oz								
130	film, x-ray, laser print	Sk098	item					1			
131											
132	**EQUIPMENT**	**CODE**									
133	angiographic room	EL011		87				9		41	
134	table, exam	EF023				70					
135	fiberscope, flexible, cystoscopy, with light source	ES019				70					
136	light, exam	EQ168		87		70					
137	table, instrument, mobile	EF027		327							
138	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011		327							
139	IV infusion pump	EQ032		327							
140	PACS Workstation Proxy	ED050		**98**							
141	film processor, dry, laser	ED024						2			
142	film alternator	ER029						2			
143	portable ultrasound	EQ250		87							

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2018

Transurethral Destruction of Prostate Tissue

In September 2017, the CPT Editorial Panel created a new code to report transurethral destruction of prostate tissue by radiofrequency-generated water vapor thermotherapy. The RUC reviewed the family of codes for water vapor or steam thermotherapy and determined that the survey respondents overestimated the physician work for these services. Therefore, the RUC recommends appropriate crosswalks for each of these three codes. The RUC noted that the intra-service survey time decreases as the codes progress from CPT codes 53850 to 53852 and 53854. The RUC agreed that despite the decreases in intra-service time, the intensity of the procedures increases as the codes progress. CPT code 53850, the first code, involves more lower-intensity monitoring time, a less active task, while the second two codes, 53852 and 53854, are more engaged from a procedural perspective and include more intense activities (ie, active monitoring vs. actively operating). The third code in the family, CPT code 538X3, is the most intense because of potential injury to adjacent structures. The crosswalks codify the progressive intensity in this family of codes with IWPUT of 0.041, 0.071 and 0.085, respectively. The RUC concluded that the work RVU crosswalk values more adequately match the survey reductions in time.

53850 ***Transurethral destruction of prostate tissue; by microwave thermotherapy***
The RUC reviewed the survey results from 47 urologists and recommends a work RVU of 5.42, which is supported by a direct work RVU crosswalk to CPT code 33272 *Removal of subcutaneous implantable defibrillator electrode* (work RVU = 5.42 and 39 minutes pre-service time, 45 minutes intra-service time and 25 minutes immediate post-service time) and falls well below both the survey 25th percentile. The codes have the exact same intra-service time and nearly the same total time. The RUC recommends 17 minutes evaluation time, 1 minute positioning time, 5 minutes scrub/dress/wait time, 45 minutes intra-service time, and 10 minutes of immediate post-service time and 3- 99213 visits for CPT code 53850. This yields an IWPUT of 0.041 and the RUC determined that the longest procedure in the family should logically have the lowest IWPUT.

For additional support, the RUC reviewed CPT code 21013 *Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm* (work RVU = 5.42 and 45 minutes intra-service time) and CPT code 28039 *Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater* (work RVU = 5.42 and 45 minutes intra-service time) and noted that both codes have identical work RVU and intra-service time as the survey code. The RUC determined that the direct crosswalk recommendation of 5.42 work RVUs places this service in the proper rank order within this family. **The RUC recommends a work RVU of 5.42 for CPT code 53850.**

53852 ***Transurethral destruction of prostate tissue; by radiofrequency thermotherapy***
The RUC reviewed the survey results from 41 urologists and determined that of the 41 survey respondents for CPT code 53852, 20 reported experience and 21 did not. The intra-service median time was 30 for both sets of respondents. The RUC recommends a direct work RVU

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crosswalk to CPT code 67917 *Repair of ectropion; extensive (eg, tarsal strip operations)* (work RVU = 5.93 and 25 minutes pre-service time, 33 minutes intra-service time and 10 minutes immediate post-service time). The codes have the exact same total time and intra-service times are nearly the same. The RUC recommends 17 minutes evaluation time, 6 minutes positioning time, 5 minutes scrub/dress/wait time, 30 minutes intra-service time, and 15 minutes of immediate post-service time and 3-99213 visits for CPT code 53852. The specialty noted and the RUC agreed that the 6 minutes of positioning time was appropriate as this service is performed with the patient in the dorsal lithotomy position, which is the standard RUC pre-service time package addition for urologic procedures. Further, the RUC determined that, while CPT code 53850 has 10 minutes post-service time because a catheter is used, 53852 and 53854 require 15 minutes of post-service time because there are actual punctures of the prostate and the patient must be monitored due to greater occurrence of post-procedure hematuria.

For additional support, the RUC reviewed two laparoscopy codes, CPT code 58670 *Laparoscopy, surgical; with fulguration of oviducts (with or without transection)* (work RVU = 5.91 and 35 minutes intra-service time) and CPT code 58671 *Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)* (work RVU = 5.91 and 35 minutes intra-service time). The RUC determined that the direct crosswalk recommendation of 5.93 work RVUs places this service in the proper rank order within this family. **The RUC recommends a work RVU of 5.93 for CPT code 53852.**

538X3 *Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy*
The RUC reviewed the survey results from 42 urologists and recommends a work RVU of 5.93 which is supported by a direct work RVU crosswalk to CPT code 67917 *Repair of ectropion; extensive (eg, tarsal strip operations)* (work RVU = 5.93 and 25 minutes pre-service time, 33 minutes intra-service time and 10 minutes immediate post-service time) and falls well below both the survey 25th percentile. The RUC recommends 17 minutes evaluation time, 6 minutes positioning time, 5 minutes scrub/dress/wait time, 25 minutes intra-service time, and 15 minutes of immediate post-service time and 3- 99213 visits for CPT code 53854. The specialty noted and the RUC agreed that the 6 minutes of positioning time was appropriate as this service is performed with the patient in the dorsal lithotomy position, which is the standard RUC pre-service time package addition for urologic procedures. The RUC determined that 15 minutes of post-service time is appropriate due to greater occurrence of post-procedure hematuria necessitating a longer monitoring time. The RUC recommends a direct crosswalk recommendation of 5.93 work RVUs and emphasized that CPT code 53854 is the most intense service in this family due to the use of hot water causing potential injury to adjacent anatomic structures. The crosswalk codifies the progressive intensity in this family of codes yielding an IWPUT of 0.085. **The RUC recommends a work RVU of 5.93 for CPT code 53854.**

Practice Expense
The Practice Expense Subcommittee made multiple revisions to the supplies, noting that each code uses a very expensive catheter, a different type for each method. The RUC recommends the direct practice expense inputs with modifications as reviewed and approved by the PE Subcommittee.

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New Technology/New Services
CPT code 53854 will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
53850**(f)**	U1	Transurethral destruction of prostate tissue; by microwave thermotherapy	090	5.42
53852**(f)**	U2	by radiofrequency thermotherapy	090	5.93
● 53854	U3	by radiofrequency generated water vapor thermotherapy	090	5.93

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:53850 Tracking Number U1 Original Specialty Recommended RVU: **8.05**
Presented Recommended RVU: **6.53**
Global Period: 090 Current Work RVU: **10.08** RUC Recommended RVU: **5.42**

CPT Descriptor: Transurethral destruction of prostate tissue; by microwave thermotherapy

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old male is suffering from mild to moderate prostatic obstruction. he responded insufficiently to watchful waiting and medical therapies, such as alpha blockers and 5-alpha reductase inhibitors. patient seeks alternative to more invasive surgical prostatic procedures.

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 2% , In the ASC 10%, In the office 87%

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%

Description of Pre-Service Work: • Review the medical record, including preoperative lab results
- Review surgical procedure and postoperative recovery with patient and/or family and answer any questions
- Obtain informed consent
- Change into scrubs
- Wash and disinfect hands and put on sterile gown
- Prepare operative field
- Inspect surgical equipment
- Perform a prostatic block with local anesthesia under ultrasonic guidance
- Reposition patient on the procedure table in the supine position
- Insert the urethral catheter and drain the bladder
- Fill the bladder with a topical anesthetic agent
- Remove catheter
- Inject the urethra with topical anesthetic jelly and place a penis clamp
- Wait ten minutes for local anesthesia to take effect
- Reposition the patient in the frog-leg position on the procedure table

Description of Intra-Service Work: • Insert a thermo-sensing thermometer into the rectum
- Insert a transurethral microwave treatment (TUMT) catheter and inflate the balloon
- Perform a limited abdominal ultrasound to check position of balloon
- Start the microwave device
- Choose the appropriate protocol
- Monitor the control unit as it performs a five step calibration that lasts four to six minutes, then ramps up for three to seven minutes
- Check the position of the treatment catheter balloon every 10 minutes via ultrasound
- Check the output of rectal temperature probe every 2 minutes to ensure temperature is in safe range
- Begin a 5 minute cool down of urethral temperature
- Remove the treatment catheter and rectal temperature probe

Description of Post-Service Work: • Place a urinary catheter for the patient to wear home

- Move the patient off of the treatment table and transport to the recovery area
- Print out data sheet that provides technical documentation of the procedure
- Discuss the patient's postoperative care with patient and/or family
- Write prescriptions
- Dictate the operative note
- Schedule patient to return for office visits

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018				
Presenter(s):	Thomas Turk, MD, James Dupree, MD, Kyle Richards, MD, Jonathan Rubenstein, MD				
Specialty(s):	Urology				
CPT Code:	53850				
Sample Size:	7089	**Resp N:**	47	**Response:** 0.6 %	
Description of Sample:	Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**3.00**	6.00	30.00
Survey RVW:	3.00	6.53	**8.05**	10.13	20.00
Pre-Service Evaluation Time:			**28.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	15.00	30.00	**45.00**	47.00	70.00

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):	**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)

6-NF Proc w local/topical anes care req wait time

CPT Code:	53850	**Recommended Physician Work RVU: 5.42**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**17.00**	**17.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**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)

7B Local/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**21.00**	**-11.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
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):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52630	090	6.55	**RUC Time**

CPT Descriptor Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52500	090	8.14	**RUC Time**

CPT Descriptor Transurethral resection of bladder neck (separate procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
67904	090	7.97	**RUC Time**	52,011

CPT Descriptor 1 Repair of blepharoptosis; (tarso) levator resection or advancement, external approach

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	**RUC Time**	59,042

CPT Descriptor 2 Lithotripsy, extracorporeal shock wave

Other Reference CPT Code	Global	Work RVU	Time Source
33272	090	5.42	**RUC Time**

CPT Descriptor Removal of subcutaneous implantable defibrillator electrode

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 21 **% of respondents:** 44.6 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 25.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 53850	Top Key Reference CPT Code: 52630	2nd Key Reference CPT Code: **52500**
Median Pre-Service Time	27.00	53.00	70.00
Median Intra-Service Time	45.00	60.00	45.00
Median Immediate Post-service Time	10.00	35.00	27.50
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	19.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	69.0	55.00	69.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**151.00**	**222.00**	**230.50**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	14%	29%	52%	4%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	19%	62%	19%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	62%	38%	0%
Physical effort required	57%	38%	4%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	47%	38%	14%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	8%	8%	58%	25%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	25%	41%	33%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	41%	41%	16%
Physical effort required	25%	75%	0%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	16%	50%	33%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT code 53850 was included in the family of codes along with CPT codes 53852 and 538X3. The American Urological Association requested a random sample of approximately 7089 urologists from our general membership database. The survey was sent to 7089 individuals and of those individuals, 47 responses were received for a response rate of 0.6%. In 2016, 5,753 of these procedures were performed in the Medicare population so the number of responses to this survey meets the RUC criteria of 30 respondents as the minimum survey sample size for this code.

The AUA RUC expert panel reviewed the survey results and the respondents stated that the median intraservice time was 45 minutes to complete this procedure. The current work RVU is 10.08. The median work value from the survey is 8.05 and the 25th percentile of the work RVU is 6.53.

The AUA is recommending cross walking 53850 to CPT code 33272. The society is recommending a work RVU of 5.42 with a median intraservice time of 45 minutes and an immediate post time of 10 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 53850

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 Urology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. National data is not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5,753
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2016 Medicare claims data from RUC database

Specialty Urology Frequency 5742 Percentage 99.80 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 53850

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:53852 Tracking Number U2 Original Specialty Recommended RVU: **8.75**
Presented Recommended RVU: **7.25**
Global Period: 090 Current Work RVU: **10.83** RUC Recommended RVU: **5.93**

CPT Descriptor: Transurethral destruction of prostate tissue; by radiofrequency thermotherapy

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old man with bph and difficulaty urinating. his symptoms have failed to improve on medical therapy (alpha blockers and finasteride). after discussion of surgical treatment options, he has elected a transurethral destruction of prostate tissue using radio frequency thermotherapy procedure. prior to the procedure (a week or more), transrectal prostate ultrasound and cystoscopy are done in the office to assess prostate size and plan treatment. (these are billed separately from, and in addition to, the "tuna" procedure).

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 2% , In the ASC 29%, In the office 68%

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%

Description of Pre-Service Work: • Review the medical record, including preoperative lab results
- Review surgical procedure and postoperative recovery with patient and/or family and answer any questions
- Obtain informed consent
- Change into scrubs
- Wash and disinfect hands and put on sterile gown
- Prepare operative field
- Inspect surgical equipment
- Position patient in dorsal lithotomy position
- Administer local anesthesia
- Perform a prostatic block with local anesthesia under ultrasonic guidance
- Wait ten minutes for local anesthesia to take effect

Description of Intra-Service Work: • The TUNA device is inserted through the urethra under direct vision
- Cystoscopy is then performed as the cystoscopy lens is inserted within the thermotherapy device sheath and the anatomy is evaluated including that of the urethra, bladder and prostatic urethra
- The electrodes are inserted into the first treatment area of the prostate(as the treatment plan was previously determined
- The radio frequency (RT) generator is turned on for a total of 5 ½ minutes to raise the prostate to the proper temperature
- The electrodes are then retracted and repositioned for the subsequent treatments (a typical prostate requires 4 to 10 treatments)
- A catheter is passed and the bladder is drained

Description of Post-Service Work: • Place a urinary catheter for the patient to wear home
- Move the patient off of the treatment table and transport to the recovery area
- Print out data sheet that provides technical documentation of the procedure

- Discuss the patient’s postoperative care with patient and/or family
- Write prescriptions
- Dictate the operative note
- Schedule patient to return for office visits

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018				
Presenter(s):	Thomas Turk, MD, James Dupree, MD, Kyle Richards, MD, Jonathan Rubenstein, MD				
Specialty(s):	Urology				
CPT Code:	53852				
Sample Size:	7089	**Resp N:**	41	**Response:** 0.5 %	
Description of Sample:	Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**0.00**	5.00	70.00
Survey RVW:	4.00	7.25	**8.75**	11.33	20.00
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**7.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	10.00	20.00	**30.00**	45.00	75.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**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)

6-NF Proc w local/topical anes care req wait time

CPT Code:	53852	**Recommended Physician Work RVU: 5.93**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**17.00**	**17.00**	**0.00**
Pre-Service Positioning Time:		**6.00**	**1.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7B Local/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**21.00**	**-6.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52630	090	6.55	**RUC Time**

CPT Descriptor Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52500	090	8.14	**RUC Time**

CPT Descriptor Transurethral resection of bladder neck (separate procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
67904	090	7.97	**RUC Time**	52,011

CPT Descriptor 1 Repair of blepharoptosis; (tarso) levator resection or advancement, external approach

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	**RUC Time**	59,042

CPT Descriptor 2 Lithotripsy, extracorporeal shock wave

Other Reference CPT Code	Global	Work RVU	Time Source
67917	090	5.93	**RUC Time**

CPT Descriptor Repair of ectropion; extensive (eg, tarsal strip operations)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 36.5 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 26.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 53852	Top Key Reference CPT Code: 52630	2nd Key Reference CPT Code: **52500**
Median Pre-Service Time	28.00	53.00	70.00
Median Intra-Service Time	30.00	60.00	45.00
Median Immediate Post-service Time	15.00	35.00	27.50
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	19.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	69.0	55.00	69.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**142.00**	**222.00**	**230.50**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	6%	6%	60%	20%	6%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	53%	40%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	20%	66%	13%
Physical effort required	33%	53%	13%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	26%	46%	26%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	18%	54%	27%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	18%	54%	27%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	36%	36%	27%
Physical effort required	18%	63%	18%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	36%	36%	27%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT code 53852 was included in the family of codes along with CPT codes 53850 and 538X3. The American Urological Association requested a random sample of approximately 7089 urologists from our general membership database. The survey was sent to 7089 individuals and of those individuals, 41 responses were received for a response rate of 0.5%. In 2016, 2,901 of these procedures were performed in the Medicare population so the number of responses to this survey meets the RUC criteria of 30 respondents as the minimum survey sample size for this code.

The AUA RUC expert panel reviewed the survey results and the respondents stated that the median intraservice time was 30 minutes to complete this procedure. We are requesting an additional 5 minutes for positioning of the patient into the dorsal lithotomy position. The current work RVU is 10.83. The median work value from the survey is 8.75 and the 25th percentile of the work RVU is 7.25.

The AUA is recommending cross walking 53852 to CPT code 67917. The society is recommending a work RVU of 5.93 with a median intraservice time of 30 minutes and an immediate post time of 15 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 53852

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 Urology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. National data is not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 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. 2016 Medicare claims data from RUC database

Specialty Urology Frequency 2890 Percentage 99.62 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 53852

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:53854 Tracking Number U3 Original Specialty Recommended RVU: **8.75**
Presented Recommended RVU: **8.52**
Global Period: 090 Current Work RVU: RUC Recommended RVU: **5.93**

CPT Descriptor: Transurethral destruction of prostate tissue; by radio-frequency generated water vapor thermotherapy

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old man presents with benign prostatic hyperplasia (bph) and has difficulty urinating. after discussion of treatment options, he has elected surgical treatment and has decided to proceed with transurethral destruction of prostate tissue using radiofrequency-generated water vapor thermotherapy.

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 5% , In the ASC 26%, In the office 69%

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%

Description of Pre-Service Work: • Review the medical record, including preoperative lab results
- Review surgical procedure and postoperative recovery with patient and/or family and answer any questions
- Obtain informed consent
- Change into scrubs
- Wash and disinfect hands and put on sterile gown
- Prepare operative field
- Inspect surgical equipment
- Position patient in dorsal lithotomy position
- Perform a prostatic block with local anesthesia under ultrasonic guidance
- Insert the urethral catheter and drain the bladder
- Fill the bladder with a topical anesthetic agent
- Remove catheter
- Inject the urethra with topical anesthetic jelly and place a penis clamp
- Wait ten minutes for local anesthesia to take effect

Description of Intra-Service Work: • Insert water vapor device through the urethra under direct vision
- Cystoscopy is then performed as the cystoscopy lens is inserted within the thermotherapy device sheath and the anatomy is evaluated including that of the urethra, bladder and prostatic urethra
- The retractable treatment needle is positioned and deployed from the tip of the device through the urethral wall into prostate tissue
- The radio frequency (RT) generator is turned on to generate thermal energy in the form of water vapor to destroy prostate tissue
- After completion of treatment of the first area, the treatment needle is retracted and repositioned for the next application (an average of 5 treatments are needed depending on the size of the prostate)
- A catheter is passed and the bladder is drained

Description of Post-Service Work: • Place a urinary catheter for the patient to wear home
- Move the patient off of the treatment table and transport to the recovery area

- Print out data sheet that provides technical documentation of the procedure
- Discuss the patient's postoperative care with patient and/or family
- Write prescriptions
- Dictate the operative note
- Schedule patient to return for office visits

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018				
Presenter(s):	Thomas Turk, MD, James Dupree, MD, Kyle Richards, Jonathan Rubenstein, MD				
Specialty(s):	Urology				
CPT Code:	53854				
Sample Size:	7089	**Resp N:**	42	**Response:** 0.5 %	
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**4.00**	14.00	85.00
Survey RVW:	4.00	6.66	**8.75**	10.00	18.32
Pre-Service Evaluation Time:			**32.00**		
Pre-Service Positioning Time:			**7.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	8.00	15.00	**25.00**	30.00	75.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**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)

6-NF Proc w local/topical anes care req wait time

CPT Code:	53854	**Recommended Physician Work RVU: 5.93**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**17.00**	**17.00**	**0.00**
Pre-Service Positioning Time:		**6.00**	**1.00**	**5.00**
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)

7B Local/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**21.00**	**-6.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 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? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52630	090	6.55	**RUC Time**

CPT Descriptor Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52500	090	8.14	**RUC Time**

CPT Descriptor Transurethral resection of bladder neck (separate procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
67904	090	7.97	**RUC Time**	52,011

CPT Descriptor 1 Repair of blepharoptosis; (tarso) levator resection or advancement, external approach

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	**RUC Time**	59,042

CPT Descriptor 2 Lithotripsy, extracorporeal shock wave

Other Reference CPT Code	Global	Work RVU	Time Source
67917	090	5.93	**RUC Time**

CPT Descriptor Repair of ectropion; extensive (eg, tarsal strip operations)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 20 **% of respondents:** 47.6 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 21.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 53854	Top Key Reference CPT Code: 52630	2nd Key Reference CPT Code: **52500**
Median Pre-Service Time	28.00	53.00	70.00
Median Intra-Service Time	25.00	60.00	45.00
Median Immediate Post-service Time	15.00	35.00	27.50
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	19.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	69.0	55.00	69.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**137.00**	**222.00**	**230.50**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	10%	10%	60%	15%	5%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	15%	55%	30%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	35%	55%	10%
Physical effort required	40%	50%	10%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	15%	65%	20%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	33%	55%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	44%	44%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	22%	33%	44%
Physical effort required	33%	67%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	22%	67%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background: The American Urological Association, Inc., had determined and advised its members, based on the best available evidence at that time submitted by the manufacturer and reviewed by AUA's Coding and Reimbursement Committee that CPT code 53852 was appropriate for reporting procedures using the water vapor thermotherapy procedure. However, at the June 2017 CPT Editorial Panel meeting, as part of the review of the Executive Committee

minutes, the topic of appropriate coding for transurethral destruction of prostate tissue by radiofrequency (RF) thermotherapy was extracted for discussion.

The Panel requested AUA submit a code change application (CCA) to address transurethral radiofrequency-generated water vapor or steam thermotherapy. To that end, the AUA is requesting a new CPT Category I code to describe the destruction of prostate tissue using thermotherapy in the form of water vapor, or steam, created by the indirect application of RF-generated current to ablate prostate tissue in the treatment of benign prostatic hyperplasia (BPH).

The water vapor thermotherapy technology has been commercially available in the U.S. since FDA notification of 510(k) clearance effective as of August 24, 2015 (source: FDA website - K150786).

The American Urological Association requested a random sample of approximately 7089 urologists from our general membership database. The survey was sent to 7089 individuals and of those individuals, 42 responses were received for a response rate of 0.5%.

The AUA RUC expert panel reviewed the survey results and the respondents stated that the median intraservice time was 25 minutes to complete this procedure. There currently is no work RVU for this code since it is a new technology. The median work value from the survey is 8.75 and the 25th percentile of the work RVU is 6.66. The expert panel is adding an additional 5 minutes of positioning the patient into the dorsal lithotomy position.

The AUA is recommending cross walking this code to CPT code 67917 Repair of ectropion; extensive (eg, tarsal strip operations) with a work RVU of 5.93 and are requesting this times from the survey with a median intraservice time of 25 minutes and an immediate post time of 15 minutes.

According to the manufacturer's sales records, approximately 8,000 BPH procedures with the water vapor thermotherapy technology were performed in the U.S by approximately 539 urologists at 225 urology practices.

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) 53899

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 Urology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National data is not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5,500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Urology Frequency 5500 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

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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. 53852

SS Rec Summary

ISSUE: Water Vapor or Steam Thermotherapy (53850, 53852, 53854)

TAB: 13

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)		0.037			6.55			222	33	5	15			60			35					0.5						1	2						
2nd REF	52500	Transurethral resection of bladder neck (separate procedure)		0.058			8.14			231	45	10	15			45			27.5					0.5						3							
CURRENT	53850	Transurethral destruction of prostate tissue; by microwave thermotherapy		0.091			10.08			204	7	5	15			60			15										1	2	1					
SVY	53850	Transurethral destruction of prostate tissue; by microwave thermotherapy		0.092	3.00	6.53	8.05	10.13	20.00	162	28	5	5	15	30	45	47	70	10										3							
REC	53850	Transurethral destruction of prostate tissue; by microwave thermotherapy		0.039			5.42			151	17	5	5			45			10										3							
Cross walk code	33272	Removal of subcutaneous implantable defibrillator electrode		0.054			5.42			151	33	1	5			45			25					0.5					1							

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)		0.037			6.55			222	33	5	15			60			35					0.5						1	2						
2nd REF	52500	Transurethral resection of bladder neck (separate procedure)		0.058			8.14			231	45	10	15			45			27.5					0.5						3							
CURRENT	53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy		0.096			10.83			232	60					58			45										3							
SVY	53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	41	0.149	4.00	7.25	8.75	11.33	20.00	166	35	7	10	10	20	30	45	75	15										3							
SVY	53852 perform only	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	20	0.189	6.55	8.15	10.00	13.25	20.00	169	35	10	10	10	25	30	48	75	15										3							
SVY	53852 no perform	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	21	0.172	4.00	7.00	8.15	10.00	13.50	126	27	6	5	15	20	30	41	65	12										2							
REC	53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy		0.071			5.93			142	17	6	5			30			15										3							
Crosswalk Code	67917	Repair of ectropion; extensive (eg, tarsal strip operations)		0.080			5.93			142	19	1	5			33			10					0.5					1	2						

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)		0.037			6.55			222	33	5	15			60			35					0.5						1	2						
2nd REF	52500	Transurethral resection of bladder neck (separate procedure)		0.058			8.14			231	45	10	15			45			27.5					0.5						3							
CURRENT	53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy																																				
SVY	53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy		0.182	4.00	6.66	8.75	10.00	18.32	158	32	7	10	8	15	25	30	75	15										3							
REC	53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy		0.085			5.93			137	17	6	5			25			15										3							
Crosswalk Code	66984	Repair of ectropion; extensive (eg, tarsal strip operations)		0.080			5.93			142	19	1	5			33			10					0.5					1	2						

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	FAC-obs 38	39	26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5				1	1.0							1							
2nd REF	22222	def	15	0.055			5.15			137	10	5	5			35			5					1.0							1	1						
CURRENT	55555	abc		0.053			5.00			133	17					27			8				1	1.0							1							
SVY	55555	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10				1	1.0							1							
REC	55555	abc		0.020			4.25			142	17	1	3			30			10					1			1.0				1						

CPT Code: 53850, 53852, 53854
Specialty Society: American Urological Association

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

Global Period: 90 Meeting Date: January 2018

53850 Transurethral destruction of prostate tissue; by microwave thermotherapy

53852 Transurethral destruction of prostate tissue; by radiofrequency thermotherapy

53854 Transurethral destruction of prostate tissue; by radiofrequency water vapor thermotherapy

1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:**

   AUA has a RUC expert panel that includes experts familiar with transurethral destruction of prostate tissue.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: N/A**

3. **Is this code(s) typically billed with an E/M service? NO**

4. **If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: N/A**

5. **If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: N/A**

6. **If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: N/A**

7. **Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:* Clinical staff is not used.**

8. **If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. N/A**

9. **If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: N/A**

10. **If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. N/A**

11. **If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: N/A**
12. **If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: N/A**

13. **List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: N/A**

14. **If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: N/A**

15. **If there is any other item on your spreadsheet that needs further explanation please include here: N/A**

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

Global Period: 90 Meeting Date: January 2018

53850 Transurethral destruction of prostate tissue; by microwave thermotherapy

53852 Transurethral destruction of prostate tissue; by radiofrequency thermotherapy

53854 Transurethral destruction of prostate tissue; by radiofrequency water vapor thermotherapy

1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:**

   AUA has a RUC expert panel that includes experts familiar with transurethral destruction of prostate tissue.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:**

   References codes are current for 53850 and 53852.

3. **Is this code(s) typically billed with an E/M service?**

   No

4. **What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)**

   Urology is the dominant specialty at 75%.

5. **If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: N/A**

6. **If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: N/A**

7. **If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: N/A**

8. **Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:***

Assisting physician 100% of the time during procedure.

9. **If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. N/A**

10. **If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: N/A**

11. **If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. N/A**

12. **If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:** An invoice is attached for code 53854.
13. **If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: N/A**

14. **List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: N/A**

15. **If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:N/A**

16. **If there is any other item on your spreadsheet that needs further explanation please include here: N/A**

	A	B	D	E	F	I	J	K	L	O	P	Q	R	U	V
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**CPT Code 53850 (2012)**		**CPT Code 53850**		**CPT Code 53852**		**CPT Code 53852**		**CPT Code 53854**	
3		***RUC Collaboration Website***				Transurethral destruction of prostate tissue; by microwave thermotherapy		Transurethral destruction of prostate tissue; by microwave thermotherapy		Transurethral destruction of prostate tissue; by radiofrequency thermotherapy		Transurethral destruction of prostate tissue; by radiofrequency thermotherapy		Transurethral destruction of prostate tissue; by radiofrequency - generated water vapor thermotherapy	
4	**Clinical Activity Code**	**Meeting Date: January 10-13, 2018 Tab: 13 Specialty: Urology**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**										
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**90**	**90**	**90**	**90**	**90**	**90**	**90**	**90**	**90**	**90**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**275.0**	**218.0**	**205.0**	**168.0**	**208.0**	**174.0**	**190.0**	**168.0**	**185.0**	**168.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**88.0**	**6.0**	**62.0**	**0.0**	**65.0**	**6.0**	**47.0**	**0.0**	**42.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**152.0**	**152.0**	**108.0**	**108.0**	**108.0**	**108.0**	**108.0**	**108.0**	**108.0**	**108.0**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER**				**$ 101.75**	**$ 80.66**	**$ 75.85**	**$ 62.16**	**$ 76.96**	**$ 64.38**	**$ 70.30**	**$ 62.16**	**$ 68.45**	**$ 62.16**
12		**PRE-SERVICE PERIOD**													
13		**Start: Following visit when decision for surgery or procedure made**													
14	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37	5	5	5	5	5	5	5	5	5	5
15	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37	10	20	10	20	10	20	10	20	10	20
16	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		8	0	8		8	0	8	0	8
17	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37	10	20	10	20	10	20	10	20	10	20
18	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37	10	7	10	7	10	7	10	7	10	7
19	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37										
20	CA007	Review patient clinical extant information and	L037D	RN/LPN/MTA	0.37										
21	CA008	Perform regulatory mandated quality assurance activity	L037D	RN/LPN/MTA	0.37										
28		**End: When patient enters office/facility for surgery/procedure**													
29		**SERVICE PERIOD**													
30		**Start: When patient enters office/facility for surgery/procedure:**													
31		**Pre-Service (of service period)**													
32	CA009	Greet patient, provide gowning, ensure appropriate	L037D	RN/LPN/MTA	0.37	3		3				3		3	
33	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37	2		3				3		3	
34	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37										
35	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37										
36	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37	3		2				2		2	
37	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37										
38	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37										
39	CA016	Prepare, set-up and start IV, initial positioning and	L037D	RN/LPN/MTA	0.37	3		2				2		2	
40	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37										
47		**Intra-service (of service period)**													
48	CA018	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37	60	6	45		65	6	30		25	
49	CA019	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37										
50	CA020	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37										
51	CA021	Perform procedure/service---NOT directly related to	L037D	RN/LPN/MTA	0.37										
58		**Post-Service (of service period)**													
59	CA022	Monitor patient following procedure/service,	L037D	RN/LPN/MTA	0.37	3		3				3		3	
60	CA023	Monitor patient following procedure/service, no	L037D	RN/LPN/MTA	0.37										
61	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	3		3				3		3	
62	CA025	Clean scope	L037D	RN/LPN/MTA	0.37										
63	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37	3									
64	CA027	Complete post-procedure diagnostic forms, lab and x-	L037D	RN/LPN/MTA	0.37	2									
65	CA028	Review/read post-procedure x-ray, lab and pathology	L037D	RN/LPN/MTA	0.37										
66	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37	3		1				1		1	
67	CA030	Technologist QC's images in PACS, checking for all	L037D	RN/LPN/MTA	0.37										
68	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37										
69	CA032	Scan exam documents into PACS. Complete exam in	L037D	RN/LPN/MTA	0.37										

	A	B	D	E	F	I	J	K	L	O	P	Q	R	U	V
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**CPT Code 53850 (2012)**		**CPT Code 53850**		**CPT Code 53852**		**CPT Code 53852**		**CPT Code 53854**	
3		***RUC Collaboration Website***				Transurethral destruction of prostate tissue; by microwave thermotherapy		Transurethral destruction of prostate tissue; by microwave thermotherapy		Transurethral destruction of prostate tissue; by radiofrequency thermotherapy		Transurethral destruction of prostate tissue; by radiofrequency thermotherapy		Transurethral destruction of prostate tissue; by radiofrequency - generated water vapor thermotherapy	
4	**Clinical Activity Code**	**Meeting Date: January 10-13, 2018 Tab: 13 Specialty: Urology**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**										
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**90**	**90**	**90**	**90**	**90**	**90**	**90**	**90**	**90**	**90**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**275.0**	**218.0**	**205.0**	**168.0**	**208.0**	**174.0**	**190.0**	**168.0**	**185.0**	**168.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**88.0**	**6.0**	**62.0**	**0.0**	**65.0**	**6.0**	**47.0**	**0.0**	**42.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**152.0**	**152.0**	**108.0**	**108.0**	**108.0**	**108.0**	**108.0**	**108.0**	**108.0**	**108.0**
70	CA033	Perform regulatory mandated quality assurance activity	L037D	RN/LPN/MTA	0.37										
71	CA034	Document procedure (nonPACS) (e.g. mandated	L037D	RN/LPN/MTA	0.37										
72	CA035	Review home care instructions, coordinate	L037D	RN/LPN/MTA	0.37	3									
73	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
80		**End: Patient leaves office**													
81		**POST-SERVICE PERIOD**													
82		**Start: Patient leaves office/facility**													
83	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37										
84	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37										
85		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
86		99211 16 minutes	16												
87		99212 27 minutes	27			1	1								
88		99213 36 minutes	36			2	2	3	3	3	3	3	3	3	3
89		99214 53 minutes	53			1	1								
90		99215 63 minutes	63												
91	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**152.0**	**152.0**	**108.0**	**108.0**	**108.0**	**108.0**	**108.0**	**108.0**	**108.0**	**108.0**
98		**End: with last office visit before end of global period**													

	A	B	D	E	F	I	J	K	L	O	P	Q	R	U	V
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**CPT Code 53850 (2012)**		**CPT Code 53850**		**CPT Code 53852**		**CPT Code 53852**		**CPT Code 53854**	
3		***RUC Collaboration Website***				Transurethral destruction of prostate tissue; by microwave thermotherapy		Transurethral destruction of prostate tissue; by microwave thermotherapy		Transurethral destruction of prostate tissue; by radiofrequency thermotherapy		Transurethral destruction of prostate tissue; by radiofrequency thermotherapy		Transurethral destruction of prostate tissue; by radiofrequency - generated water vapor thermotherapy	
4	**Clinical Activity Code**	**Meeting Date: January 10-13, 2018 Tab: 13 Specialty: Urology**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**										
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**90**	**90**	**90**	**90**	**90**	**90**	**90**	**90**	**90**	**90**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**275.0**	**218.0**	**205.0**	**168.0**	**208.0**	**174.0**	**190.0**	**168.0**	**185.0**	**168.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**88.0**	**6.0**	**62.0**	**0.0**	**65.0**	**6.0**	**47.0**	**0.0**	**42.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**152.0**	**152.0**	**108.0**	**108.0**	**108.0**	**108.0**	**108.0**	**108.0**	**108.0**	**108.0**
99	**Medical**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**											
100		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 1,119.07**	**$ -**	**$ 1,098.29**	**$ 3.43**	**$ 971.36**	**$ -**	**$ 1,030.29**	**$ 3.43**	**$ 1,280.29**	**$ 3.43**
101	SA048	pack, minimum multi-specialty visit	1.143	pack		5		4	3	4		4	3	4	3
102	NEW	kit, Rezum delivery device	1150	kit				0				0		1	
103	SA036	kit, transurethral microwave thermotherapy	1000	kit		1		1				0		0	
104	SA063	tray, catheter insertion (w-o catheter)	4.136	tray		1		1		1		1		1	
105	SB005	cover-condom, transducer or ultrasound probe	0.35	item		2		1				1		1	
106	SB012	drape, sterile, for Mayo stand	1.688	item		1		1		1		1		1	
107	SB017	drape-sleeve, sterile (4in x 8ft)	0.159	item		1		1		1		1		1	
108	SB019	drape-towel, sterile 18in x 26in	0.282	item		4		4		4		4		4	
109	SB022	gloves, non-sterile	0.084	pair		2		3				3		3	
110	SB024	gloves, sterile	0.84	pair		2		2				2		2	
111	SB027	gown, staff, impervious	1.186	item		2		2		2		2		2	
112	SB034	mask, surgical, with face shield	1.199	item		1		2		1		2		2	
113	SB039	shoe covers, surgical	0.338	pair		2		2		2		2		2	
114	SB001	cap, surgical	0.209	item		2		2		2		2		2	
115	SB044	underpad 2ft x 3ft (Chux)	0.23	item		2		2		2		2		2	
116	SC029	needle, 18-27g	0.089	item		2		2		2		2		2	
117	SC049	stop cock, 3-way	1.175	item		1		0				0		0	
118	SC051	syringe 10-12ml	0.184	item		2		2		3		2		2	
119	SC062	syringe, Toomey	2.726	item		1		1				1		1	
120	SD024	catheter, Foley	7.82	item		1		1		1		1		1	
121	SD129	tubing, irrigation (cysto)	5.077	item		1		0		1		1		1	
122	SD271	Rectal probe	50	item		1		1				1		1	
123	SG079	tape, surgical paper 1in (Micropore)	0.002	inch		6		1		1		1		1	
124	SH021	bupivacaine 0.25% inj (Marcaine)	0.254	ml		30		30				30		30	
125	SH047	lidocaine 1%-2% inj (Xylocaine)	0.035	ml		30		30		30		30		30	
126	SH074	water, sterile for irrigation (250-1000ml uou)	2.09	item		4		2		1		2		2	
127	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	2.074	item		4		0		3		0		0	
128	SJ031	leg or urinary drainage bag	3.079	item		1		1		1		1		1	
129	SJ011	bulb syringe (Asepto)	0.99	item		1		0		1		0		0	
130	SJ032	lubricating jelly (K-Y) (5gm uou)	0.066	item		6		6		6		6		6	
131	SK082	towel, paper (Bounty) (per sheet)	0.007	item		4		10				10		10	
132	SL157	cup, sterile, 8 oz	0.542	item		1		0				0		0	
133	SL036	cup, biopsy-specimen sterile 4oz	0.173	item		2		0		1		0		0	
134	SM013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz		2		2				2		2	
135	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.046	item		4		4				4		4	
136	SA037	kit, transurethral needle ablation (TUNA)	900	kit				0		1		1		0	
137	SA042	pack, cleaning and disinfecting, endoscope	17.062	pack				0		1		1		1	

	A	B	D	E	F	I	J	K	L	O	P	Q	R	U	V
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**CPT Code 53850 (2012)**		**CPT Code 53850**		**CPT Code 53852**		**CPT Code 53852**		**CPT Code 53854**	
3		***RUC Collaboration Website***				Transurethral destruction of prostate tissue; by microwave thermotherapy		Transurethral destruction of prostate tissue; by microwave thermotherapy		Transurethral destruction of prostate tissue; by radiofrequency thermotherapy		Transurethral destruction of prostate tissue; by radiofrequency thermotherapy		Transurethral destruction of prostate tissue; by radiofrequency - generated water vapor thermotherapy	
4	**Clinical Activity Code**	**Meeting Date: January 10-13, 2018 Tab: 13 Specialty: Urology**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**										
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**90**	**90**	**90**	**90**	**90**	**90**	**90**	**90**	**90**	**90**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**275.0**	**218.0**	**205.0**	**168.0**	**208.0**	**174.0**	**190.0**	**168.0**	**185.0**	**168.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**88.0**	**6.0**	**62.0**	**0.0**	**65.0**	**6.0**	**47.0**	**0.0**	**42.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**152.0**	**152.0**	**108.0**	**108.0**	**108.0**	**108.0**	**108.0**	**108.0**	**108.0**	**108.0**
138	SA045	pack, drapes, cystoscopy	9.864	pack				0		1		1		1	
139		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*													
141	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**										
142		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 25.10**	**$ 3.14**	**$ 13.04**	**$ 2.23**	**$ 27.69**	**$ -**	**$ 11.74**	**$ 2.23**	**$ 11.74**	**$ 2.23**
143	EF027	table, instrument, mobile	634		0.001410266	99		45				30		25	
144	EF020	stretcher, endoscopy	2414		0.006406096	99		45		65		30		25	
145	EQ037	TUMT system control unit	29995		0.094205584	99		45							
146	EQ250	ultrasound unit, portable	29999		0.11624994	99		45				30		25	
147	EQ168	light, exam	1630.12		0.004325893	169	152	153	108	173		138	108	133	108
148	EF031	table, power	6153.63		0.016330051	169	152	153	108			138	108	133	108
149	EF015	mayo stand	530.76		0.001180619			45		65		30		25	
150	ES019	fiberscope, flexible, cystoscopy, with light source	9082.5		0.052622507					65					
151	EQ216	radiofrequency generator, TUNA procedure	16500		0.065376238					65		30			
152	NEW	generator, water thermotherapy procedure	33300		0.129041735									25	
153	EF023	table, exam	1338.17		0.002976617					173					
154	ES008	endoscope, rigid, cystoscopy	3394		0.019664276					173		30		25	
155	ES027	video system, FEES (scope, camera, light source, image capture, monitor, printer, cart)	21675		0.085880603					173		30		25	
156		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*													

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2018

Ultrasound Elastography

In September 2017, the CPT Editorial Panel created three new codes describing the use of ultrasound elastography to assess organ parenchyma and focal lesions: CPT codes 76981, 76982 and 76983. The most common use of this code set will be for preparing patients with disease of solid organs, like the liver, or lesions within solid organs. The additional work involved is the physiologic assessment of a diseased organ, the technical ability to evaluate the elastography data, and the training to understand the physics and appropriate quality control for elastography in addition to diagnostic ultrasound.

76981 ***Ultrasound, elastography; parenchyma (eg, organ)***
The RUC reviewed the survey results from 53 radiologists and determined that the survey 25th percentile work RVU of 0.59 accurately reflects the physician work necessary for this service. CPT code 76981 is a new, stand-alone code describing the evaluation of a solid organ using ultrasound elastography. The specialty explained that the physician is examining and evaluating the imaging of the organ and 7-10 sets of elastography images. The RUC recommends 5 minutes pre-service time, 10 minutes intra-service time and 5 minutes immediate post-service time. These pre and post-service times align with other comparable ultrasound and diagnostic radiology codes.

The RUC compared CPT code 76981 to the second highest key reference service CPT code 76705 *Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)* (work RVU = 0.59 and 8 minutes intra-service time) and agreed that the physician work is similar to an abdominal ultrasound study. The specialty noted that the physician intra-service work in evaluating the patient directly and interpreting the images and making the clinical judgment is different work than is being performed in the limited or complete ultrasound. The radiologist interprets all images and evaluates stiffness measurements of the parenchyma of interest. The current exam is compared to any prior examinations to evaluate for stability or interval changes. The RUC also reviewed the top key reference service CPT code 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU = 0.81 and 11 minutes intra-service time) and noted that the complete abdominal ultrasound requires more measurements and the recommended value of 0.59 for CPT code 76981 is appropriately lower given the lower intra-service time for the survey code. The RUC concluded that CPT code 76981 should be valued at the 25th percentile as supported by the survey. **The RUC recommends a work RVU of 0.59 for CPT code 76981.**

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76982 ***Ultrasound, elastography; first target lesion***
The RUC reviewed the survey results from 34 radiologists and determined that the survey 25th percentile work RVU of 0.59 accurately reflects the physician work necessary for this service. CPT code 76982 is a new stand-alone code describing the evaluation of a specific lesion within an organ, like a nodule in the breast, using ultrasound elastography. Approximately 3-5 sets of images are obtained and the components of the lesion are evaluated. The RUC recommends 5 minutes pre-service time, 10 minutes intra-service time and 5 minutes immediate post-service time as supported by the survey.

The RUC compared CPT code 76982 to the top key reference service CPT code 76776 *Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation* (work RVU = 0.76 and 10 minutes intra-service time). The reference code is a dedicated evaluation of a single organ, just like 76982 is a dedicated evaluation of a specific lesion. Both of these procedures have the same pre-, intra-, and post-service times; however, given the slightly higher complexity of evaluating a transplant kidney relative to the elastography of a single lesion, it is clinically appropriate that 76776 have a higher work RVU and IWPUT than the survey code. The RUC also compared 76982 to the second highest key reference service CPT code 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU = 0.56 and 10 minutes intra-service time) and noted that the codes have nearly identical values and times. The reference code has 2 minutes less of pre-service and post-service time and is a relatively less complex imaging exam than 76982, justifying a slightly higher work RVU for the survey code.

For additional support, the RUC compared the survey code to the third highest reference code 76882 *Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft tissue structure[s], or soft tissue mass[es]), real-time with image documentation* (work RVU = 0.49 and 11 minutes intra-service time) and noted that the recommended value of 0.59 for CPT code 76982 is appropriately higher than the comparator code given the survey code is more complex. The RUC concluded that CPT code 76982 requires the same physician time and work as 76981 and therefore should be valued the same. **The RUC recommends a work RVU of 0.59 for CPT code 76982.**

76983 ***Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 32 radiologists and recommends a work RVU of 0.50 which is based on a direct work RVU crosswalk to CPT code 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)* (work RVU = 0.50 and 10 minutes intra-service time) and falls well below both the survey median and 25th percentile. CPT code 76983 is a new add-on code that describes the evaluation of an additional lesion using ultrasound elastography. The RUC recommends 9 minutes intra-service time.

The RUC compared CPT code 76983 to the top key reference service CPT code 76802 *Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List*

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separately in addition to code for primary procedure) (work RVU = 0.83 and 10 minutes intra-service time) and noted that both services are diagnostic imaging exams using the same modality (ultrasound) with relatively similar intra-service time. The reference code is correctly valued higher than 76983 because the complexity of assessing a twin gestation and the associated risks, are higher than the evaluation of a single lesion. The RUC agrees with the direct crosswalk recommendation of 0.50 work RVUs and noted that CPT code 76983 needed to be valued lower than the recommendations for the other two codes in order to avoid a rank order anomaly within the family. **The RUC recommends a work RVU of 0.50 for CPT code 76983.**

Practice Expense
The RUC recommends the direct practice expense inputs with modifications as reviewed and approved by the PE Subcommittee.

New Technology/New Services
These services will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●76981	V1	Ultrasound, elastography; parenchyma (eg, organ)	XXX	0.59
●76982	V2	first target lesion	XXX	0.59
✚●76983	V3	each additional target lesion (List separately in addition to code for primary procedure) (Use 76983 in conjunction with 76982) (Report 76981 only once per session for evaluation of the same parenchymal organ) (To report shear wave liver elastography without imaging, use 91200) (For evaluation of a parenchymal organ and lesion(s) in the same	ZZZ	0.50

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		parenchymal organ at the same session, report only 76981) (Do not report 76983 more than two times per organ)		
Gastroenterology *91200* *Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report* (Do not report 91200 in conjunction with 76981, 76982, 76983)				
Category III Codes				
D~~0~~346T	-	~~Ultrasound, elastography (List separately in addition to code for primary procedure)~~ ~~(Use 0346T in conjunction with 76536, 76604, 76641, 76642, 76700, 76705, 76770, 76775, 76830, 76856,76857, 76870, 76872, 76881, 76882)~~ (0346T has been deleted. To report, see 76981, 76982, 76983)	YYY	N/A (

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76981 Tracking Number V1 Original Specialty Recommended RVU: **0.77**
Presented Recommended RVU: **0.59**
Global Period: XXX Current Work RVU: **0.00** RUC Recommended RVU: **0.59**

CPT Descriptor: Ultrasound, elastography; parenchyma (eg, organ)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old male has a history of chronic hepatitis C for 15 years. The patient has had no significant complications secondary to portal hypertension and routine ultrasounds of the liver have been normal, with no imaging evidence of cirrhosis. The patient is being considered for definitive treatment for the Hepatitis C and undergoes an ultrasound elastogram of the liver to determine the existing, baseline degree of hepatic fibrosis.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the request for appropriateness and discuss with ordering physician. Review clinical history. Review prior diagnostic ultrasound or other imaging study on which organ of interest is found. Communicate with US technologist to delineate area to be interrogated and any structures to be avoided.

Description of Intra-Service Work: The obtained US elastography images are reviewed at the PACS workstation. The anatomic images and elastography images are analyzed by the radiologist. If additional images are required, this is communicated with the technologist. The radiologist interprets all images and evaluates stiffness measurements of the parenchyma of interest. The current exam is compared to any prior examinations to evaluate for stability or interval changes. The radiologist dictates the exam report.

Description of Post-Service Work: Review, edit, and sign report for the medical record. Communicate the findings with referring provider and/or patient as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Corinne Deurdulian, MD; Eric Rubin, MD		
Specialty(s):	American College of Radiology		
CPT Code:	76981		
Sample Size:	3191	**Resp N:** 53	**Response:** 1.6 %
Description of Sample:	The ACR surveyed a total of 2600 members (a random sample of 1300 members and a separate random sample of 1300 members who perform ultrasound, musculoskeletal, and gastrointestinal procedures). The ACR also sampled 591 members from the Society of Radiologists in Ultrasound (SRU), as approved by the Research Subcommittee.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**30.00**	100.00	500.00
Survey RVW:	0.44	0.59	**0.77**	0.85	4.05
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	6.00	**10.00**	15.00	30.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**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:	76981	**Recommended Physician Work RVU: 0.59**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP 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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76705	XXX	0.59	**RUC Time**

CPT Descriptor Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)

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
99231	XXX	0.76	**RUC Time**	8,554,464

CPT Descriptor 1 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.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	**RUC Time**	994,284

CPT Descriptor 2 Ultrasound, abdominal, real time with image documentation; complete

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 26.4 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 24.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 76981	**Top Key Reference CPT Code:** 76700	**2nd Key Reference CPT Code:** **76705**
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	10.00	11.00	8.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**21.00**	**18.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	14%	21%	57%	7%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	21%	29%	50%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	14%	14%	72%

Physical effort required	7%	43%	50%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	57%	29%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	62%	38%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	62%	38%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	38%	62%
Physical effort required	23%	62%	15%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	62%	38%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The CPT panel created three new codes describing the use of ultrasound elastography to assess organ parenchyma and focal lesions:

- 76981 *(Ultrasound, elastography; parenchyma (eg, organ))* is a stand-alone procedure for the evaluation of a single organ,
- 76982 *(Ultrasound, elastography; first target lesion)* is a stand-alone code for the evaluation of a single lesion, and
- 76983 *(Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure))* is an add-on code for evaluating each additional lesion.

These codes will most often be used to work up patients with disease of solid organs (e.g. cirrhosis of the liver) or lesions within solid organs, such as masses within the breast or thyroid. The goal with elastography in solid organs is to evaluate the degree of scarring (i.e. stiffness) within an organ like the liver to characterize the severity of parenchymal disease, follow disease progression, or response to therapy. This non-invasive study may be performed in lieu of performing an invasive procedure like a biopsy. The use of elastography to characterize lesions within solid organs can help with risk stratification and further decrease the need for biopsies in lesions with a lower pre-test probability for malignancy (e.g. thyroid, breast, etc).

Survey Process

The American College of Radiology (ACR) surveyed a total of 3,191 individuals for this tab, including members from both the ACR and the Society of Radiologists in Ultrasound (SRU). The survey population for the ACR members was split into a random pool and a subset of members who indicated Ultrasound as part of their practice expertise. We surveyed 1,300 members randomly from each pool. Additionally, we surveyed 591members from the SRU.

Work RVU Recommendation:

We recommend a work RVU of 0.77, which corresponds to the median survey value.

Time Recommendation:

We recommend the median survey times: 5 minutes pre-service, 10 minutes intra-service, and 5 minutes post-service. This is a total time of 20 minutes.

Key Reference Services

The surveyed code and selected key reference services are compared in the table below.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	% chosen
76705	US Abdomen; limited	0.59	18	5	8	5	0.046	24.5%
76981	**US Elastography; organ**	**0.77**	**20**	**5**	**10**	**5**	**0.055**	
76700	US abdomen; complete	0.81	21	5	11	5	0.053	26.4%

76981 is bracketed by the selected key reference services. The recommended value of 0.77 for 76981 is appropriately lower than 76700 *(Ultrasound, abdominal, real time with image documentation; complete)* given the slightly lower intra-service time. As well, the longer intra-service time for 76981 (10 minutes) justifies the higher valuation compared with 76705 *(Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up))* (8 minutes).

MPC Codes

There are two MPC codes that compare well with the surveyed code.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
99231	Subsequent hospital care, straightforward	0.76	20	5	10	5	0.053
76981	**US Elastography; organ**	**0.77**	**20**	**5**	**10**	**5**	**0.055**
76700	US abdomen, complete	0.81	21	5	11	5	0.053

The most appropriate comparison code for 76981 is 76700 *(Ultrasound, abdominal, real time with image documentation; complete)*, which is also the most commonly chosen key reference service. 76700 is an ultrasound of the abdomen, and the most common organ for study with 76981 will be the liver. The additional work involved with 76981 is the physiologic assessment of a diseased organ, the technical ability to evaluate the elastography data, and the training to understand the physics and appropriate quality control for elastography in addition to diagnostic ultrasound.

76981 has the same pre-, intra-, and post-service times at 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.)*, and nearly an identical recommended value (0.77 versus 0.76).

Conclusion

76981 *(Ultrasound, elastography; parenchyma (eg, organ))* is a new, stand-alone code describing the evaluation of a solid organ using ultrasound elastography. The recommended code value of 0.77 is strongly supported by the chosen KRS and MPC codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 0346T

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? 35000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that CPT code 767X1 is reported 35000 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 35000 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? 11,650
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that CPT code 767X1 is provided to 11,650 Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 11650 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
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. 76705

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76982 Tracking Number V2 Original Specialty Recommended RVU: **0.70**
Presented Recommended RVU: **0.59**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.59**

CPT Descriptor: Ultrasound, elastography; first target lesion

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female has mammogram with a right breast mass. A diagnostic ultrasound demonstrates a solid hypoechoic mass at 10:00 location. Ultrasound elastography of the right breast mass is performed (reported separately) to characterize the lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 71%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the request for appropriateness and discuss with ordering physician. Review clinical history. Review prior diagnostic ultrasound or other imaging study on which lesion of interest is found. Communicate with US technologist to delineate lesion to be interrogated and any structures to be avoided.

Description of Intra-Service Work: The obtained US elastography images are reviewed at the PACS workstation. The anatomic images and elastography images are analyzed by the radiologist. If additional images of the first target lesion are required, this is communicated with the technologist. The radiologist interprets all images and evaluates stiffness measurements of the lesion of interest. The current exam is compared to any prior examinations to evaluate for stability or interval changes. The radiologist dictates the exam report.

Description of Post-Service Work: Review, edit, and sign report for the medical record. Communicate the findings with referring provider and/or patient as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Corinne Deurdulian, MD; Eric Rubin, MD		
Specialty(s):	American College of Radiology		
CPT Code:	76982		
Sample Size:	3191	**Resp N:** 34	**Response:** 1.0 %
Description of Sample:	The ACR surveyed a total of 2600 members (a random sample of 1300 members and a separate random sample of 1300 members who perform ultrasound, musculoskeletal, and gastrointestinal procedures). The ACR also sampled 591 members from the Society of Radiologists in Ultrasound (SRU), as approved by the Research Subcommittee.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	18.00	500.00
Survey RVW:	0.40	0.59	**0.70**	0.79	2.30
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	7.00	**10.00**	14.00	26.00

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:	76982	**Recommended Physician Work RVU: 0.59**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76776	XXX	0.76	**RUC Time**

CPT Descriptor Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76536	XXX	0.56	**RUC Time**

CPT Descriptor Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

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
76536	XXX	0.56	**RUC Time**	852,405

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99231	XXX	0.76	**RUC Time**	8,554,464

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
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 6 **% of respondents:** 17.6 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 17.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 76982	Top Key Reference CPT Code: 76776	2nd Key Reference CPT Code: 76536
Median Pre-Service Time	5.00	5.00	4.00
Median Intra-Service Time	10.00	10.00	10.00
Median Immediate Post-service Time	5.00	5.00	4.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**20.00**	**18.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	17%	83%	0%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	83%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	83%	0%
Physical effort required	17%	83%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	17%	83%	0%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	33%	67%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	16%	17%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	50%	50%
Physical effort required	0%	83%	17%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	33%	67%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The CPT panel created three new codes describing the use of ultrasound elastography to assess organ parenchyma and focal lesions:

- 76981 *(Ultrasound, elastography; parenchyma (eg, organ))* is a stand-alone procedure for the evaluation of a single organ,
- 76982 *(Ultrasound, elastography; first target lesion)* is a stand-alone code for the evaluation of a single lesion, and
- 76983 *(Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure))* is an add-on code for evaluating each additional lesion.

These codes will most often be used to work up patients with disease of solid organs (e.g. cirrhosis of the liver) or lesions within solid organs, such as masses within the breast or thyroid. The goal with elastography in solid organs is to evaluate the degree of scarring (i.e. stiffness) within an organ like the liver to characterize the severity of parenchymal disease, follow disease progression, or response to therapy. This non-invasive study may be performed in lieu of performing an invasive procedure like a biopsy. The use of elastography to characterize lesions within solid organs can help with risk stratification and further decrease the need for biopsies in lesions with a lower pre-test probability for malignancy (e.g. thyroid, breast, etc).

Survey Process

The American College of Radiology (ACR) surveyed a total of 3,191 individuals for this tab, including members from both the ACR and the Society of Radiologists in Ultrasound (SRU). The survey population for the ACR members was split into a random pool and a subset of members who indicated Ultrasound as part of their practice expertise. We surveyed 1,300 members randomly from each pool. Additionally, we surveyed 591members from the SRU.

Work RVU Recommendation:

We recommend a work RVU of 0.70, which corresponds to the median survey value.

Time Recommendation:

We recommend the median survey times: 5 minutes pre-service, 10 minutes intra-service, and 5 minutes post-service. This is a total time of 20 minutes.

Key Reference Services

The surveyed code and selected key reference services are compared in the table below.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	% chosen
76882	US extremity, limited	0.49	21	5	11	5	0.024	14.7%
76536	US head and neck	0.56	18	4	10	4	0.038	17.6%
76982	**US Elastography; first lesion**	**0.70**	**20**	**5**	**10**	**5**	**0.048**	
76776	US transplanted kidney	0.76	20	5	10	5	0.054	17.6%

76982 is bracketed by the selected key reference services. The best comparison and the one chosen most often by the surveyees is 76776 *(Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation)*. 76776 is a dedicated evaluation of a single organ, just like 76982 is a dedicated evaluation of a specific lesion. Both of these procedures have the same pre-, intra-, and post-service times; however, given

the slightly high complexity of evaluating a transplant kidney relative to the elastography of a single lesion, it is clinically appropriate that 76776 have a slightly higher wRVU and IWPUT than the surveyed code, 76982.

MPC Codes

There are two MPC codes that compare well with 76982 as shown in the table below.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
76536	US head and neck	0.56	18	4	10	4	0.038
76982	**US Elastography; first lesion**	**0.70**	**20**	**5**	**10**	**5**	**0.048**
99231	Subsequent hospital care, straightforward	0.76	20	5	10	5	0.053

Both MPC codes have 10 minutes of intra-service time, like the surveyed code. 76536 *(Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation)* has 2 less minutes of pre- and post-service time, and is a relatively less complex imaging exam than 76982. The relativity of 76982 and 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.)* is appropriate given the nature of the work provided in these services and the identical service period times.

Conclusion

76982 is a new stand-alone code that describes the evaluation of a lesion using ultrasound elastography. The recommended wRVU of 0.70 is strongly supported by the chosen KRS and MPC codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This base code may be reported with its add-on code, 767X3.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0346T

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? 25000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that CPT code 767X2 is reported 25000 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 25000 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? 8,333
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that CPT code 767X2 is provided to 8,333 Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 8333 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
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. 76642

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76983 Tracking Number V3 Original Specialty Recommended RVU: **0.60**
Presented Recommended RVU: **0.50**
Global Period: ZZZ Current Work RVU: **0.00** RUC Recommended RVU: **0.50**

CPT Descriptor: Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 52-year-old female has mammogram with bilateral breast masses. A diagnostic ultrasound demonstrates bilateral solid hypoechoic masses. Ultrasound elastography of the left breast mass is performed after prior ultrasound elastography of the right breast mass (reported separately) to characterize the additional lesion. (List separately in addition to code for primary procedure).

Percentage of Survey Respondents who found Vignette to be Typical: 72%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Review the request for appropriateness and discuss with ordering physician. Review clinical history. Review prior diagnostic ultrasound or other imaging study on which additional lesion of interest is found. Communicate with US technologist to delineate additional lesion to be interrogated and any structures to be avoided.

The obtained US elastography images are reviewed at the PACS workstation. The anatomic images and elastography images are analyzed by the radiologist. If additional images of the additional target lesion are required, this is communicated with the technologist. The radiologist interprets all images and evaluates stiffness measurements of the lesion of interest. The current exam is compared to any prior examinations to evaluate for stability or interval changes. The radiologist dictates the exam report.

Review, edit, and sign report for the medical record. Communicate the findings with referring provider and/or patient as needed.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Corinne Deurdulian, MD; Eric Rubin, MD		
Specialty(s):	American College of Radiology		
CPT Code:	76983		
Sample Size:	3191	**Resp N:** 32	**Response:** 1.0 %
Description of Sample:	The ACR surveyed a total of 2600 members (a random sample of 1300 members and a separate random sample of 1300 members who perform ultrasound, musculoskeletal, and gastrointestinal procedures). The ACR also sampled 591 members from the Society of Radiologists in Ultrasound (SRU), as approved by the Research Subcommittee.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	5.00	300.00
Survey RVW:	0.40	0.60	**0.80**	0.91	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:	3.00	6.00	**9.00**	11.00	26.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	76983	**Recommended Physician Work RVU: 0.50**		
		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:		**9.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76802	ZZZ	0.83	**RUC Time**

CPT Descriptor Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19286	ZZZ	0.85	**RUC Time**

CPT Descriptor 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)

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
51797	ZZZ	0.80	**RUC Time**	127,566

CPT Descriptor 1 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64484	ZZZ	1.00	**RUC Time**	473,367

CPT Descriptor 2 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)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 43.7 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 21.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 76983	Top Key Reference CPT Code: 76802	2nd Key Reference CPT Code: 19286
Median Pre-Service Time	0.00	0.00	5.00
Median Intra-Service Time	9.00	10.00	14.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**9.00**	**10.00**	**19.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	21%	43%	36%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	42%	29%	29%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	29%	7%	64%
Physical effort required	28%	43%	29%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	36%	36%	29%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	14%	71%	14%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	71%	15%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	71%	15%
Physical effort required	14%	86%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	71%	15%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The CPT panel created three new codes describing the use of ultrasound elastography to assess organ parenchyma and focal lesions:

- 76981 *(Ultrasound, elastography; parenchyma (eg, organ))* is a stand-alone procedure for the evaluation of a single organ,
- 76982 *(Ultrasound, elastography; first target lesion)* is a stand-alone code for the evaluation of a single lesion, and
- 76983 *(Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure))* is an add-on code for evaluating each additional lesion.

These codes will most often be used to work up patients with disease of solid organs (e.g. cirrhosis of the liver) or lesions within solid organs, such as masses within the breast or thyroid. The goal with elastography in solid organs is to evaluate the degree of scarring (i.e. stiffness) within an organ like the liver to characterize the severity of parenchymal disease, follow disease progression, or response to therapy. This non-invasive study may be performed in lieu of performing an invasive procedure like a biopsy. The use of elastography to characterize lesions within solid organs can help with risk stratification and further decrease the need for biopsies in lesions with a lower pre-test probability for malignancy (e.g. thyroid, breast, etc).

Survey Process

The American College of Radiology (ACR) surveyed a total of 3,191 individuals for this tab, including members from both the ACR and the Society of Radiologists in Ultrasound (SRU). The survey population for the ACR members was split into a random pool and a subset of members who indicated Ultrasound as part of their practice expertise. We surveyed 1,300 members randomly from each pool. Additionally, we surveyed 591members from the SRU.

Work RVU Recommendation:

We recommend a work RVU of 0.60, which corresponds to the 25th percentile survey value.

Time Recommendation:

We recommend the median survey intra time of 9 minutes.

Key Reference Services

The surveyed code and selected key reference services are compared in the table below.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	% chosen
76983	**US Elastography; each additional lesion**	**0.60**	**9**		**9**		**0.067**	
76802	US Uterus, 1st trimester; each additional gestation	0.83	10		10		0.083	43.7%
19286	Placement Breast localization device, US guidance; each additional lesion	0.85	19	5	14		0.057	21.8%

76983 is appropriately valued lower than both of the chosen KRS codes because it has less time and relatively less complexity than these key reference services. Specifically, 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)) is an invasive procedure that has higher intra- and total service period times compared to 76983. 76802 *(Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure))* is a valid comparison because of its relatively similar intra-service period time (10 minutes versus 9 minutes) and it is a diagnostic imaging exam using the same modality (ultrasound). 76802 is correctly valued higher than the recommended value for 76983 because the complexity of assessing a twin gestation and the associated risks, are higher than the evaluation of a single lesion.

MPC Codes

There are two MPC codes that compare well with 76983 as shown in the table below.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
76983	**US Elastography; each additional lesion**	**0.60**	**9**		**9**		**0.067**
51797	Voiding Pressure, intra-abdominal	0.80	15		15		0.053
64484	Injection, transforaminal; lumbar or sacral, each additional level	1.00	10		10		0.100

There are a limited number of MPC codes with ZZZ global periods in this time and wRVU range. Both MPC codes above have higher intra-service times and therefore appropriately higher wRVUs. The work value recommended for 76983 is significantly lower than 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))*, which is appropriate given that 64484 is an invasive procedure.

Conclusion

76983 is a new add-on code that describes the evaluation of an additional lesion using ultrasound elastography. The recommended wRVU of 0.60 is strongly supported by the chosen KRS and MPC codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in

the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This add-on code is reported with its base code, 767X2.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0346T

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? 5000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that CPT code 767X3 is reported 5000 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 5000 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? 1,650
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that CPT code 767X3 is provided to 1,650 Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 1650 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
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. 76642

SS Rec Summary

ISSUE: Ultrasound Elastography

TAB: 14

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	76700	Ultrasound, abdominal, real time with image documentation; complete	14	0.053			0.81			21	5					11			5					
2nd REF	76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	13	0.046			0.59			18	5					8			5					
CURRENT	0346T	Ultrasound, elastography (List separately in addition to code for primary procedure)		#DIV/0!			0.00			0														
SVY	76981	Ultrasound, elastography; parenchyma (eg, organ)	53	0.055	0.44	0.59	0.77	0.85	4.05	20	5			5	6	10	15	30	5	0	10	30	100	500
ACR Total	76981	Ultrasound, elastography; parenchyma (eg, organ)	17	0.042	0.49	0.62	0.77	0.85	4.05	23	5			5	7	13	15	26	5	0	10	12	25	100
ACR - Subset	76981	Ultrasound, elastography; parenchyma (eg, organ)	10	0.043	0.60	0.73	0.78	0.84	4.05	23	5			5	6	13	15	20	5	3	6	10	14	60
ACR - Random	76981	Ultrasound, elastography; parenchyma (eg, organ)	7	0.059	0.49	0.55	0.75	0.86	1.20	17	3			6	9	10	17	26	4	0	15	20	43	100
SRU	76981	Ultrasound, elastography; parenchyma (eg, organ)	36	0.056	0.44	0.59	0.78	0.86	1.30	20	5			5	6	10	15	30	5	0	20	53	100	500
REC	76981	Ultrasound, elastography; parenchyma (eg, organ)		0.037			0.59			20	5					10			5					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation	6	0.054			0.76			20	5					10			5					
2nd REF	76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	6	0.038			0.56			18	4					10			4					
3rd REF	76882	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific	5	0.024			0.49			21	5					11			5					
CURRENT	0346T	Ultrasound, elastography (List separately in addition to code for primary procedure)		#DIV/0!			0.00			0														
SVY	76982	Ultrasound, elastography; first target lesion	34	0.048	0.40	0.59	0.70	0.79	2.30	20	5			3	7	10	14	26	5	0	0	5	18	500
ACR Total	76982	Ultrasound, elastography; first target lesion	18	0.036	0.40	0.59	0.69	0.72	2.30	23	5			5	7	13	15	26	5	0	1	7	18	60
ACR - Subset	76982	Ultrasound, elastography; first target lesion	11	0.041	0.40	0.64	0.72	0.72	2.30	22	5			5	6	12	14	20	5	0	5	8	10	40
ACR - Random	76982	Ultrasound, elastography; first target lesion	7	0.029	0.49	0.53	0.60	0.69	0.90	23	5			6	9	13	15	26	5	0	0	0	37	60
SRU	76982	Ultrasound, elastography; first target lesion	16	0.051	0.45	0.63	0.73	1.18	1.40	20	5			3	8	10	11	20	5	0	0	4	15	500
REC	76982	Ultrasound, elastography; first target lesion		0.037			0.59			20	5					10			5					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	14	0.083			0.83			10						10								
2nd REF	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)	7	0.057			0.85			19	1	4				14								
CURRENT	0346T	Ultrasound, elastography (List separately in addition to code for primary procedure)		#DIV/0!			0.00			0														
SVY	76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	32	0.089	0.40	0.60	0.80	0.91	2.00	9				3	6	9	11	26		0	0	1	5	300
ACR Total	76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	18	1.100	0.40	0.60	0.67	0.85	2.00	9				3	6	9	11	26		0	0	4	5	60
ACR - Subset	76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	11	0.068	0.40	0.60	0.61	0.77	2.00	9				5	7	9	11	20		0	2	5	5	20
ACR - Random	76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	7	0.092	0.50	0.67	0.83	0.88	1.10	9				3	5	9	12	26		0	0	0	19	60
SRU	76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	14	0.091	0.45	0.65	0.82	0.95	1.10	9				3	5	9	10	12		0	0	1	4	300
REC	76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)		0.056			0.50			9						9								

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	FAC-obs 38	39	26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5				1	1.0							1							
2nd REF	22222	def	15	0.055			5.15			137	10	5	5			35			5					1.0							1	1						
CURRENT	55555	abc		0.053			5.00			133	17					27			8				1	1.0							1							
SVY	55555	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10				1	1.0							1							
REC	55555	abc		0.020			4.25			142	17	1	3			30			10					1			1.0				1						

CPT Code:___76981, 76982, 76983_____
Specialty Society_____ACR_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

76981	Ultrasound, elastography; parenchyma (eg, organ)	XXX
76982	Ultrasound, elastography; first target lesion	XXX
76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	ZZZ

Meeting Date: __January 2018__

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The American College of Radiology (ACR) convened a consensus panel to finalize the practice expense for ultrasound elastography codes 76981-76983.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   CPT codes 76981-76983 are new codes created by the CPT Editorial panel. Therefore, there are no existing codes for reference. The specialties included abdominal ultrasound code 76700 as the reference code.

3. Is this code(s) typically billed with an E/M service?
   No

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)
   We anticipate that Radiology will be the dominant provider.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   CA016 – Prepare, set-up and start IV, initial positioning and monitoring of patient: We are requesting an extra minute of time here as this procedure requires the technologist to find a patient position that not only allows for a good acoustic window, but also allows the patient to remain motionless (with the exception of quiet respiratory motion) so that repeatable, accurate elastography measurements can be obtained.

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:
   There are no existing labor, supply, or equipment inputs for the new USE codes. However, the requested inputs (and costs) are less than or equal to those of the reference code.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

   Pre-service clinical labor activity *"Patient clinical information and questionnaire reviewed ~~by technologist~~, order ~~from physician~~ confirmed and exam protocoled/prepared ~~by radiologist~~"* was revised by the Workgroup and divided into two line items, the first in the pre-service period and the second in the service period as follows:

   - Pre-service period
     - CA007: Review patient clinical extant information and questionnaire
   - Service period
     - CA014: Confirm order, protocol exam

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   CA021: For 76981 we requested 20 minutes of time (NOT directly related to physician work). The ultrasound technologist (sonographer) reviews any pertinent previous imaging studies. The sonographer brings the patient in the ultrasound room and positions the patient on the bed. The sonographer will have to position the patient appropriately for the procedure and may change the position to optimize the elastography measurements. The sonographer then scans the respective organ for an appropriate transducer position to obtain the elastography measurements. The sonographer gives breathing instructions to the patient to accurately obtain measurements. Elastography measurements are obtained per the respective organ protocol, which varies between 3 and 10 measurements in different areas of the target organ. Images are subsequently sent to PACS.

   CA021: For 76982 we requested 15 minutes of time (NOT directly related to physician work). The ultrasound technologist reviews any pertinent previous imaging studies. The sonographer brings the patient in the ultrasound room and positions the patient on the bed. The sonographer then scans the respective organ and localizes the respective lesion needing elastography. The sonographer then optimizes the patient's position to obtain the elastography measurements. The sonographer may change the patient or transducer position to optimize the elastography measurements. Elastography measurements are obtained per the respective organ-based protocol. Images are subsequently sent to PACS.

   CA021: For 76983 we requested 12 minutes of time (NOT directly related to physician work). The ultrasound technologist is reviewing any pertinent previous imaging studies. Then the sonographer scans the respective organ and localizes the respective lesion needling elastography. The sonographer then optimizes the patient's position to obtain the elastography measurements. The sonographer may change the patient or transducer position to optimize the elastography measurements. Elastography measurements are obtained per the respective organ-based protocol. Images are subsequently sent to PACS.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
   N/A.

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    N/A.

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A.

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A.

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - Software: The ultrasound machine needs to have elastography capabilities. Either an ultrasound machine with elastography capability needs to be purchased or an elastography software package/ upgrade. Applications training for the sonographer may also need to be purchased.

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - PACS Workstation Proxy (ED050): PACS formula
    - Professional PACS Workstation (ED053): Equals physician work intra time + 1/2 physician work pre-time
    - Room, ultrasound, general (EL015): Highly Technical Equipment
    - Software: Highly Technical Equipment

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    N/A.

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    N/A.

	A	B	D	E	F	G	H	L	N	P
1	RUC Practice Expense Spreadsheet REVISED AT RUC 1/10/18					REFERENCE CODE	REFERENCE CODE	RECOMMENDED	RECOMMENDED	RECOMMENDED
2		*Please see brief				91200	76700	76981	76982	76983
3		RUC Collaboration								
4	Clinical Activity Code	Meeting Date: January 2018 Tab: 14 Specialty: ACR	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report April 2015	Ultrasound, abdominal, real time with image documentation; complete October 2013	Ultrasound, elastography; parenchyma (eg, organ) January 2018	Ultrasound, elastography; first target lesion January 2018	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure) January 2018
5		LOCATION				Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX	ZZZ
7		TOTAL CLINICAL STAFF TIME	L050B	Diagnostic Medical	0.5		43.0	40.0	35.0	16.0
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	16.0				
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L050B	Diagnostic Medical	0.5		4.0	3.0	3.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	0.0				
11		TOTAL SERVICE PERIOD CLINICAL	L050B	Diagnostic Medical	0.5		39.0	37.0	32.0	16.0
12		TOTAL SERVICE PERIOD CLINICAL	L037D	RN/LPN/MTA	0.37	16.0				
13		TOTAL POST-SERVICE CLINICAL STAFF TIME	L050B	Diagnostic Medical	0.5		0.0	0.0	0.0	0.0
14		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	0.0				
15		TOTAL COST OF				$ 5.92	$ 21.50	$ 20.00	$ 17.50	$ 8.00
16		PRE-SERVICE PERIOD								
17		Start: Following visit when decision for surgery or procedure made								
23	CA006	Confirm availability of prior images/studies	L050B	Diagnostic Medical Sonographer	0.5		2	2	2	
24	CA007	Review patient clinical extant information and questionnaire	L050B	Diagnostic Medical Sonographer	0.5		2	1	1	
25	CA008	Perform regulatory								
32		End: When patient enters office/facility for surgery/procedure								
33		SERVICE PERIOD								
34		Start: When patient enters office/facility for surgery/procedure:								
35		Pre-Service (of service								
36	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L050B	Diagnostic Medical Sonographer	0.5		3	3	3	
37	CA010	Obtain vital signs								
38	CA011	Provide	L037D	RN/LPN/M	0.37	2				
39	CA012	Review requisition,								
40	CA013	Prepare room,	L050B	Diagnostic	0.5		2	2	2	
41	CA013	Prepare room,	L037D	RN/LPN/M	0.37	2				
42	CA014	Confirm order, protocol	L050B	Diagnostic	0.5			1	1	
43	CA015	Setup scope								
44	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L050B	Diagnostic Medical Sonographer	0.5		3	3	3	1
45	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37	2		0	0	0
46	CA017	Sedate/apply								
53		Intra-service (of service								
57	CA021	Perform procedure/service--- NOT directly related to physician work time	L050B	Diagnostic Medical Sonographer	0.5		23	20	15	12
58	CA021	Perform	L037D	RN/LPN/M	0.37	7				
64		Post-Service (of service								
65	CA022	Monitor patient								
66	CA023	Monitor patient								
67	CA024	Clean room/equipment by clinical staff	L050B	Diagnostic Medical Sonographer	0.5		3	3	3	
68	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	1		0	0	
69	CA025	Clean scope								
70	CA026	Clean surgical								
71	CA027	Complete post-								
72	CA028	Review/read post-								
73	CA029	Check dressings,								
74	CA030	Technologist QC's images in PACS,	L050B	Diagnostic Medical	0.5		2	2	2	1

	A	B	D	E	F	G	H	L	N	P
1	RUC Practice Expense Spreadsheet REVISED AT RUC 1/10/18					REFERENCE CODE	REFERENCE CODE	RECOMMENDED	RECOMMENDED	RECOMMENDED
2		*Please see brief				91200	76700	76981	76982	76983
3		RUC Collaboration								
4	Clinical Activity Code	Meeting Date: January 2018 Tab: 14 Specialty: ACR	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report April 2015	Ultrasound, abdominal, real time with image documentation; complete October 2013	Ultrasound, elastography; parenchyma (eg, organ) January 2018	Ultrasound, elastography; first target lesion January 2018	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure) January 2018
5		LOCATION				Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX	ZZZ
7		TOTAL CLINICAL STAFF TIME	L050B	Diagnostic Medical	0.5		43.0	40.0	35.0	16.0
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	16.0				
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L050B	Diagnostic Medical	0.5		4.0	3.0	3.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	0.0				
11		TOTAL SERVICE PERIOD CLINICAL	L050B	Diagnostic Medical	0.5		39.0	37.0	32.0	16.0
12		TOTAL SERVICE PERIOD CLINICAL	L037D	RN/LPN/MTA	0.37	16.0				
13		TOTAL POST-SERVICE CLINICAL STAFF TIME	L050B	Diagnostic Medical	0.5		0.0	0.0	0.0	0.0
75	CA031	Review examination with interpreting MD/DO	L050B	Diagnostic Medical Sonographer	0.5		2	2	2	1
76	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37	2		0	0	0
77	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L050B	Diagnostic Medical Sonographer	0.5		1	1	1	1
78	CA033	Perform regulatory								
79	CA034	Document procedure								
80	CA035	Review home care								
81	CA036	Discharge day				n/a	n/a	n/a	n/a	n/a
88		End: Patient leaves								

	A	B	D	E	F	G	H	L	N	P
1	RUC Practice Expense Spreadsheet REVISED AT RUC 1/10/18					REFERENCE CODE	REFERENCE CODE	RECOMMENDED	RECOMMENDED	RECOMMENDED
2		*Please see brief				91200	76700	76981	76982	76983
3		RUC Collaboration								
4	Clinical Activity Code	Meeting Date: January 2018 Tab: 14 Specialty: ACR	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report April 2015	Ultrasound, abdominal, real time with image documentation; complete October 2013	Ultrasound, elastography; parenchyma (eg, organ) January 2018	Ultrasound, elastography; first target lesion January 2018	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure) January 2018
5		LOCATION				Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX	ZZZ
7		TOTAL CLINICAL STAFF TIME	L050B	Diagnostic Medical	0.5		43.0	40.0	35.0	16.0
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	16.0				
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L050B	Diagnostic Medical	0.5		4.0	3.0	3.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	0.0				
11		TOTAL SERVICE PERIOD CLINICAL	L050B	Diagnostic Medical	0.5		39.0	37.0	32.0	16.0
12		TOTAL SERVICE PERIOD CLINICAL	L037D	RN/LPN/MTA	0.37	16.0				
13		TOTAL POST-SERVICE CLINICAL STAFF TIME	L050B	Diagnostic Medical	0.5		0.0	0.0	0.0	0.0
89		POST-SERVICE								
107	Medical	MEDICAL SUPPLIES	PRICE	UNIT						
108		TOTAL COST OF SUPPLY QUANTITY x PRICE				$ 0.18	$ 2.78	$ 2.78	$ 2.78	$ 0.78
109	SB006	drape, non-sterile, sheet 40in x 60in	0.222	item			1	1	1	
110	SB022	gloves, non-sterile	0.084	pair			2	2	2	
111	SB026	gown, patient	0.533	item			1	1	1	
112	SB036	paper, exam table	0.014	foot			7	7	7	
113	SB037	pillow case	0.307	item			1	1	1	
114	SB044	underpad 2ft x 3ft (Chux)	0.23	item			1	1	1	
115	SM012	disinfectant spray (Transeptic)	0.028	ml			10	10	10	
116	SJ062	ultrasound transmission gel	0.013	ml		1	60	60	60	60
117	SM021	sanitizing cloth-wipe (patient)	0.037	item		2	2	2	2	
118	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.046	item		2	2	2	2	
119		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*								
120										
121	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute					
122		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				$ 12.39	$ 47.57	$ 41.85	$ 34.54	$ 19.59
123	ED050	PACS Workstation Proxy	5557	PACS	0.022018		23	37	32	16
124	ED053	Professional PACS Workstation	14616.9	Other Formula	0.057915		14	13	13	9
125	EL015	room, ultrasound, general	369945	Highly Technical	1.401729		33	28	23	13
126	EF023	table, exam	1338.17	Highly Technical	0.002977	16		0	0	0
127	ER101	Fibroscan with printer	183390	Highly Technical	1.028583	12		0	0	0
128	NEW	sheer wave elastography software	9600	Highly Technical	0.038037			28	23	13
129		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*								

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2018

Contrast-Enhanced Ultrasound

In September 2017, the CPT Editorial Panel created two new codes describing the use of intravenous microbubble agents to evaluate suspicious lesions by ultrasound. CPT code 76978 *Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion* is a stand-alone procedure for the evaluation of a single target lesion. CPT code 76979 *Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)* is an add-on code for the evaluation of each additional lesion. These codes will most often be used in patients with lesions in solid organs, such as a liver or kidney, who cannot or should not undergo dynamic multiphase contrast enhanced CT or MRI. Patients referred for these procedures include those who have significant renal impairment such that they cannot receive iodinated or gadolinium contrast, are pregnant, or younger patients who are more sensitive to radiation or may not tolerate MRI. In addition, for some patients with lesions in solid organs, these procedures may replace the use of CT or MRI, especially for follow-up of indolent malignancies (e.g. certain renal cell carcinomas) or previously treated tumors (e.g. status post ablation) or diagnosis of hepatic hemangiomas.

76978 Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion
The RUC reviewed the survey results from 41 radiologists and determined that the survey median of 1.82 overvalues the work required to perform this service, however the RUC agreed that the survey 25th percentile of 1.27 undervalues the work required to perform this service. The RUC also agreed that the recommended pre- and immediate post-service time was too high relative to other ultrasound services. The specialty society revised their recommendation, decreasing the physician time from 10 minutes to 5 minutes pre-service time and 10 minutes to 5 minutes immediate post-service time. The RUC recommends 5 minutes pre-service time, 20 minutes intra-service time and 5 minute post-service time. The RUC recommends a crosswalk to CPT code 73719 *Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)* (work RVU = 1.62 and 5 minutes pre-service time, 20 minutes intra-service time and 5 minutes post-service time).

The RUC discussed that the survey codes are used for patients with lesions in solid organs who cannot have standard contrast enhanced CT or MRI studies. The specialty expects that the number of CT and MRI studies may decrease. The specialty does not anticipate these exams to replace CT or MRI studies but rather to be used as a problem solving tool for appropriate patients. Both codes require direct hands-on involvement from the radiologist to ensure the appropriate lesion is targeted and observe the contrast enhancement pattern in real time by either injecting the contrast agent or scanning the patient while the contrast agent is injected. In approximately 5 percent of cases there are complications in using this new bubble contrast agent, most typically headache, light-headedness and nausea. The RUC compared 76978 to similar service 73222 *Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)* (work RVU = 1.62 and 20 minutes intra-service time) and noted that these services require similar physician work and time and should be valued the same. For additional support, the RUC referenced CPT

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code 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* (work RVU = 1.50 and 20 minutes intra-service time) and noted that the survey code is appropriately valued higher because of the use of the bubble contrast. CPT code 93306 sometimes requires contrast, but it is not typical. **The RUC recommends a work RVU of 1.62 for CPT code 76978.**

76979 Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)
The RUC reviewed the survey results from 31 radiologists and determined that the survey median of 1.10 overvalued the work of this service. The specialty society revised their recommendation to reflect the survey 25th percentile of 0.85 work RVUs and the RUC agreed that this accurately reflects the work value of this service. The RUC recommends 15 minutes of intra-service time for CPT code 76979. For additional support the RUC compared the survey code to MPC codes 51797 *Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)* (work RVU = 0.80, 15 minutes intra-service time) and 15003 *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; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)* (work RVU = 0.80, 15 minutes intra-service time). The survey code is appropriately valued higher because although there are efficiencies gained because it is the second lesion, it still requires similar intra-service work to the base code as real time decision making is needed requiring the physician to remain in the room to review the detail of the images. **The RUC recommends a work RVU of 0.85 for CPT code 76979.**

New Technology/New Services
These services will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Practice Expense
The RUC discussed the new practice expense supply item, bubble contrast agent because a Committee member asked if it was possible to use saline rather than this fairly high cost supply. The specialty society explained that agitated saline is only used in echocardiography to assess for a left to right shunt. When intravascular contrast is used in echocardiography, as in this procedure, it is the aforementioned lipid stabilized microbubble contrast agent. This is the only agent that is FDA approved for contrast enhanced ultrasound. **The RUC recommends the direct practice expense inputs with modifications as reviewed and approved by the PE Subcommittee.**

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●76978	W1	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	XXX	1.62
✚●76979	W2	each additional lesion with separate injection (List separately in addition to code for primary procedure) (Use 76979 in conjunction with 76978) (Do not report 76978, 76979 in conjunction with 96374)	ZZZ	0.85

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76978 Tracking Number W1 Original Specialty Recommended RVU: **1.82**
Presented Recommended RVU: **1.82**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **1.62**

CPT Descriptor: Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 27-year-old female has abnormal liver enzymes. An abdominal ultrasound performed several days earlier demonstrated a fatty liver and a 2-cm hypoechoic mass in the right hepatic lobe. Targeted dynamic ultrasound microbubble sonographic contrast evaluation is performed for lesion characterization.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the request for appropriateness and discuss with ordering physician. Review clinical history. Review prior diagnostic ultrasound or other imaging study on which lesion has been found. The procedure, its purpose, details of the contrast US study, and any potential complications are explained to the patient. Informed consent is obtained.

Description of Intra-Service Work: The patient is positioned and prepped with physician guidance. A targeted ultrasound is performed to identify the lesion previously demonstrated on a diagnostic imaging study. Under physician direction the contrast imaging mode on the ultrasound machine is activated and the physician injects an appropriate bolus of microbubble sonographic contrast followed by a rapid saline flush. The physician performs concurrent ultrasound evaluation of the lesion while scanning or while the ultrasound technologist scans the patient. Additional contrast injection and scanning is performed as needed for initial lesion characterization (typically lesion characterization requires 2 or 3 injections). Permanent static ultrasound images and cine clips during the wash-in, equilibrium, and wash-out phases are obtained. The saved images and cine clips are reviewed and interpreted with comparison to prior imaging studies. The report is dictated.

Description of Post-Service Work: The patient is evaluated for complications prior to release. Review, edit, and sign report for the medical record. Communicate the findings with referring provider and/or patient as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Corinne Deurdulian, MD; Eric Rubin, MD		
Specialty(s):	American College of Radiology		
CPT Code:	76978		
Sample Size:	1200	**Resp N:** 41	**Response:** 3.4 %
Description of Sample:	The ACR surveyed a total of 800 members (a random sample of 400 members and a separate random sample of 400 members who perform ultrasound, genitourinary, and gastrointestinal procedures). The ACR also performed a targeted random sample of 400 members from the Society of Radiologists in Ultrasound (SRU), as approved by the Research Subcommittee.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	30.00	300.00
Survey RVW:	0.80	1.27	**1.82**	2.20	2.30
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	7.00	15.00	**20.00**	30.00	45.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76978	**Recommended Physician Work RVU: 1.62**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74160	XXX	1.27	**RUC Time**

CPT Descriptor Computed tomography, abdomen; with contrast material(s)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74178	XXX	2.01	**RUC Time**

CPT Descriptor Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93351	XXX	1.75	**RUC Time**	255,715

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92004	XXX	1.82	**RUC Time**	2,298,052

CPT Descriptor 2 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits

Other Reference CPT Code	Global	Work RVU	Time Source
74176	XXX	1.74	**RUC Time**

CPT Descriptor Computed tomography, abdomen and pelvis; without contrast material

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10 **% of respondents:** 24.3 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 19.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 76978	Top Key Reference CPT Code: 74160	2nd Key Reference CPT Code: 74178
Median Pre-Service Time	5.00	3.00	5.00
Median Intra-Service Time	20.00	15.00	30.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**23.00**	**40.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	50%	50%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	60%	20%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	30%	70%
Physical effort required	0%	40%	60%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	90%	10%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	13%	0%	75%	13%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	13%	75%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	13%	88%
Physical effort required	0%	13%	88%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	38%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The CPT panel created two new codes describing the use of intravenous contrast to evaluation suspicious lesions by ultrasound:

- 76978 *(Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion)* is a stand-alone procedure for the evaluation of a single target lesion, and
- 76979 *(Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure))* is an add-on code for the evaluation of each additional lesion.

These codes will most often be used to work up patients with lesions in solid organs, such as a liver or kidney, who cannot or should not undergo dynamic multiphase contrast enhanced CT or MRI. Patients referred for these procedures include those who have significant renal impairment such that they cannot receive iodinated or gadolinium contrast, are pregnant, or younger patients who are more sensitive to radiation or may not tolerate MRI. In addition, for some patients with lesions in solid organs, these procedures may replace the use of CT or MRI, especially for follow-up of indolent malignancies (e.g. certain renal cell carcinomas) or previously treated tumors (e.g. status post ablation).

Both surveyed procedures involve direct hands-on participation by the radiologist to ensure the appropriate lesion is targeted and to observe the contrast enhancement pattern in real time and typically includes personally injecting the contrast agent and/or scanning the patient.

Survey Process

The American College of Radiology (ACR) surveyed a total of 1200 individuals for this tab, including members from both the ACR and the Society of Radiologists in Ultrasound (SRU). The survey population for the ACR members was split into a random pool and a subset of members who indicated Ultrasound as part of their practice expertise. We surveyed 400 members randomly from each pool. Additionally, we surveyed a random sample of 400 members from the SRU.

Work RVU Recommendation:

We recommend a work RVU of 1.82, which corresponds to the median survey value.

Time Recommendation:

We recommend the median survey times: 10 minutes pre-service, 20 minutes intra-service, and 10 minutes post-service. This is a total time of 40 minutes.

Key Reference Services

The surveyed code and selected key reference services are compared in the table below.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	% chosen
74160	CT Abdomen with contrast	1.27	23	3	15	5	0.073	24.3%
76978	**CEUS, first lesion**	**1.82**	**40**	**10**	**20**	**10**	**0.069**	
74178	CT Abd &Pelvis with/without contrast	2.01	40	5	30	5	0.060	19.5%
74183	MRI Abd with/without contrast	2.20	40	5	30	5	0.066	14.6%

76978 is bracketed by the selected key reference services. The recommended value of 1.82 for 76978 is appropriately lower than 74178 *(Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions)* and 74183 *(Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences)* given the lower intraservice time. Additionally, the longer pre- and post-service times for 76978 account for the relatively higher wRVU for the 20 minutes of intraservice time compared with the 30 minutes in 74178 and 15 minutes in 74160 *(Computed tomography, abdomen; with contrast material(s)).* Additionally, the IWPUT of 76978 is appropriately higher than either 74178 or 74183 given the hands-on work involved in assessing the flow of contrast within the lesion in real time while scanning the patient with ultrasound and coordinating multiple physiologic variables.

MPC Codes

There are three MPC codes that compare well with the surveyed code.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74176	CT Abd & Pelvis without contrast	1.74	32	5	22	5	0.069
93351	Echocardiography, transthoracic, during rest and stress	1.75	35	5	20	10	0.071
76978	**CEUS, first lesion**	**1.82**	**40**	**10**	**20**	**10**	**0.069**
92004	Ophthalmologic exam, new patient	1.82	40	5	25	10	0.059

The most appropriate comparison code for 76978 is 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)*, as this is procedure using the same modality (ultrasound) to assess physiologic changes in the imaged structure (heart versus a mass lesion) during external manipulation (stress versus intravenous contrast). The 5 additional minutes of pre-service time in 76978 account for the slight difference in recommended wRVU of 1.82 compared with the wRVU for 93351 of 1.75.

92004 *(Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits)* is an E&M service with a slightly higher intra-service time compared with 76978, but it has the same total time, and the same wRVU (1.82) as we recommended for 76978. 74176 *(Computed tomography, abdomen and pelvis; without contrast material)* covers the same body region as the most common cases for 76978 and has a slightly lower wRVU (1.74) than the 1.82 recommended for 76978, which is appropriate given the longer total time it takes to perform 76978.

Conclusion

76978 *(Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion)* is a new, stand-alone code describing the evaluation of a single lesion using ultrasound and

intravenous contrast. The recommended code value of 1.82 is strongly supported by the chosen KRS and MPC codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Base code 76978 may be reported with add-on code 76979

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This is a new code.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty 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? 8000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 76978 provided nationally in a one-year period is estimated to be 8,000.

Specialty Diagnostic Radiology Frequency 8000 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? 2,500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The ACR estimates that CPT code 76978 will be provided to 2,500 Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 2500 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
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. 76705

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76979 Tracking Number W2 Original Specialty Recommended RVU: **1.10**
Presented Recommended RVU: **1.10**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **0.85**

CPT Descriptor: Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 42-year-old female with abnormal liver enzymes is found to have two separate solid appearing liver lesions with different sonographic features in the right and left hepatic lobes on recent abdominal ultrasound. After evaluation and characterization of the right lobe lesion (reported separately), an additional targeted dynamic microbubble sonographic contrast evaluation is performed for lesion characterization of the left lobe lesion. NOTE: This is an add-on service. Only consider the additional work related to targeted dynamic microbubble sonographic contrast evaluation.

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%

Description of Pre-Service Work:

Description of Intra-Service Work: Review prior diagnostic ultrasound or other imaging study on which an additional lesion has been found. If needed, the patient is repositioned and prepped with physician guidance for the additional lesion. A targeted ultrasound is performed to identify the lesion previously demonstrated on a diagnostic imaging study. Under physician direction the contrast imaging mode on the ultrasound machine is activated and the physician injects an appropriate bolus of microbubble sonographic contrast followed by a rapid saline flush. The physician performs concurrent ultrasound evaluation of the lesion while scanning or while the ultrasound technologist scans the patient. Additional contrast injection and scanning is performed as needed for initial lesion characterization (typically lesion characterization requires 2 or 3 injections). Permanent static ultrasound images and cine clips during the wash-in, equilibrium, and wash-out phases are obtained. The saved images and cine clips are reviewed and interpreted with comparison to prior imaging studies. The report is dictated.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Corinne Deurdulian, MD; Eric Rubin, MD		
Specialty(s):	American College of Radiology		
CPT Code:	76979		
Sample Size:	1200	**Resp N:** 31	**Response:** 2.5 %
Description of Sample:	The ACR surveyed a total of 800 members (a random sample of 400 members and a separate random sample of 400 members who perform ultrasound, genitourinary, and gastrointestinal procedures). The ACR also performed a targeted random sample of 400 members from the Society of Radiologists in Ultrasound (SRU), as approved by the Research Subcommittee.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**3.00**	10.00	65.00
Survey RVW:	0.55	0.85	**1.10**	1.60	2.50
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	9.00	**15.00**	15.00	55.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	76979	**Recommended Physician Work RVU: 0.85**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**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:		**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)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76810	ZZZ	0.98	**RUC Time**

CPT Descriptor Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76802	ZZZ	0.83	**RUC Time**

CPT Descriptor Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.20	**RUC Time**	23,805

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36227	ZZZ	2.09	**RUC Time**	11,183

CPT Descriptor 2 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)

Other Reference CPT Code	Global	Work RVU	Time Source
64484	ZZZ	1.00	**RUC Time**

CPT Descriptor 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)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 7 **% of respondents:** 22.5 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 19.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 76979	**Top Key Reference CPT Code:** 76810	**2nd Key Reference CPT Code:** **76802**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	15.00	20.00	10.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**20.00**	**10.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	29%	57%	14%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	43%	43%	14%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	71%	29%
Physical effort required	0%	100%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	57%	14%	29%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	17%	33%	50%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	33%	17%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	33%	50%
Physical effort required	33%	33%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	50%	33%	17%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The CPT panel created two new codes describing the use of intravenous contrast to evaluation suspicious lesions by ultrasound:

- 76978 *(Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion)* is a stand-alone procedure for the evaluation of a single target lesion, and
- 76979 *(Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure))* is an add-on code for the evaluation of each additional lesion.

The work of performing this ZZZ add-on code is quite similar to the base code in that the lesion to be evaluated must be scanned separately and the dynamic contrast enhancement of the lesion is then performed in an identical manner to the assessment of the lesion from the base code.

Survey Process

The American College of Radiology (ACR) surveyed a total of 1200 individuals for this tab, including members from both the ACR and the Society of Radiologists in Ultrasound (SRU). The survey population for the ACR members was split into a random pool and a subset of members who indicated Ultrasound as part of their practice expertise. We surveyed 400 members randomly from each pool. Additionally, we surveyed a random sample of 400 members from the SRU.

Work RVU Recommendation:

We recommend a work RVU of 1.10, which corresponds to the median survey value.

Time Recommendation:

We recommend the median survey time of 15 minutes.

Key Reference Services

The surveyed code and selected key reference services are compared in the table below.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	% chosen
76802	US Uterus, 1st trimester, each additional gestation	0.83	10		10		0.083	19.3%

76810	US Uterus, post 1st trimester, each additional gestation	0.98	20		20		0.049	22.5%
76979	**CEUS, each additional lesion**	**1.10**	**15**		**15**		**0.073**	
37253	IVUS, each additional vessel	1.44	21		20	1	0.071	12.9%

76979 compares favorably to the selected key reference services. The recommended value of 1.10 for 76979 is appropriately higher than 76802 *(Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure))* given the longer intra-service time. Both 76810 *(Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure))* and 37253 *(Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure))* have longer times than 76979 (20 or 21 minutes versus 15 minutes), but the value for 76979 is between them. We believe this is appropriate for several reasons. 37253 is an invasive procedure in which a vessel is being assessed with ultrasound from within the vessel lumen. This is technically more complicated and has higher risk than 76979 and so should be valued higher even accounting for the time difference. Alternatively, 76810 is a less complex service than 76979 that does not involve the dynamic assessment of contrast enhancement. The services provided in 76979 are more technically demanding and require different specialized training that those utilized in 76810. Additionally, the IWPUT of 76979 is appropriately closer to 37253 than 76810 because of the intensity inherent in the hands-on, real time physiologic imaging performed by the physician in both 37253 and 76979.

MPC Codes

There are three MPC codes that compare well with 76979 as shown in the table below.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
64484	Injection, transforaminal, lumbar or sacral, each additional level	1.00	10		10		0.100
76979	**CEUS, each additional lesion**	**1.10**	**15**		**15**		**0.073**
64480	Injection, transforaminal, cervical or thoracic, each additional level	1.20	15		15		0.080
36227	Selective catheter placement, external carotid	2.09	15		15		0.139

The MPC codes above are invasive procedures and therefore have appropriately higher intensity than the surveyed code. The work value recommended for 76979 is slightly lower than 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))* while they both have the same time. While 64480 is an invasive procedure in that it is performed after a needle is placed using imaging guidance, both 76979 and 64480 involve injections of additional substances (i.e. medication versus contrast). 76979 also involves the real time assessment of a lesion within a solid organ after injection using ultrasound. For these reasons, the recommended value of 76979 is appropriately placed just below 64480 as opposed to 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)).*

Conclusion

76979 *(Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure))* is a new add-on code that describes the evaluation of an additional lesion using intravenous contrast and ultrasound. The recommended wRVU of 1.10 is strongly supported by the chosen KRS and MPC codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Add-on code 76979 may be reported with base code 76978.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This is a new code.

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1000
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 76979 provided nationally in a one-year period is estimated to be 1,000.

Specialty Diagnostic Radiology Frequency 1000 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. The ACR estimates that CPT code 76979 will be provided to 300 Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology 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? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:

BETOS Sub-classification Level II:
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. 76705

SS Rec Summary

ISSUE: Contrast-Enhanced Ultrasound

TAB: 15

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	74160	Computed tomography, abdomen; with contrast material(s)	10	0.073			1.27			23	3					15			5					
2nd REF	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	8	0.060			2.01			40	5					30			5					
CURRENT				#DIV/0!						0														
SVY	76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	41	0.069	0.80	1.27	1.82	2.20	2.30	40	10			7	15	20	30	45	10	0	5	10	30	300
ACR Total	76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	7	0.060	1.27	1.79	1.90	2.08	2.20	43	10			13	18	25	33	35	8	0	3	30	105	300
ACR - Subset	76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	6	0.050	1.75	1.84	1.96	2.12	2.20	53	13			13	21	28	34	35	12	0	11	40	133	300
ACR - Random	76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	1	0.074	1.27	1.27	1.27	1.27	1.27	22	2			15	15	15	15	15	5	0	0	0	0	0
SRU	76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	34	0.068	0.80	1.26	1.81	2.20	2.30	40	10			7	15	20	29	45	10	0	5	10	25	240
REC	76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion		0.070	1.62					30	5					20			5					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	7	0.049			0.98			20						20								
2nd REF	76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	6	0.083			0.83			10						10								
CURRENT				#DIV/0!						0														
SVY	76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	31	0.073	0.55	0.85	1.10	1.60	2.50	15				5	9	15	15	55		0	2	3	10	65
ACR Total	76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	5	0.105	0.85	0.95	1.05	1.35	1.45	10				5	8	10	15	20		0	5	12	42	50
ACR - Subset	76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	5	0.105	0.85	0.95	1.05	1.35	1.45	10				5	8	10	15	20		0	5	12	42	50
ACR - Random	76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)		#DIV/0!						0														
SRU	76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	26	0.077	0.55	0.82	1.16	1.74	2.50	15				5	9	15	15	55		0	1	3	7	65
REC	76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)		0.057	0.85					15						15								

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	FAC-obs 38	39	26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5				1	1.0							1							
2nd REF	22222	def	15	0.055			5.15			137	10	5	5			35			5					1.0							1	1						
CURRENT	55555	abc		0.053			5.00			133	17					27			8				1	1.0							1							
SVY	55555	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10				1	1.0							1							
REC	55555	abc		0.020			4.25			142	17	1	3			30			10					1			1.0				1						

CPT Code:___ 76978, 76979_____
Specialty Society: ACR_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	XXX
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	ZZZ

Meeting Date: __January 2018__

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The American College of Radiology (ACR) convened a consensus panel to finalize the practice expense for contrast-enhanced ultrasound codes 76978 and 76979.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   CPT codes 76978 and 76979 are new codes created by the CPT Editorial panel. Therefore, there are no existing codes for reference. The specialties included abdominal ultrasound codes 76700 and 76706, as well as vascular ultrasound codes, 93990 and 93970, as reference codes.

3. Is this code(s) typically billed with an E/M service?
   No

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)
   We anticipate that Radiology will be the dominant provider.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   N/A.

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:
   There are no existing labor, supply, or equipment inputs for the new CEUS codes. However, the requested inputs (and costs) are comparable to those of the reference code(s).

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

Pre-service clinical labor activity *"Patient clinical information and questionnaire reviewed ~~by technologist~~, order ~~from physician~~ confirmed and exam protocoled/prepared ~~by radiologist~~"* was revised by the Workgroup and divided into two line items, the first in the pre-service period and the second in the service period as follows:

- Pre-service period
  - CA007: Review patient clinical extant information and questionnaire
- Service period
  - CA014: Confirm order, protocol exam

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   CA021: For 76978 we requested 30 minutes of time (NOT directly related to physician work). The ultrasound technologist (sonographer) scans the patient to identify the initial lesion under ultrasound. The sonographer compares the scan to prior relevant imaging studies to ensure the correct initial lesion necessitating evaluation with contrast has been identified. The sonographer scans the patient in different positions to assess the best position for imaging. The sonographer instructs the patient to breath such that the lesion is identified with quiet respiration. The sonographer images the initial lesion during contrast injection and while contrast is seen flowing through the initial lesion. Imaging during contrast injection is typically repeated 2 or 3 times for the initial lesion. Once the contrast is administered and the imaging of the initial lesion is complete, the sonographer makes sure that the appropriate cine clips are captured. The sonographer reviews the cine clips and selects representative static images to send to PACS. If applicable, the sonographer then can apply quantitative metrics to the study by selecting appropriate regions of interest and obtaining quantification curves. This data is also sent to PACS.

   CA021: For 76979 we requested 15 minutes of time (NOT directly related to physician work). The ultrasound technologist (sonographer) scans the patient to identify the additional lesion under ultrasound. The sonographer compares the scan to prior relevant imaging studies to ensure the correct additional lesion necessitating evaluation with contrast has been identified. The sonographer scans the patient in different positions to assess the best position for imaging. The sonographer instructs the patient to breath such that the lesion is identified with quiet respiration. The sonographer images the additional lesion during contrast injection and while contrast is seen flowing through the additional lesion. Imaging during contrast injection is typically repeated 2 or 3 times for the additional lesion. Once the contrast is administered and the imaging of the additional lesion is complete, the sonographer makes sure that the appropriate cine clips are captured. The sonographer reviews the cine clips and selects representative static images to send to PACS. If applicable, the sonographer then can apply quantitative metrics to the study by selecting appropriate regions of interest and obtaining quantification curves. This data is also sent to PACS.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
   N/A.

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    N/A.

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A.

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - Bubble contrast: An ultrasound-specific contrast agent must be purchased to utilize for the exam. The molecular makeup is completely different from contrast agents for CT and MRI. Currently, Lumason is FDA approved and available for purchase.

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - Software Package: To perform contrast-enhanced ultrasound, an ultrasound machine needs to be purchased which has this capability. If the ultrasound machine is upgradeable, the contrast software can be purchased and applied to the machine.
    - Quantification Software: Currently, quantification software is available from some vendors. This allows for lesions to be analyzed with quantitative metrics with respect to the background organ. Quantification allows for analysis of timing of contrast uptake and washout which can help in lesion differentiation (i.e. benign from malignant lesions; different types of malignancy).

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - PACS Workstation Proxy (ED050): PACS formula
    - Professional PACS Workstation (ED053): Equals physician work intra time + 1/2 physician work pre-time
    - Room, ultrasound, general (EL015): Highly Technical Equipment
    - Software Package – Highly Technical Equipment
    - Quantification Software – Highly Technical Equipment

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    N/A.

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    N/A.

	A	B	D	E	F	G	I	K	M	Q	R	S	U
1	RUC Practice Expense Spreadsheet					EFERENCE COD	REFERENCE COD	EFERENCE COD	REFERENCE COD	REFERENCE COD	REFERENCE COD	RECOMMENDED	RECOMMENDED
2		*column C. For more complete information about summaries*				76700	76705	93990	93970	93307	93352	76978	76979
3		***RUC Collaboration Website***											
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 15 Specialty: ACR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Ultrasound, abdominal, real time with image documentation; complete **(October 2013)**	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up) **(October 2013)**	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow) **(April 2014)**	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study **(April 2012)**	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography **(April 2016)**	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure) **(April 2008)**	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion **(January 2018)**	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure) **(January 2018)**
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**				**43.0**	**33.0**	**61.0**	**70.0**	**61.0**	**30.0**	**49.0**	**18.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L050B**	Diagnostic Medical	0.5	**4.0**	**4.0**					**3.0**	**0.0**
9			**L054A**	Vascular Technologist	0.54			**3.0**	**3.0**				
10			**L051A**	RN	0.51						**0.0**		
11			**L037D**	RN/LPN/MTA	0.37					**5.0**			
12			**L050A**	Cardiac Sonographer	0.5					**4.0**	**0.0**		
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L050B**	Diagnostic Medical	0.5	**39.0**	**29.0**					**46.0**	**18.0**
14			**L054A**	Vascular Technologist	0.54			**58.0**	**67.0**				
15			**L051A**	RN	0.51						**21.0**		
16			**L050A**	Cardiac Sonographer	0.5					**43.0**	**9.0**		
17			**L037D**	RN/LPN/MTA	0.37					**9.0**			
18		**TOTAL POST-SERVICE CLINICAL STAFF TIME**				**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
19		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER**				**$ 21.50**	**$ 16.58**	**$ 32.94**	**$ 37.80**	**$ 28.68**	**$ 15.21**	**$ 24.50**	**$ 9.00**
20		**PRE-SERVICE PERIOD**											
21		**Start: Following visit when decision for surgery or procedure made**											
22	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37					5			
23	CA002	Coordinate pre-surgery services (including test results)											
24	CA003	Schedule space and equipment in facility											
25	CA004	Provide pre-service education/obtain consent											
26	CA005	Complete pre-procedure phone calls and prescription											
27	CA006	Confirm availability of prior images/studies	L050B	Diagnostic	0.5	2	2					2	
28	CA006	Confirm availability of prior images/studies	L054A	Vascular	0.54			1	1				
29	CA006	Confirm availability of prior images/studies	L050A	Cardiac	0.5					2			
30	CA007	Review patient clinical extant information and questionnaire	L050B	Diagnostic Medical Sonographer	0.5	2	2					1	
31	CA007	Review patient clinical extant information and questionnaire	L054A	Vascular Technologist	0.54			2	2				
32	CA007	Review patient clinical extant information and questionnaire	L050A	Cardiac Sonographer	0.5					2			
33	CA008	Perform regulatory mandated quality assurance activity (pre-	L054A	Vascular	0.54								
40		**End: When patient enters office/facility for surgery/procedure**											
41		**SERVICE PERIOD**											
42		**Start: When patient enters office/facility for surgery/procedure:**											
43		**Pre-Service (of service period)**											
44	CA009	Greet patient, provide gowning, ensure appropriate medical	L050B	Diagnostic	0.5	3	3					3	
45	CA009	Greet patient, provide gowning, ensure appropriate medical	L054A	Vascular	0.54			3	3				
46	CA009	Greet patient, provide gowning, ensure appropriate medical	L037D	RN/LPN/MTA	0.37					3			
47	CA010	Obtain vital signs	L054A	Vascular	0.54			5					
48	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37					3			
49	CA011	Provide education/obtain consent	L054A	Vascular	0.54			2	3				
50	CA012	Review requisition, assess for special needs											
51	CA013	Prepare room, equipment and supplies	L050B	Diagnostic	0.5	2	2					2	
52	CA013	Prepare room, equipment and supplies	L054A	Vascular	0.54			4	4				
53	CA013	Prepare room, equipment and supplies	L050A	Cardiac	0.5					2			
54	CA014	Confirm order, protocol exam	L050B	Diagnostic	0.5							1	
55	CA015	Setup scope (nonfacility setting only)											
56	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L050B	Diagnostic Medical	0.5	3	2					2	
57	CA016	Prepare, set-up and start IV, initial positioning and monitoring of	L054A	Vascular	0.54			2	2				
58	CA016	Prepare, set-up and start IV, initial positioning and monitoring of	L050A	Cardiac	0.5					2			
59	CA017	Sedate/apply anesthesia											

	A	B	D	E	F	G	I	K	M	Q	R	S	U
1	**RUC Practice Expense Spreadsheet**					**EFERENCE COD**	**REFERENCE COD**	**EFERENCE COD**	**REFERENCE COD**	**REFERENCE COD**	**REFERENCE COD**	**RECOMMENDED**	**RECOMMENDED**
2		***column C. For more complete information about summaries***				**76700**	**76705**	**93990**	**93970**	**93307**	**93352**	**76978**	**76979**
3		***RUC Collaboration Website***				Ultrasound, abdominal, real time with image documentation; complete **(October 2013)**	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up) **(October 2013)**	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow) **(April 2014)**	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study **(April 2012)**	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography **(April 2016)**	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure) **(April 2008)**	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion **(January 2018)**	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure) **(January 2018)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 15 Specialty: ACR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**								
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**				**43.0**	**33.0**	**61.0**	**70.0**	**61.0**	**30.0**	**49.0**	**18.0**
65		**Intra-service (of service period)**											
66	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L050B	Diagnostic Medical Sonographer	0.5								
67	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L054A	Vascular Technologist	0.54			38	45				
68	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L050A	Cardiac Sonographer	0.5					31			
69	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)											
70	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L050B	Diagnostic Medical Sonographer	0.5	23	15						
71	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L051A	RN	0.51						14		
72	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L050A	Cardiac Sonographer	0.5						9		
73	CA021	Perform procedure/service---NOT directly related to physician work time	L050B	Diagnostic Medical Sonographer	0.5							30	15
80		**Post-Service (of service period)**											
81	CA022	Monitor patient following procedure/service, multitasking 1:4	L051A	RN	0.51						7		
82	CA023	Monitor patient following procedure/service, no multitasking											
83	CA024	Clean room/equipment by clinical staff	L050B	Diagnostic	0.5	3	3					3	
84	CA024	Clean room/equipment by clinical staff	L054A	Vascular	0.54			3	3				
85	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37					3			
86	CA025	Clean scope											
87	CA026	Clean surgical instrument package											
88	CA027	Complete post-procedure diagnostic forms, lab and x-ray	L050A	Cardiac	0.5					3			
89	CA028	Review/read post-procedure x-ray, lab and pathology reports	L054A	Vascular Technologist	0.54		2		5				
90	CA029	Check dressings, catheters, wounds											
91	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L050B	Diagnostic Medical Sonographer	0.5	2	1					2	1
92	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L050A	Cardiac Sonographer	0.5					2			
93	CA031	Review examination with interpreting MD/DO	L050B	Diagnostic	0.5	2						2	1
94	CA031	Review examination with interpreting MD/DO	L054A	Vascular	0.54			1	1				
95	CA031	Review examination with interpreting MD/DO	L050A	Cardiac	0.5					2			
96	CA032	Scan exam documents into PACS. Complete exam in RIS	L050B	Diagnostic	0.5	1	1					1	1
97	CA032	Scan exam documents into PACS. Complete exam in RIS	L054A	Vascular	0.54				1			0	0
98	CA032	Scan exam documents into PACS. Complete exam in RIS	L050A	Cardiac	0.5					1			
109		**End: Patient leaves office**											
110		**POST-SERVICE PERIOD**											
128	**Medical**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**									
129		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 2.78**	**$ 2.78**	**$ 3.45**	**$ 4.19**	**$ 2.10**	**$ 8.91**	**$ 136.96**	**$ 129.32**
130	SA019	kit, iv starter	1.6	kit								1	
131	SA048	pack, minimum multi-specialty visit	1.143	pack				1	1	1			
132	SB005	cover-condom, transducer or ultrasound probe	0.35	item					1				
133	SB006	drape, non-sterile, sheet 40in x 60in	0.222	item		1	1	1	1	1		1	
134	SB022	gloves, non-sterile	0.084	pair		2	2					2	
135	SB026	gown, patient	0.533	item		1	1					1	
136	SB036	paper, exam table	0.014	foot		7	7					7	

	A	B	D	E	F	G	I	K	M	Q	R	S	U
1	**RUC Practice Expense Spreadsheet**					**EFERENCE COD**	**REFERENCE COD**	**EFERENCE COD**	**REFERENCE COD**	**REFERENCE COD**	**REFERENCE COD**	**RECOMMENDED**	**RECOMMENDED**
2		***column C. For more complete information about summaries***				**76700**	**76705**	**93990**	**93970**	**93307**	**93352**	**76978**	**76979**
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4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 15 Specialty: ACR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**								
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**				**43.0**	**33.0**	**61.0**	**70.0**	**61.0**	**30.0**	**49.0**	**18.0**
137	SB037	pillow case	0.307	item		1	1					1	
138	SB044	underpad 2ft x 3ft (Chux)	0.23	item		1	1					0	
139	SC001	angiocatheter 14g-24g	1.505	item							1	1	
140	SC015	Interlink vial access	2.04	item							1		
141	SC019	iv tubing (extension)	0.53	foot								3	
142	SC049	stop cock, 3-way	1.175	item							1	1	
143	SC051	syringe 10-12ml	0.184	item							2		
144	SD053	electrode, ECG (single)	0.09	item						3			
145	SD124	tourniquet, non-latex 1in x 18in	0.226	item							1		
146	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.043	item							1		
147	SG037	dressing, 4in x 4.75in (Tegaderm)	1.771	item							1		
148	SG050	gauze, non-sterile 2in x 2in	0.013	item							1		
149	SG077	tape, porous-hypoallergenic 2in (Scanpore)	0.017	inch							1		
150	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	0.7	item								1	1
151	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	0.7	item							1		
152	SJ001	alcohol isopropyl 70%	0.002	ml							1		
153	SJ053	swab-pad, alcohol	0.013	item							1		
154	SJ062	ultrasound transmission gel	0.013	ml		60	60	30	60	25		60	60
155	SJ081	swab, patient prep, 1.5 ml (chloraprep)	1.04	item							1		
156	SK062	patient education booklet	1.55	item				1	1				
157	SL180	phosphate buffered saline (PBS)	0.025	ml								50	50
158	SM012	disinfectant spray (Transeptic)	0.028	ml		10	10					10	
159	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	0.165	oz				0.34	0.34				
160	SM021	sanitizing cloth-wipe (patient)	0.037	item		2	2					2	
161	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.046	item		2	2	2	2	3		2	
162	NEW	bubble contrast	126.59	vial								1	1
166													
167	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**								
168		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 47.57**	**$ 33.35**	**$ 93.56**	**$ 106.26**	**$ 57.21**	**$ -**	**$ 55.17**	**$ 22.63**
169	ED050	PACS Workstation Proxy	5557	PACS	0.022017924	23	11	38	45	52		46	18
170	ED053	Professional PACS Workstation	14616.93	Other Formula	0.057915145	14	15	14	17			25	15
171	EL015	room, ultrasound, general	369945	Highly Technical	1.401728689	33	23			40		37	15
172	EL016	room, ultrasound, vascular	466492	Highly Technical	1.767547121			52	59				
173	NEW	*Contrast Imaging Package*	5760	Highly	0.02282225							37	15
174													

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2018

Magnetic Resonance Elastography

The CPT Editorial Panel created a new stand-alone code describing the use of magnetic resonance elastography for the evaluation of organ parenchymal pathology. This code will most often be used to evaluate patients with disease of solid organs (e.g. cirrhosis of the liver) or pathology within solid organs that manifest with increasing fibrosis or scarring. The goal with magnetic resonance elastography is to evaluate the degree of fibrosis/scarring (i.e. stiffness) without having to perform more invasive procedures (e.g. biopsy). This technique can be used to characterize the severity of parenchymal disease, follow disease progression, or response to therapy.

76391 Magnetic resonance (eg, vibration) elastography
The RUC reviewed the survey results from 30 radiologists and determined that the survey 25th percentile work RVU of 1.29 accurately reflects the physician work necessary for this service. The RUC recommends 5 minutes pre-service time, 15 minutes intra-service time and 5 minutes immediate post-service time. The RUC discussed that magnetic resonance elastography is unlike routine magnetic resonance imaging because the service requires the direct transfer of external pressure waves into the patient requiring the use of unique, MRI compatible hardware. This hardware includes the passive driver, which is placed directly on the patient, over the organ of interest and under the standard surface coil. The patient feels a physical "pounding" from the passive driver during the exam. The service requires more time because correct positioning of the passive driver over the organ of interest is critical. Repositioning of the driver is typical, requiring the physician to review the images at least two times to ensure accurate placement.

The RUC compared the survey code to the top two key reference services, CPT codes 74183 *Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences* (work RVU = 2.20 and 30 minutes intra-service time) and 74181 *Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)* (work RVU = 1.46 and 20 minutes intra-service time).Both services have higher work values which are justified by the higher intra-service times. The survey code is slightly more intense to perform due to the evaluation of wave propagation images and quantitative stiffness measures.

For additional support the RUC compared CPT code 76391 to MPC codes 70470 *Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections* (work RVU = 1.27 and 15 minutes intra-service time) and 74170 *Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections* (work RVU = 1.40 and 18 minutes intra-service time). **The RUC recommends a work RVU of 1.29 for CPT code 76391.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

New Technology/New Services
These services will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions

Practice Expense
The RUC recommends the direct practice expense inputs without modification as reviewed and approved by the PE Subcommittee.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
● 76391	X1	Magnetic resonance (eg, vibration) elastography	XXX	1.29

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76391 Tracking Number X1 Original Specialty Recommended RVU: **1.29**
Presented Recommended RVU: **1.29**
Global Period: XXX Current Work RVU: **0.00** RUC Recommended RVU: **1.29**

CPT Descriptor: Magnetic resonance (e.g., vibration) elastography

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old male with a BMI of 38 presents with fatigue. Lab testing shows elevated lipids and ALT. Recent abdominal ultrasonography showed evidence of hepatic steatosis. The patient's qualified health professional is concerned that the patient may have progressed to non-alcoholic steatohepatitis and MR elastography is performed as a non-invasive measure of liver fibrosis.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review study request for appropriateness and discuss with requesting healthcare provider as needed. Review clinical history and relevant prior imaging studies. Review patient screening materials to exclude patients with contraindications to MRI and elastography. Determine appropriate protocol based on clinical history and communicate protocol to technologists.

Description of Intra-Service Work: Review obtained scout views of area to image; select appropriate field of view; and confirm adequate position of passive driver relative to the organ to be evaluated. Review obtained MR elastography sequences for position of passive driver, adequacy of wave propagation, and artifacts, and repeat sequences and passive driver positioning as needed. Manually post process the elastogram images. Interpret all sequences resulting from the study and post processed data including any additional anatomy imaged that is not the organ of interest. Compare to all pertinent available prior examinations. Dictate report for medical record.

Description of Post-Service Work: Review, edit, and sign final report for the medical record. Communicate pertinent findings to the requesting healthcare provider, as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Suzanne Palmer, MD; Eric Rubin, MD				
Specialty(s):	American College of Radiology				
CPT Code:	76391				
Sample Size:	750	**Resp N:**	30	**Response:** 4.0 %	
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform MRI procedures).				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**7.00**	95.00	250.00
Survey RVW:	0.50	1.29	**1.98**	2.38	6.60
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	8.00	**15.00**	17.00	65.00

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:	76391	**Recommended Physician Work RVU: 1.29**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74183	XXX	2.20	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74181	XXX	1.46	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70470	XXX	1.27	**RUC Time**	115,712

CPT Descriptor 1 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74170	XXX	1.40	**RUC Time**	105,531

CPT Descriptor 2 Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

Other Reference CPT Code	Global	Work RVU	Time Source
95819	XXX	1.08	**RUC Time**

CPT Descriptor Electroencephalogram (EEG); including recording awake and asleep

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13 **% of respondents:** 43.3 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 26.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 76391	Top Key Reference CPT Code: 74183	2nd Key Reference CPT Code: **74181**
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	15.00	30.00	20.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**40.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	15%	46%	38%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	23%	77%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	8%	92%
Physical effort required	0%	46%	54%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	31%	62%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	38%	50%	12%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	50%	38%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	12%	88%
Physical effort required	0%	50%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	75%	25%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The CPT panel created a new code describing the use of magnetic resonance elastography to assess organ parenchymal pathology:

76391 *(Magnetic resonance (eg, vibration) elastography)* is a stand-alone code for the evaluation of organ parenchymal pathology.

This code will most often be used to evaluate patients with disease of solid organs (e.g. cirrhosis of the liver) or pathology within solid organs that manifest with increasing fibrosis or scarring. The goal with magnetic resonance elastography is to evaluate the degree of fibrosis/scarring (i.e. stiffness) without having to perform more invasive procedures (e.g. biopsy). This technique can be used to characterize the severity of parenchymal disease, follow disease progression, or response to therapy.

Survey Process

We conducted random surveys from members in the American College of Radiology. The survey population for the ACR members was split into a random sample of 375 members and a random sample of a subset of 375 members who indicated Magnetic Resonance Imaging as part of their practice expertise.

Work RVU Recommendation:

We recommend a work RVU of 1.29, which corresponds to the median survey value.

Time Recommendation:

We recommend the median survey times: 5 minutes pre-service, 15 minutes intra-service, and 5 minutes post-service. This is a total time of 25 minutes.

Key Reference Services

The surveyed code and selected key reference services are compared in the table below.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	% chosen
76391	**MR Elastography**	**1.29**	**25**	**5**	**15**	**5**	**0.071**	
74181	MR abd w/o dye	1.46	30	5	20	5	0.062	27%
74183	MR abd w/o and w/dye	2.20	40	5	30	5	0.066	43%

The 76391 *(Magnetic resonance (eg, vibration) elastography)* recommended wRVU of 1.29 is less than that of the selected top two key reference services (CPT codes 74181 and 74183), which is expected given the lower intra service time. The IWPUT of 76391 is within 0.01 of both the selected top two key reference services (CPT codes 74181 and 74183). The slightly higher IWPUT value likely reflects increased intensity associated with the code due to evaluation of wave propagation images and quantitative stiffness measures.

MPC Codes

There are three MPC codes that compare well with the surveyed code.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
95819	EEG awake and asleep	1.08	26	5	16	6	0.056
70470	CT Head/Brain w/o & w/dye	1.27	25	5	15	5	0.070

76391	MR Elastography	1.29	25	5	15	5	0.071
74170	CT abdomen w/o & w/dye	1.40	28	5	18	5	0.065

The most appropriate MPC code for 76391 is 70470 *(Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections)*, which has identical intra service and total times. In addition, our recommended wRVU for 76391 is nearly identical to that of 70470 (1.29 versus 1.27), which results in near identical IWPUT (0.071 versus 0.070). This reflects the similar work of obtaining and reviewing multiple phases of imaging for both types of examinations.

MPC code 74170 *(Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections)* has a slightly higher wRVU valuation than our recommendation for 76391 (1.40 versus 1.29), but also has an additional 3 min of intra service time. The higher IWPUT for 74170 compared to 76391 (0.065 versus 0.071) reflects the greater intra-service time.

The non-radiology MPC code 95819 *(Electroencephalogram (EEG); including recording awake and asleep)* has identical pre-service time and similar post-service time, and nearly identical intra service time when compare to 76391 (16 versus 15 minutes). The recommended wRVU for 76391 is somewhat higher (1.29 versus 1.08), likely due to the increased intensity associated with the technical work of correlating the wave, stiffness and anatomic images. This work requires a technical understanding of mechanical wave propagation on MR and the ability to evaluate elastography data in addition to knowledge of MR anatomy.

Conclusion

76391 *(Magnetic resonance (eg, vibration) elastography)* is a new, stand-alone code describing the use of magnetic resonance elastography to assess organ parenchymal pathology. The recommended code value of 1.29 is strongly supported by the chosen KRS and MPC codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 76498 and 76499

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? 9000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 76391 provided nationally in a one-year period is estimated to be 9,000.

Specialty Diagnostic Radiology Frequency 9000 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? 3,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The ACR estimates that CPT code 76391 is billed approximately 3,000 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 3000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:

BETOS Sub-classification Level II:
MRI/MRA: Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

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. 74181

SS Rec Summary

ISSUE: MR Elastography

TAB: 16

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF (October 2016)	74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	13	0.066			2.20			40	5					30			5					
2nd REF (October 2016)	74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	8	0.062			1.46			30	5					20			5					
CURRENT	76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)		#DIV/0!			0.00			0														
CURRENT	76499	Unlisted diagnostic radiographic procedure		#DIV/0!			0.00			0														
SVY	76391	Magnetic resonance (e.g., vibration) elastography	30	0.117	0.50	1.29	1.98	2.38	6.60	25	5			4	8	15	17	65	5	0	0	7	95	250
ACR - Subset	76391	Magnetic resonance (e.g., vibration) elastography	23	0.134	0.50	1.31	1.96	2.35	3.00	23	5			4	9	13	18	65	5	0	2	50	110	250
ACR - Random	76391	Magnetic resonance (e.g., vibration) elastography	7	0.118	1.00	1.23	2.00	2.53	6.60	25	5			5	11	15	17	22	5	0	0	2	4	7
REC	76391	Magnetic resonance (e.g., vibration) elastography		0.071			1.29			25	5					15			5					

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	FAC-obs 38	39	26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5				1	1.0							1							
2nd REF	22222	def	15	0.055			5.15			137	10	5	5			35			5					1.0							1	1						
CURRENT	55555	abc		0.053			5.00			133	17					27			8				1	1.0							1							
SVY	55555	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10				1	1.0							1							
REC	55555	abc		0.020			4.25			142	17	1	3			30			10					1			1.0				1						

CPT Code: 76391
Specialty Society: ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

76391	Magnetic resonance (e.g., vibration) elastography

Global Period: XXX Meeting Date: January 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The American College of Radiology (ACR) convened a consensus panel to finalize the practice expense data for magnetic resonance elastography, CPT code 76391.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   The society included the PE inputs for code 72195 (*Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)*) as reference.

3. Is this code(s) typically billed with an E/M service?
   No, this code is not typically billed with an E/M service.

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)

   We anticipate that the dominant provider of this service in the nonfacility would be Diagnostic Radiology.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   - **Prepare, room, equipment and supplies (CA013)**

   Preparing the room, coils, software, and table takes 5 minutes for a pelvis MRI without contrast. This accounts for the time to select and prepare the receiver coils and position them appropriately around the table as well as setting up the MRI scanner for the specific exam to be performed. For MR elastography, specialized software must be set up to receive data from the MRI scanner. This procedure requires the set-up of active and passive drivers, equipment unique to elastography. This equipment generates the pressure waves that are then measured during the MRI scan to assess the stiffness of the organ in question. We are only attributing 1 more minute for these activities (software and drivers) over a diagnostic MRI of the abdomen or pelvis.

   - **Prepare, set-up and start IV, initial positioning and monitoring of patient (CA016)**

   A pelvis MRI without contrast requires 3 minutes for positioning the patient. This includes positioning the patient on the table in the appropriate location for the scan being performed and placing the receive coils on the patient. For MR elastography, an additional passive driver must be

placed between the patient and the receiver coil and secured with adequate tension using an elastic strap, precisely over the organ to be assessed. We are only attributing 1 more minute of time for this activity compared with a diagnostic MRI.

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:
   N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   N/A

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Scout sequences are acquired to confirm patient position, driver and coil positions, and adequacy of wave propagation. As necessary, the patient is repositioned within the bore of the magnet if the appropriate anatomy is not adequately covered; the passive driver and body coil are repositioned on the patient if they are not located precisely over the anatomic area of concern or if there is unwanted movement of the passive driver and body coil. Multiphase pulse sequences synchronized to the mechanical waves are acquired at multiple locations with multiple phase offsets. Images are reviewed in real time for appropriate anatomic coverage, presence of artifacts, and quality of shear wave propagation through the organ of interest. Sequences are repeated as necessary. The final sequences are prepared and labeled appropriately. Data is selected and transmitted directly to the secondary software for further analysis and to the picture archiving and communication system (PACS) for reporting. A final quality review is performed for positioning, adequacy of wave propagation, and presence of artifacts. If necessary, sequences are repeated. During the whole procedure, the technologist is in direct communication with the patient, answering all questions, responding to all concerns, and providing instructions for each sequence.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
   N/A

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    N/A

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - Active Driver – external mechanical vibration system that generates compression waves at a fixed frequency
    - Passive Driver – device with flexible membrane that transmits the compression waves into the patient
    - Plastic tubing – connects the active driver to the passive driver
    - Specialized elastography sequences software for data acquisition
    - Specialized software for post-acquisition wave analysis and quantification

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - Room, MR (EL008) - Highly Technical formula
    - PACS Workstation Proxy (ED050) - PACS formula
    - Professional PACS Workstation (ED053) – Equals physician work intra time + 1/2 physician work pre-time
    - Active Driver – Highly Technical formula
    - Passive Driver – Highly Technical formula
    - Plastic tubing – Highly Technical formula
    - Specialized elastography sequences software for data acquisition – Highly Technical formula
    - Specialized software for post-acquisition wave analysis and quantification – Highly Technical formula

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    N/A

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    N/A

	A	B	D	E	F	G	K
1	RUC Practice Expense Spreadsheet					REFERENCE CODE	RECOMMENDED
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries				72195	76391
3		RUC Collaboration Website				Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	Magnetic resonance (e.g., vibration) elastography
4	Clinical Activity Code	Meeting Date: January 2018 Tab: 16 Specialty: ACR	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	October 2016 RUC	January 2018 RUC
5		LOCATION				Non Fac	Non Fac
6		GLOBAL PERIOD				XXX	XXX
7		TOTAL CLINICAL STAFF TIME	L047A	MRI Technologist	0.47	59.0	56.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L047A	MRI Technologist	0.47	4.0	4.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L047A	MRI Technologist	0.47	55.0	52.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L047A	MRI Technologist	0.47	0.0	0.0
11		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				$ 27.73	$ 26.32
12		PRE-SERVICE PERIOD					
13		Start: Following visit when decision for surgery or procedure made					
14	CA001	Complete pre-service diagnostic and referral forms	L047A	MRI	0.47		
15	CA002	Coordinate pre-surgery services (including test results)	L047A	MRI	0.47		
16	CA003	Schedule space and equipment in facility	L047A	MRI	0.47		
17	CA004	Provide pre-service education/obtain consent	L047A	MRI	0.47		
18	CA005	Complete pre-procedure phone calls and prescription	L047A	MRI	0.47		
19	CA006	Confirm availability of prior images/studies	L047A	MRI	0.47	2	2
20	CA007	Review patient clinical extant information and questionnaire	L047A	MRI	0.47	2	2
21	CA008	Perform regulatory mandated quality assurance activity (pre-	L047A	MRI	0.47		
28		End: When patient enters office/facility for surgery/procedure					
29		SERVICE PERIOD					
30		Start: When patient enters office/facility for surgery/procedure:					
31		Pre-Service (of service period)					
32	CA009	Greet patient, provide gowning, ensure appropriate medical	L047A	MRI	0.47	3	3
33	CA010	Obtain vital signs	L047A	MRI	0.47		
34	CA011	Provide education/obtain consent	L047A	MRI Technologist	0.47	5	5
35	CA012	Review requisition, assess for special needs	L047A	MRI	0.47		
36	CA013	Prepare room, equipment and supplies	L047A	MRI Technologist	0.47	5	6
37	CA014	Confirm order, protocol exam	L047A	MRI	0.47		
38	CA015	Setup scope (nonfacility setting only)	L047A	MRI	0.47		
39	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L047A	MRI Technologist	0.47	3	4
40	CA017	Sedate/apply anesthesia	L047A	MRI	0.47		
47		Intra-service (of service period)					
51	CA021	Perform procedure/service---NOT directly related to physician work time	L047A	MRI Technologist	0.47	30	25
58		Post-Service (of service period)					
59	CA022	Monitor patient following procedure/service, multitasking 1:4	L047A	MRI	0.47		
60	CA023	Monitor patient following procedure/service, no multitasking	L047A	MRI	0.47		
61	CA024	Clean room/equipment by clinical staff	L047A	MRI	0.47	3	3
62	CA025	Clean scope	L047A	MRI	0.47		
63	CA026	Clean surgical instrument package	L047A	MRI	0.47		
64	CA027	Complete post-procedure diagnostic forms, lab and x-ray	L047A	MRI	0.47		
65	CA028	Review/read post-procedure x-ray, lab and pathology reports	L047A	MRI	0.47		
66	CA029	Check dressings, catheters, wounds	L047A	MRI	0.47		
67	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L047A	MRI Technologist	0.47	3	3
68	CA031	Review examination with interpreting MD/DO	L047A	MRI	0.47	2	2
69	CA032	Scan exam documents into PACS. Complete exam in RIS system	L047A	MRI	0.47	1	1
80		End: Patient leaves office					
81		POST-SERVICE PERIOD					
99	Medical	MEDICAL SUPPLIES	PRICE	UNIT			
100		TOTAL COST OF SUPPLY QUANTITY x PRICE				$ 0.80	$ 0.80
101	SJ018	earplugs	0.165	pair		1	1
102	SB026	gown, patient	0.533	item		1	1
103	SB036	paper, exam table	0.014	foot		7	7
110	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute		
111		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				$ 139.93	$ 152.88
112	EL008-90	room, MR	1605000	Highly Technical	3.378542	41	38
113	ED050-90	PACS Workstation Proxy	5557	PACS	0.012232	55	52
114	ED053-90	Professional PACS Workstation	14616.93	Other Formula	0.032175	23	18
115	NEW	MRE Package	200,684.50	Highly Technical	0.613118		38

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedural Codes

January 2018

Electroretinography

In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CMS identified CPT code 92275 via this screen. In January 2016, the specialty society noted that they became aware of inappropriate use of CPT code 92275 for a less intensive version of this test for diagnosis and indications that are not clinically proven and for which less expensive and less intensive tests already exist. The utilization of CPT code 92275 was appropriately low until 2013 when it suddenly increased by 300%. CPT changes were necessary to ensure that the service for which 92275 was intended was clearly described as well as an accurate vignette and work descriptor were developed. The RUC recommended CPT code 92275 be referred to the CPT Editorial Panel. In June 2017, the CPT Editorial panel deleted code 92275 and added a new code for full-field electroretinography (ERG). In September 2017, the CPT Editorial Panel replaced electroretinography code 92275 with two new codes to describe electroretinography full field and multi focal. A category III code was retained for pattern electroretinography.

92273 ***Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)***
The RUC reviewed the survey results from 34 ophthalmologists, optometrists and retina specialists and determined that the survey 25th percentile work RVU of 0.80 appropriately accounts for the work required to perform this service. The RUC recommends 1 minute pre-time, 20 minutes intra-service time and 1 minute post-service time. This service is typically reported with an Evaluation and Management (E/M) service. The RUC noted that the pre- and post-times were significantly reduced from the survey time to ensure there is no overlap in physician work associated with the E/M included in this service. The 2 minutes of total pre and post time are for the physician to explain the exam and findings to the patient. The specialty society indicated that the decrease in intra-service time of deleted code 92275 from when it was last surveyed in 1995 is because the physician no longer participates in the acquisition of the data or performing the test on the patient, which is the technician's work. However, now there are more potential diagnoses and genotypes, thus the cognitive work by the physician has increased. The intra-service physician work includes reviewing numerous tracings and data, formulating a diagnosis, prognosis and potential therapeutic options. The physician reviews over 100 images and although the devices are sophisticated at collecting and presenting a desired output, the device does not indicate diagnostic suggestions. There is significant physician work interpreting the waveforms to arrive at a diagnosis of a typically rare disease with serious implications for the patient. The RUC determined that the recommended decrease in work RVUs appropriately addresses the decease in physician time to perform this service.

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The RUC compared 92273 to similar service 92240 *Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral* (work RVU = 0.80 and 20 minutes intra-service time) and noted that these services require the exact same physician work and time and should be valued the same. For additional support, the RUC referenced CPT code 99202 *Office or other outpatient visit for the evaluation and management of a new patient* (work RVU = 0.93 and 22 minutes total time) which requires slightly more physician work but the same total time as the surveyed code. **The RUC recommends a work RVU of 0.80 for CPT code 92273.**

92274 *Electroretinography (ERG), with interpretation and report; multifocal (mfERG)*

The RUC reviewed the survey results from 34 ophthalmologists, optometrists and retina specialists and determined that the survey 25th percentile work RVU of 0.72 appropriately accounts for the work required to perform this service. The RUC recommends 1 minute pre-time, 19 minutes intra-service time and 1 minute post-service time. This service is typically reported with an Evaluation and Management (E/M) service. The RUC noted that the pre- and post-times were significantly reduced from the survey time to ensure there is no overlap in physician work associated with the E/M included in this service. The 2 minutes of total pre and post time are for the physician to explain the exam and findings to the patient. The specialty society indicated that the decrease in intra-service time of deleted code 92275 from when it was last surveyed in 1995 is because the physician no longer participates in the acquisition of the data or performing the test on the patient, which is the technician's work. However, now there are more potential diagnoses and genotypes, thus the cognitive work by the physician has increased. The intra-service physician work includes reviewing numerous tracings and data, formulating a diagnosis, prognosis and potential therapeutic options. The physician reviews approximately 80 images and although the devices are sophisticated at collecting and presenting a desired output, the device does not indicate diagnostic suggestions. There is significant physician work interpreting the waveforms to arrive at a diagnosis of a typically rare disease with serious implications for the patient. The RUC determined that the recommended decrease in work RVUs appropriately addresses the decease in physician time to perform this service. The RUC also noted that CPT code 92274 is appropriately slightly less physician work than the full-field ERG CPT code 92273.

The RUC compared 92274 to similar service 92235 *Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral* (work RVU = 0.75 and 15 minutes intra-service time) and noted that CPT code 92274 is slightly less intense and complex to perform than 92235, therefore is valued lower. The RUC also referenced similar service, CPT code 77333 *Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)* (work RVU = 0.75 and 20 minutes total time). **The RUC recommends a work RVU of 0.72 for CPT code 92274.**

Practice Expense

The Practice Expense (PE) Subcommittee made minor adjustments to the original time inputs in order to more accurately reflect typical practice. The use of handheld and table top devices was discussed. Such equipment is not clinically appropriate for the services of fully dark-adapted full field and light-adapted multi focal ERG. The category III code representing pattern ERG would be represented by those services. CMS questioned the use of the contact lens electrode for the multifocal (92274) code as typical. Electrode contact with the ocular surface is a requirement in order

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to gain sufficient signal to accurately perform these tests. The specialty society indicated they queried the majority of facilities where 92273 and 92274 are performed across the country, and found that it is typical to use the reusable contact lens type of ocular surface electrode. The alternative to a contact lens electrode is to place silver wires across the conjunctival surface directly. The contact lens electrode requires less time to manipulate than the single electrodes. The silver wire electrodes must be manually placed across the conjunctiva and are more sensitive to signal loss with eye movement or blinking. Therefore, the more stable contact lens electrode is typically used. In addition to the contact lens electrode, skin electrodes are used for these services as well; however these electrodes were not included in the direct practice expense inputs, as they are reusable equipment that cost less than $500 and therefore would be considered indirect practice expense. **The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee.**

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Special Ophthalmological Services **Other Specialized Services** Electroretinography (ERG) is used to evaluate function of the retina and optic nerve of the eye, including photoreceptors and ganglion cells. A number of techniques are used which target different areas of the eye, including full field (flash and flicker) (92273) for a global response of photoreceptors of the retina, multifocal (92274) for photoreceptors in multiple separate locations in the retina including the macula, and pattern (0509T) for retinal ganglion cells. Multiple additional terms and techniques are used to describe various types of ERG. If the technique used is not specifically named in the code descriptors for codes 92273, 92274, or 0509T, use the unlisted procedure code 92499.				
~~D~~92275	-	~~Electroretinography with interpretation and report~~ ~~(For electronystagmography for vestibular function studies, see 92541 et seq)~~ ~~(For ophthalmic echography (diagnostic ultrasound), see 76511-76529)~~ (92275 has been deleted)	XXX	N/A (2018 work RVU = 1.01)

●92273	L1	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)	XXX	0.80
●92274	L2	multifocal (mfERG) (For pattern ERG, use 0509T) (For electronystagmography for vestibular function studies, see 92541 et seq) (For ophthalmic echography (diagnostic ultrasound), see 76511-76529)	XXX	0.72
Category III Codes Electroretinography (ERG) is used to evaluate function of the retina and optic nerve of the eye, including photoreceptors and ganglion cells. A number of techniques are used which target different areas of the eye, including full field (flash and flicker) (92273) for a global response of photoreceptors of the retina, multifocal (92274) for photoreceptors in multiple separate locations in the retina including the macula, and pattern (0509T) for retinal ganglion cells. Multiple additional terms and techniques are used to describe various types of ERG. If the technique used is not specifically named in the code descriptors for codes 92273, 92274, or 0509T, use the unlisted procedure code 92499.				
●0509T	-	Electroretinography (ERG) with interpretation and report, pattern (PERG) (For full field ERG, use 92273) (For multifocal ERG, use 92274)	XXX	N/A

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92273 Tracking Number L1 Original Specialty Recommended RVU: **0.95**
Presented Recommended RVU: **0.95**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.80**

CPT Descriptor: Electroretinography (ERG) with interpretation and report; full field (eg, ffERG, flash ERG, Ganzfeld ERG)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 17-year old male with a history of declining near vision with evidence of a peripheral pigmentary retinopathy.

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%

Description of Pre-Service Work: Describe the examination and its purpose to the patient. Enter an order into the medical record.

Description of Intra-Service Work: Examine multiple images for waveform, latency and amplitude. Compare with patterns associated with known retinal dystrophies and formulate a diagnosis, potential genotypes, prognosis and potential therapeutic options.

Description of Post-Service Work: Enter the findings into the medical record and discuss the implications with the patient

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	David B. Glasser, MD AAO, John T. McAllister, MD AAO, John T. Thompson, MD ASRS, Charlie Fitzpatrick, OD AOA.		
Specialty(s):	Ophthalmology (AAO) and Optometry (AOA)		
CPT Code:	92273		
Sample Size:	104	**Resp N:** 34	**Response:** 32.6 %
Description of Sample:	A targeted survey sample of AAO, ASRS and AOA members were pulled from the ISEV database		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	8.00	30.00	**84.00**	191.00	500.00
Survey RVW:	0.50	0.80	**1.00**	1.48	65.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	8.25	**20.00**	56.25	120.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92273	**Recommended Physician Work RVU: 0.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92014	XXX	1.42	**RUC Time**

CPT Descriptor Ophthalmological services: medical examination and evaluation, with initiaion or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92083	XXX	0.50	**RUC Time**

CPT Descriptor Visual field examination, unilateral or bilateral, with interpretation and reporrt; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70460	XXX	1.13	**RUC Time**	34,079

CPT Descriptor 1 Computed tomography, head or brain; with contrast material(s)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99202	XXX	0.93	**RUC Time**	2,868,073

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded 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 of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
92242	XXX	0.95	**RUC Time**

CPT Descriptor Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral

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RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 **% of respondents:** 26.4 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 26.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 92273	**Top Key Reference CPT Code:** 92014	**2nd Key Reference CPT Code:** **92083**
Median Pre-Service Time	1.00	5.00	3.00
Median Intra-Service Time	20.00	24.00	10.00
Median Immediate Post-service Time	1.00	8.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**22.00**	**37.00**	**13.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	11%	0%	22%	67%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of	11%	0%	89%

medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	11%	0%	89%
Physical effort required	0%	22%	78%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	11%	78%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	0%	56%	45%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	11%	89%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	0%	100%
Physical effort required	0%	22%	78%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	56%	44%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT code 92275, *Electroretinography with interpretation and report*, was identified as potentially misvalued on a CMS screen for high expenditure procedural codes. It was last surveyed in 1995, and has experienced a 25-fold increase in volume since 2012. This growth has been attributed to development of newer, less expensive machines that are capable of performing pattern electroretinography (pERG) for common diagnoses such as glaucoma. At the time 92275 was last valued, it was for full-field (ffERG) or multifocal (mfERG) tests performed infrequently for uncommon diagnoses such as retinal dystrophies. Due to the change in the nature of the tests, 92275 was replaced with three new CPT codes for ffERG, mfERG and pERG. New Category I codes for full-field and multifocal ERG are being reviewed at this meeting. A new Category III CPT code was created for pERG and is not being reviewed today.

Due to the low number of providers who perform full-field electroretinography (ffERG) and multifocal electroretinography (mfERG), we sought and obtained Research Committee approval to perform a targeted survey and present data from the targeted survey alone. We distributed the survey to all of the domestic physician/optometrist members of the International Society for Clinical Electrophysiology of Vision. Additionally, we requested lists from manufacturers of ERG machines. After receiving these lists we culled out all non-members of AAO, ASRS and AOA. Finally, ASRS and AOA provided names of members that responded positively to a query as to whether they performed the procedures.

The survey for 92273, full-field ERG, had 34 respondents, 74% of whom found the vignette typical. The median WRVU was 1.00 and the 25th percentile was 0.80. Median IST was 20 minutes. The current value of 92275, which was surveyed based on the full-field test, is 1.01 WRVU. The primary and secondary reference services were each chosen by 9 (26%) of the respondents. They were 92083, *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination* (RUC April 2012) with 0.50 WRVU and 10 minutes IST; and 92014, *Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits* (RUC February 2007) with a WRVU of 1.42 and 24 minutes IST. The low percentages are likely due to the practice patterns of the typical respondents doing ERG testing. Many are electrophysiologists who do not typically perform the other procedures on the reference service list. Intensity and complexity metrics were greater for the surveyed code than either of the reference codes.

The expert panel of the AAO, ASRS and AOA, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 20 minutes is less than half of the current value of 92275, which is 45 minutes. This decrease is due to the technician performing most of the data collection, which the physician used to participate in. At the same time, the range of potential diagnoses and genotypes that must be considered has expanded since 1995, increasing the cognitive work associated with the procedure. The survey pre-time was 10 minutes. Since the procedure is typically done on the same day as an office visit, we reduced this to 1 minute to discuss the test with the patient and place an order in the medical record. We reduced the survey post-time from 15 minutes to 1 minute to enter the findings into the medical record and explain the implications to the patient. **We recommend times of 1/20/1 and 0.95 WRVU, between the survey's 25th percentile and median.**

This value is supported by MPC code 99202, *Office or other outpatient visit for the evaluation and management of a new patient*, level 2 (RUC February 2006) with 0.93 WRVU, an IST of 15 minutes, and total time of 22 minutes. A crosswalk to CPT code 92242 *Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral* (RUC January 2016) with 0.95 WRVU, an IST of 20 minutes, and total time of 22 minutes, matches exactly to the surveyed code.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) Billed with an office visit

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmalogic exam codes

3.	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
4.	92002	5	15	5	25	.88	XXX
5.	92004	5	25	10	40	1.82	XXX
6.	92012	5	15	5	25	.92	XXX
7.	92014	5	24	8	37	1.42	XXX
8.	99212	2	10	4	16	.48	XXX
9.	99213	3	15	5	23	.97	XXX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty Optometry How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 30000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology Frequency 18000 Percentage 60.00 %

Specialty Optometry Frequency 12000 Percentage 40.00 %

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? 10,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology Frequency 6000 Percentage 60.00 %

Specialty Optometry Frequency 4000 Percentage 40.00 %

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:
Tests

BETOS Sub-classification:

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number N/A

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 92275

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92274 Tracking Number L2 Original Specialty Recommended RVU: **0.88**
Presented Recommended RVU: **0.88**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.72**

CPT Descriptor: Electroretinography (ERG) with interpretation and report; multifocal (mfERG)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old female presents with loss of vision in the inferonasal field with corresponding narrowing of the retinal vessels in the superotemporal retina with clinical diagnosis of outer retinal damage in this zone.

Percentage of Survey Respondents who found Vignette to be Typical: 50%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Describe the examination and its purpose to the patient. Enter an order into the medical record.

Description of Intra-Service Work: Examine multiple images for waveform, latency and amplitude. Compare with patterns associated with known retinal dystrophies and toxicities and formulate a diagnosis, potential genotypes, prognosis and potential therapeutic options.

Description of Post-Service Work: Enter the findings into the medical record and discuss the implications with the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018				
Presenter(s):	David B. Glasser, MD AAO, John T. McAllister, MD AAO, John T Thompson, MD ASRS, Charlie Fitzpatrick, OD AOA.				
Specialty(s):	Ophthalmology (AAO) and Optometry (AOA)				
CPT Code:	92274				
Sample Size:	100	**Resp N:**	34	**Response:** 34.0 %	
Description of Sample:	A targeted survey sample of AAO, ASRS and AOA members were pulled from the ISCEV database				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	5.00	24.25	**46.00**	107.50	300.00
Survey RVW:	0.50	0.72	**0.94**	1.48	35.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	8.25	**19.00**	30.00	120.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92274	**Recommended Physician Work RVU: 0.72**		
		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:		**19.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92083	XXX	0.50	**RUC Time**

CPT Descriptor Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92242	XXX	0.95	**RUC Time**

CPT Descriptor Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99282	XXX	0.88	**RUC Time**	391,098

CPT Descriptor 1 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	**RUC Time**	994,284

CPT Descriptor 2 Ultrasound, abdominal, real time with image documentation; complete

Other Reference CPT Code	Global	Work RVU	Time Source
92242	XXX	0.95	**RUC Time**

CPT Descriptor Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral

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RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 **% of respondents:** 26.4 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 23.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 92274	**Top Key Reference CPT Code:** 92083	**2nd Key Reference CPT Code:** **92242**
Median Pre-Service Time	1.00	3.00	1.00
Median Intra-Service Time	19.00	10.00	20.00
Median Immediate Post-service Time	1.00	0.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**21.00**	**13.00**	**22.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	22%	45%	33%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of	0%	44%	56%

medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	0%	100%
Physical effort required	0%	22%	78%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	44%	56%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	37%	25%	38%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	62%	38%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	12%	88%
Physical effort required	0%	37%	63%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	12%	50%	38%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT code 92275, *Electroretinography with interpretation and report*, was identified as potentially misvalued on a CMS screen for high expenditure procedural codes. It was last surveyed in 1995, and has experienced a 25-fold increase in volume since 2012. This growth has been attributed to development of newer, less expensive machines that are capable of performing pattern electroretinography (pERG) for common diagnoses such as glaucoma. At the time 92275 was last valued, it was for full-field (ffERG) or multifocal (mfERG) tests performed infrequently for uncommon diagnoses such as retinal dystrophies. Due to the change in the nature of the test, 92275 was replaced with three new CPT codes for ffERG, mfERG and pERG. New Category I codes for full-field and multifocal ERG are being reviewed at this meeting. A new Category III CPT code was created for pERG and is not being reviewed today.

Due to the low number of providers who perform full-field electroretinography (ffERG) and multifocal electroretinography (mfERG), we sought and obtained Research Committee approval to perform a targeted survey and present data from the targeted survey alone. We distributed the survey to all of the domestic physician/optometrist members of the International Society for Clinical Electrophysiology of Vision. Additionally, we requested lists from manufacturers of ERG machines. After receiving these lists we culled out all non-members of AAO, ASRS and AOA. Finally, ASRS and AOA provided names of members that responded positively to a query as to whether they performed the procedures.

The survey for 92274, multifocal ERG, had 34 respondents, 50% of whom found the vignette typical. This low rate is due to the varied number of uncommon diagnoses for which the test is utilized. The median WRVU was 0.94 and the 25th percentile was 0.72. Median IST was 18.5 minutes. There is no current code for multifocal ERG, but CPT 92275, which was surveyed based on the full-field test, is valued at 1.01 WRVU. The top key reference service, chosen by 9 (26%) of the respondents, was 92083, *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination* (RUC April 2012) with 0.50 WRVU and 10 minutes IST. The second key reference service, chosen by 8 (24%) of respondents, was 92242, *Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral* (RUC January 2016) with 0.95 WRVU, an IST of 20 minutes, and total time of 22 minutes. The low percentages are likely due to the practice patterns of the typical respondents doing ERG testing. Many are electrophysiologists who do not typically perform the other procedures on the reference service list. Intensity and complexity metrics were greater for the surveyed code than the top key reference code, and similar to those of the second key reference code.

The expert panel of the AAO, ASRS and AOA, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 18.5 minutes is less than half of the value of 92275. This decrease is due to the technician performing most of the data collection, which the physician used to participate in. At the same time, the range of potential diagnoses and genotypes that must be considered has expanded since 1995, increasing the cognitive work associated with the procedure. The survey pre-time was 10 minutes. Since the procedure is typically done on the same day as an office visit, we reduced this to 1 minute to discuss the test with the patient and place an order in the medical record. We reduced the survey post-time from 15 minutes to 1 minute to enter the findings into the medical record and explain the implications to the patient. **We recommend times of 1/19/1 and 0.88 WRVU, between the survey's 25th percentile and median.**

This value is supported by MPC code 92002, *Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient* (RUC February 2007) with 0.88 WRVU, an IST of 15 minutes, and total time of 25 minutes and MPC code 99282, *Emergency department visit*, level 2 (RUC September 2005) with 0.88 WRVU, an IST of 10 minutes, and total time of 18 minutes. There is no exact crosswalk but this value maintains rank order with 927X1, which has an IST 1.5 minutes longer than 927X3, which in turn crosswalks to CPT code 92242 *Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral* (RUC January 2016) with 0.95 WRVU, an IST of 20 minutes, and total time of 22 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) Billed with an office visit

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmalogic exam codes

3.	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
4.	92002	5	15	5	25	.88	XXX
5.	92004	5	25	10	40	1.82	XXX
6.	92012	5	15	5	25	.92	XXX
7.	92014	5	24	8	37	1.42	XXX
8.	99212	2	10	4	16	.48	XXX
9.	99213	3	15	5	23	.97	XXX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty Optometry How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 30000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology Frequency 18000 Percentage 60.00 %

Specialty Optometry Frequency 12000 Percentage 40.00 %

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? 15,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology Frequency 9000 Percentage 60.00 %

Specialty Optometry Frequency 6000 Percentage 40.00 %

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:
NA

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 92275

SS Rec Summary

ISSUE: Electroretinography

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	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	92014	Ophthalmological services: medical examination and		0.047			1.42			37	5					24			8																			
2nd REF	92083	Visual field examination, unilateral or bilateral, with		0.043			0.50			13	3					10																						
CURRENT	92275	Electroretinography with interpretation and report		0.010			1.01			71	10					45			16																			
SVY	92273	Electroretinography (ERG) with interpretation and report; full	34	0.022	0.50	0.80	1.00	1.48	65.00	45	10			1	8	20	56	120	15																			
REC	92273	Electroretinography (ERG) with interpretation and report; full		0.038			0.80			22	1					20			1																			

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	92083	Visual field examination, unilateral or bilateral, with		0.043			0.50			13	3					10																						
2nd REF	92242	Fluorescein angiography and indocyanine-green		0.045			0.95			22	1					20			1																			
CURRENT	N/A			#DIV/0!						0																												
SVY	92274	Electroretinography (ERG) with interpretation and report;	34	0.020	0.50	0.72	0.94	1.48	35.00	44	10			1	8	19	30	120	15																			
REC	92274	Electroretinography (ERG) with interpretation and report;		0.036			0.72			21	1					19			1																			

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	FAC-obs 38	39	26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5				1	1.0							1							
2nd REF	22222	def	15	0.055			5.15			137	10	5	5			35			5					1.0							1	1						
CURRENT	55555	abc		0.053			5.00			133	17					27			8				1	1.0							1							
SVY	55555	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10				1	1.0							1							
REC	55555	abc		0.020			4.25			142	17	1	3			30			10					1			1.0				1						

CPT Code: 92273
Specialty Society: American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Electroretinography (ERG) with interpretation and report; full field (eg, ffERG, flash ERG, Ganzfeld ERG)

Global Period: 000 Meeting Date: January 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians across the country who have the appropriate expertise for this code. Perhaps most importantly, we blocked time away from our clinical duties to follow different technicians performing this service at prominent institutions with busy electroretinography services, and we personally observed them with notepads and stop watches. The consensus committee considered the input from experts, published literature, and the real-time data 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 not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   In this sheet, the existing code (92275) is listed as the reference code.

3. Is this code(s) typically billed with an E/M service?

   Although reporting the performance of this code recently has been clouded by the incorrect utilization of this code for pattern ERG, we believe that this code is billed with an E/M slightly over 50% of the time.

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different than for the global? (please see provided data in PE Subcommittee folder)

   Ophthalmology is the dominant provider and the service is performed 75% of the time in the non-facility. No difference in the dominant provider.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   Although this code is typically performed with an E/M code, the E/M code is performed in a different location at a different time, and repeat supplies and activities are duplicated (not redundant) by necessity. The E/M service is performed elsewhere in the clinic at a later or earlier time. Additional time is needed to transport the patient to the imaging room, pull up medical records on the separate computer, instruct the patient in the logistics of how to take the test (in more granularity than the physician does in the E/M), prepare the imaging room (different from the E/M exam lane), confirm orders done by the referring or in-house physician, and position and re-position the patient multiple times in the imaging room. All of these activities are in excess of a

typical E/M visit, and require extra time. Also, set-up and take down for ffERG is extensive, and includes equipment and supplies that are not typical for an E/M and some that are in addition to those used an E/M.

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

92273 is a new code which was created as a result of the increased incorrect utilization of 92275 for pattern ERGs. Substantively, the code 92273 is largely similar in time inputs of the original 92275 code. However, we feel that the granularity of the old code was clearly lacking (two categories to explain 115 minutes of work). We personally took time to shadow ERGs being performed and clocked staff performance with a stop watch. This was done at two premiere retina centers that are well-regarded in the US and globally, and that have busy electroretinography programs. Additionally, we consulted with 27 of the premier providers of ERGs from across the country to confirm the data that we observed. We also consulted the International Society for Clinical Electrophysiology of Vision standards to confirm that the testing we observed was in line with standard of care. The time, supply, and equipment inputs presented here are a result of the combination of our expert panel using extensive consultation, research, and personal observation. It is felt that the inputs are more granular and more accurate than the original inputs.

Of note, given modern market forces and need to utilize space efficiently, as well as the advance in technological capacity with these tests, the more modern machine is believed to be typical. It is capable of recording both full-field and multifocal ERGs. Updated invoice is included.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

The granularity of the data we have available from the 2000 review of 92275 includes two-time inputs: 15 minutes of "prepare room, equipment, and supplies," and 100 minutes of "Machine calibration/quality control, includes patient positioning. Run test. Print out and do calculation." These tasks are roughly the same, and we feel that the time is largely unchanged since the 2000 review. However, these minutes have been distributed into different tasks for granularity's sake.

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Following dark adaptation, the patient is positioned at the screen which is aligned to the visual axis, and measurements are performed. Gain needs to be continually readjusted. The patient needs to be continually repositioned. Small movements such as a blink can confound the signal, so multiple repeat tests are typical. During the testing, there is a real-time ERG display that allows the technician to monitor the quality of the signal and the accuracy of the readings. Small movements, including drifting of head position or partial blinks can significantly confound the data, so the patient is continually instructed, re-directed, and re-aligned during the test. Electrodes are often repositioned during the test depending on signal. Gain needs to be readjusted. Multiple repeat tests are typical for each eye. Repeat corneal anesthesia or lubrication may be required. Patients often need to rest for short periods of time. Lights are turned on and the patient is light adapted, following which the test is repeated in the light-adapted setting.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    Technology has advanced significantly since this code was last evaluated. It is now typical for physicians to use a combined machine that is capable of both full-field and multifocal ERG.

    There is not a designated ERG electrode in the database.

    Please see attached invoices.

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    Multifocal and full field ERG electrodiagnostic unit. Highly Technical Equipment formula was implemented (costs>$100,000, not easily portable, highly specific).

    Multifocal ERG and full field ERG electrode. Default formula was implemented and used twice, since two separate electrodes are needed for this test.

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

    Service period clinical activities:
    Pre-service of service period:

    (Activity CA013) Room and supplies are prepared (this is a different room than the E/M, and different supplies that are in addition to a typical E/M). Electrodes are selected and laid out, supplies are prepared. **– 2 minutes**

    (Activity CA009) Patient is escorted from the E/M room to the imaging room. Patient information entered into ERG machine including demographics, ICD code diagnosis, and referral source. **– 3 minutes**

    (Activity CA014) Order is confirmed and settings are entered into machine. **-1 minute**

    (Activity CA011) Test is explained in greater detail than during the E/M visit. **– 1 minute**

    (Activity CA016) Prepare, set-up, initial positioning and monitoring of patient**. – 29 minutes**

    - Cornea is anesthetized with copious proparacaine (2 to 4 drops in each eye with space between, with eye rolling and lid closure) **– 2 minutes**

    - Skin is cleaned and prepped prior to electrode placement **– 1 minute**

- The eyes are lubricated with goniosol, and one Burian Allen electrode is placed carefully in each eye. They are secured in place with strips of tape. A common electrode is attached to an indifferent point, such as the wrist, earlobe, mastoid, or forehead. Up to two additional reference electrodes may be placed, taking care to avoid placement over muscle mass to avoid electromyogram interference. The electrodes are applied to the skin using conductive gel after cleaning the skin, and are secured with tape. The electrodes are plugged into the circuit. The machine is checked for proper impedance and correct connections, and is readjusted as needed. **– 6 minutes**

- The dark adaptation is performed next. Following the placement of electrodes, the patient is given a mask to place over their eyes and lights in the room are dimmed. The technician waits with the patient for 20 minutes while the patient's photoreceptors dark adapt. No cell phones or electronics are allowed in the room, as these would disrupt the dark adaptation. The technician accompanies the patient during this entire time. The patient is not typically left in the dark room alone in order to avoid psychologically distressing the patient, and to ensure the patient's safety in the dark. The technician's primary role during this time is reassuring the patient through the wait period. Corneal anesthesia is repeated as needed. **– 20 minutes**

Intra-service of service period:

(Activity CA 021) – 40 minutes:

- Following dark adaptation, the patient is positioned at the screen which is aligned to the visual axis, and scotopic measurements are performed. The patient is asked to fixate on a fixation spot, and stimulators allow observation of the eye for the technician to monitor fixation. The technician continually monitors fixation throughout the testing period, making small adjustments to the device to stay aligned on the patient's fixation. Stimuli are presented to the patient and recordings of the electric response of the retina are taken. There is a real-time ERG display that allows the technician to monitor the quality of the signal, the symmetry of the signal between the two eyes, and the accuracy of the readings. Small movements, including drifting of head position or partial blinks can significantly confound the data, so the patient is continually instructed, re-directed, re-aligned during the test. Electrodes are often repositioned during the test depending on signal. Gain needs to be readjusted. Multiple repeat tests are typical for each eye. Repeat corneal anesthesia or lubrication may be required. Patients often need to rest for short periods of time. Lights are turned on and the patient is light adapted, following which the photopic test is performed in the light-adapted setting, repeating the above process in the light. **– 40 minutes**

Post-service of service period:

(Activity CA024) – 12 minutes

- Electrodes are removed from the patient's eyes. The skin is cleaned from the conductive gel. The patient is escorted out of the room **– 2 minutes**

- Wires and electrodes are carefully cleaned. They are taken to a cleaning area in the clinic, where they are scrubbed carefully with detergent and a brush to remove conductive gel and debris. They are then soaked in a diluted bleach solution to sterilize them, removed from the soak and rinsed with sterile water, then left to dry for future repeat use – **10 minutes**

(Activities CA030 and CA 031) – 15 minutes

- Technician uploads the test results from the machine into the EHR. Technician reviews results with the physician, and readjusts display as needed. Results are printed and prepared to be sent to referring doctor after the physician's interpretation. **- 15 minutes**

16. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

CPT Code: 92274
Specialty Society: American Academy Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Electroretinography (ERG) with interpretation and report; multifocal (mfERG)

Global Period: 000 Meeting Date: January 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians across the country who have the appropriate expertise for this code. Perhaps most importantly, we blocked time away from our clinical duties to follow different technicians performing this service at prominent institutions with busy electroretinography services, and we personally observed them with notepads and stop watches. The consensus committee considered the input from experts, published literature, and the real-time data 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 not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   In this sheet, the existing code (92275) is listed as the reference code.

3. Is this code(s) typically billed with an E/M service?

   Although reporting the performance of this code recently has been clouded by the incorrect utilization of this code for pattern ERG, we believe that this code is billed with an E/M slightly over 50% of the time.

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)

   Ophthalmology is the dominant provider and the service is performed 75% of the time in the non-facility. No difference in the dominant provider.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   Although this code is typically performed with an E/M code, the E/M code is performed in a different location at a different time, and repeat supplies and activities are duplicated (not redundant) by necessity. The E/M service is performed elsewhere in the clinic at a later or earlier time. Additional time is needed to transport the patient to the imaging room, pull up medical records on the separate computer, instruct the patient in the logistics of how to take the test (in more granularity than the physician does in the E/M), prepare the imaging room (in addition to the E/M exam lane), confirm orders done by the referring or in-house physician, and position and re-position the patient multiple times in the imaging room. All of these activities are in excess of a typical E/M visit, and require extra time. Set-up and take down for mfERG is extensive, and includes equipment and supplies that are not typical for an E/M and some that are in addition to those used an E/M.

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

   92274 is a new code which was created as a result of the increased incorrect utilization of 92275 for pattern ERGs. The original 92275 code was built to describe what we are now submitting as the 92X71 code (full field ERG, which has been in clinical use for several decades). 92274 is a newer technology than 92X71 and it requires powerful computing capability and high-intensity display monitors in order to simultaneously measure local retinal responses from up to 250 retinal locations within the central 30 degrees of the macula. We personally took time to shadow ERGs being performed and clocked staff with a stop watch. This was done at two premiere retina centers that are well-regarded in the US and globally, and that have busy electroretinography programs. Additionally, we consulted with 27 of the premier providers of ERGs from across the country to confirm the data that we observed. We also consulted the International Society for Clinical Electrophysiology of Vision standards to confirm that the testing we observed was in line with standard of care. The time, supply, and equipment inputs presented here are a result of the combination of our expert panel using extensive consultation, research, and personal observation.

   Of note, given modern market forces and need to utilize space efficiently, as well as the advance in technological capacity with these tests, the more modern machine is believed to be typical. It is capable of recording both full-field and multifocal ERGs. Updated invoice is included.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

   The granularity of the data we have available from the 2000 review of 92275 includes two time inputs: 15 minutes of "prepare room, equipment, and supplies," and 100 minutes of "Machine calibration/quality control, includes patient positioning. Run test. Print out and do calculation." Many of these tasks are roughly the same, but these minutes have been distributed into different tasks for granularity's sake.

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   - **The patient is positioned at the screen which is aligned to the visual axis, and photopic measurements are performed. The patient is asked to fixate on a fixation spot, and stimulators allow observation of the eye for the technician to monitor fixation. The technician continually monitors fixation throughout the testing period, making small adjustments to the device to stay aligned on the patient's fixation. Stimuli are presented to the patient and recordings of the electric response of the retina are taken. There is a real-time ERG display that allows the technician to monitor the quality of the signal, and the accuracy of the readings. Small movements, including drifting of head position or partial blinks can significantly confound the data, so the patient is continually instructed, re-directed, re-aligned during the test. Electrodes are often repositioned during the test depending on signal. Gain needs to be readjusted. Multiple repeat tests are typical for each eye. Repeat corneal anesthesia or lubrication may be required. Patients often need to rest for short periods of time. Following testing of the first eye, equipment is removed and placed on the second eye, face is cleaned, and testing of the second eye is performed.**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    Technology has advanced significantly since this code was last evaluated. It is now typical for physicians to use a combined machine that is capable for both full-field and multifocal ERG.

    There is not a designated ERG electrode in the database.

    Please see attached invoices.

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    Multifocal and full field ERG electrodiagnostic unit. Highly Technical Equipment formula was implemented (costs>$100,000, not easily portable, highly specific)

    Multifocal ERG and full field ERG electrode. Default formula was implemented

    Exam light and chair are used as instructed by the chair of the PE to replace the screening lane as a proxy for the imaging lane. Comfortable chair with headrest is also critical to the ability of the patient to tolerate this long test in which holding still is paramount to good results.

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

    Service period clinical activities:
    Pre-service of service period:

    (Activity CA013) Room and supplies are prepared (this is a different room than the E/M, and different supplies that are in addition to a typical E/M). Electrodes are selected and laid out, supplies are prepared. **– 2 minutes**

    (Activity CA009) Patient is escorted from the E/M room to the imaging room. Patient information entered into ERG machine including demographics, ICD code diagnosis, and referral source. **– 3 minutes**

    (Activity CA014) Order is confirmed and settings are entered into machine. **-1 minute**

    (Activity CA011) Test is explained in greater detail than during the E/M visit. **– 1 minute**

    (Activity CA016) Prepare, set-up, initial positioning and monitoring of patient. **– 9 minutes**

- Cornea is anesthetized with copious proparacaine (2 to 4 drops in each eye with space between, with eye rolling and lid closure) **– 2 minutes**

- Skin is cleaned and prepped prior to electrode placement **– 1 minute**

- The eye is lubricated with goniosol, and one Burian Allen electrode is placed carefully in one eye, typically the right. It is secured in place with strips of tape. A common electrode is attached to an indifferent point, such as the wrist, earlobe, mastoid, or forehead. Up to 2 additional reference electrodes may be placed, taking care to avoid placement over muscle mass to avoid electromyogram interference. The electrodes are applied to the skin using conductive gel after cleaning the skin, and are secured with tape. The electrodes are plugged into the circuit. A gauze is taped over the opposite eye. The machine is checked for proper impedance and correct connections, and is readjusted as needed. **– 6 minutes**

- The light adaptation is performed simultaneously to the above tasks. The patient needs 10 minutes to fully adapt to the full light in the room.

Intra-service of service period:

(Activity CA 021) – 22 minutes:

- The patient is positioned at the screen which is aligned to the visual axis, and photopic measurements are performed. The patient is asked to fixate on a fixation spot, and stimulators allow observation of the eye for the technician to monitor fixation. The technician continually monitors fixation throughout the testing period, making small adjustments to the device to stay aligned on the patient's fixation. Stimuli are presented to the patient and recordings of the electric response of the retina are taken. There is a real-time ERG display that allows the technician to monitor the quality of the signal, and the accuracy of the readings. Small movements, including drifting of head position or partial blinks can significantly confound the data, so the patient is continually instructed, re-directed, re-aligned during the test. Electrodes are often repositioned during the test depending on signal. Gain needs to be readjusted. Multiple repeat tests are typical for each eye. Repeat corneal anesthesia or lubrication may be required. Patients often need to rest for short periods of time. Following testing of the first eye, equipment is removed and placed on the second eye, face is cleaned, and testing of the second eye is performed.

Post-service of service period:

(Activity CA024) – 12 minutes

- Electrodes are removed from the patient's eyes. The skin is cleaned from the conductive gel. The patient is escorted out of the room – **2 minutes**

- Wires and electrodes are carefully cleaned. They are taken to a cleaning area in the clinic, where they are scrubbed carefully with detergent and a brush to remove conductive gel and debris. They are then soaked in a diluted bleach solution to sterilize them, removed from the soak and rinsed with sterile water, then left to dry for future repeat use. – **10 minutes**

(Activities CA030 and CA 031) – 15 minutes

- Technician uploads the test results from the machine into the EHR. Technician reviews results with the physician, and readjusts display as needed. Results are printed and prepared to be sent to referring doctor after the physician's interpretation. **- 15 minutes**

16. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

CPT Code: 92273
Specialty Society: American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Electroretinography (ERG) with interpretation and report; full field (eg, ffERG, flash ERG, Ganzfeld ERG)

Global Period: 000 Meeting Date: January 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians who have the appropriate expertise for this code. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   In this sheet, the existing code (92275) is listed as the reference code.

3. Is this code(s) typically billed with an E/M service?

   Although reporting the performance of this code recently has been clouded by the incorrect utilization of this code for pattern ERG, we believe that this code is billed with an E/M slightly over 50% of the time.

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   This code, as with many ophthalmology codes, requires pre-service time when it is performed in the facility. This is because most ophthalmology practices are outpatient and the office needs to coordinate with the facility in order to perform the service there. Thus, time is required to complete pre-service and referral forms, coordinate pre-surgery services, schedule space in the facility, as well as perform pre-procedure calls.

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **N/A**

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

7. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time: **N/A***

8. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

10. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

11. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

12. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

13. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **N/A**

14. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

    Pre-service clinical activities:

    This code, as with many ophthalmology codes, requires pre-service time when it is performed in the facility. This is because most ophthalmology practices are outpatient and the office needs to coordinate with the facility in order to perform the service there. Thus, time is required to complete pre-service and referral forms, coordinate pre-surgery services, and schedule space in the facility, as well as perform pre-procedure calls.

15. If there is any other item on your spreadsheet that needs further explanation please include here:

CPT Code: 92274
Specialty Society: American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Electroretinography (ERG) with interpretation and report; multifocal (mfERG)

Global Period: 000 Meeting Date: January 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians who have the appropriate expertise for this code. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   In this sheet, the existing code (92275) is listed as the reference code.

3. Is this code(s) typically billed with an E/M service?

   Although reporting the performance of this code recently has been clouded by the incorrect utilization of this code for pattern ERG, we believe that this code is billed with an E/M just over 50% of the time.

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   This code, as with many ophthalmology codes, requires pre-service time when it is performed in the facility. This is because most ophthalmology practices are outpatient and the office needs to coordinate with the facility in order to perform the service there. Thus, time is required to complete pre-service and referral forms, coordinate pre-surgery services, and schedule space in the facility, as well as perform pre-procedure calls.

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **N/A**

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

7. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:* **N/A**

8. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

10. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

11. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

12. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

13. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **N/A**

14. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

    Pre-service clinical activities:

    This code, as with many ophthalmology codes, requires pre-service time when it is performed in the facility. This is because most ophthalmology practices are outpatient and the office needs to coordinate with the facility in order to perform the service there. Thus, time is required to complete pre-service and referral forms, coordinate pre-surgery services, and schedule space in the facility, as well as perform pre-procedure calls.

15. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**RECOMMENDED**	
3		***RUC Collaboration Website***				**92275 Electroretinography with interpretation and report**		**92273 Full-field Electroretinography**		**92274 Multifocal Electroretinography**	
4	**Clinical Activity Code**	**Meeting Date: January 2018 Revised 1/8/2018 Tab: 17 Specialty: AAO**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**									
7		**TOTAL CLINICAL STAFF TIME**	**L038A**	COMT/COT/RN/CST	0.38	**115.0**	**0.0**	**94.0**	**10.0**	**70.0**	**10.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**10.0**	**0.0**	**10.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L038A**	COMT/COT/RN/CST	0.38	**115.0**	**0.0**	**94.0**	**0.0**	**70.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL COST OF CLINICAL STAFF TIME x**				**$ 43.70**	**$ -**	**$ 35.72**	**$ 3.80**	**$ 26.60**	**$ 3.80**
12	**PRE-SERVICE PERIOD**										
13		**Start: Following visit when decision for surgery or procedure made**									
14	CA001	Complete pre-service diagnostic and referral forms	L038A	COMT/COT/RN/CST	0.38				3		3
15	CA002	Coordinate pre-surgery services (including test results)	L038A	COMT/COT/RN/CST	0.38				3		3
16	CA003	Schedule space and equipment in facility	L038A	COMT/COT/RN/CST	0.38				3		3
17	CA004	Provide pre-service education/obtain consent	L038A	COMT/COT/RN/CST	0.38						
18	CA005	Complete pre-procedure phone calls and prescription	L038A	COMT/COT/RN/CST	0.38				1		1
19	CA006	Confirm availability of prior images/studies	L038A	COMT/COT/RN/CST	0.38						
20	CA007	Review patient clinical extant information and questionnaire	L038A	COMT/COT/RN/CST	0.38						
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L038A	COMT/COT/RN/CST	0.38						
22			L038A	COMT/COT/RN/CST	0.38						
23			L038A	COMT/COT/RN/CST	0.38						
24			L038A	COMT/COT/RN/CST	0.38						
25		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST	0.38						
26		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST	0.38						
27		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST	0.38						
28		**End: When patient enters office/facility for surgery/procedure**									

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**RECOMMENDED**	
3		***RUC Collaboration Website***				**92275 Electroretinography with interpretation and report**		**92273 Full-field Electroretinography**		**92274 Multifocal Electroretinography**	
4	**Clinical Activity Code**	**Meeting Date: January 2018 Revised 1/8/2018 Tab: 17 Specialty: AAO**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**									
7		**TOTAL CLINICAL STAFF TIME**	**L038A**	COMT/COT/RN/CST	0.38	**115.0**	**0.0**	**94.0**	**10.0**	**70.0**	**10.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**10.0**	**0.0**	**10.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L038A**	COMT/COT/RN/CST	0.38	**115.0**	**0.0**	**94.0**	**0.0**	**70.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
29		**SERVICE PERIOD**									
30		**Start: When patient enters office/facility for surgery/procedure:**									
31		**Pre-Service (of service period)**									
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L038A	COMT/COT/RN/CST	0.38			3		3	
33	CA010	Obtain vital signs	L038A	COMT/COT/RN/CST	0.38						
34	CA011	Provide education/obtain consent	L038A	COMT/COT/RN/CST	0.38			1		1	
35	CA012	Review requisition, assess for special needs	L038A	COMT/COT/RN/CST	0.38						
36	CA013	Prepare room, equipment and supplies	L038A	COMT/COT/RN/CST	0.38	15		2		2	
37	CA014	Confirm order, protocol exam	L038A	COMT/COT/RN/CST	0.38			1		1	
38	CA015	Setup scope (nonfacility setting only)	L038A	COMT/COT/RN/CST	0.38						
39	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L038A	COMT/COT/RN/CST	0.38			29		9	
40	CA017	Sedate/apply anesthesia	L038A	COMT/COT/RN/CST	0.38						
41			L038A	COMT/COT/RN/CST	0.38						
42			L038A	COMT/COT/RN/CST	0.38						
43			L038A	COMT/COT/RN/CST	0.38						
44		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST	0.38						
45		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST	0.38						
46		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST	0.38						
47		**Intra-service (of service period)**									
48	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L038A	COMT/COT/RN/CST	0.38	100					
49	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	L038A	COMT/COT/RN/CST	0.38						
50	CA020	Assist physician or other qualified healthcare professional---directly related to physician	L038A	COMT/COT/RN/CST	0.38						
51	CA021	Perform procedure/service---NOT directly related to physician work time	L038A	COMT/COT/RN/CST	0.38			31		27	
52			L038A	COMT/COT/RN/CST	0.38						
53			L038A	COMT/COT/RN/CST	0.38						
54			L038A	COMT/COT/RN/CST	0.38						
55		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST	0.38						
56		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST	0.38						
57		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST	0.38						

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**RECOMMENDED**	
3		***RUC Collaboration Website***				**92275 Electroretinography with interpretation and report**		**92273 Full-field Electroretinography**		**92274 Multifocal Electroretinography**	
4	**Clinical Activity Code**	**Meeting Date: January 2018 Revised 1/8/2018 Tab: 17 Specialty: AAO**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**									
7		**TOTAL CLINICAL STAFF TIME**	**L038A**	COMT/COT/RN/CST	0.38	**115.0**	**0.0**	**94.0**	**10.0**	**70.0**	**10.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**10.0**	**0.0**	**10.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L038A**	COMT/COT/RN/CST	0.38	**115.0**	**0.0**	**94.0**	**0.0**	**70.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
58		**Post-Service (of service period)**									
59	CA022	Monitor patient following procedure/service, multitasking 1:4	L038A	COMT/COT/RN/CST	0.38						
60	CA023	Monitor patient following procedure/service, no multitasking	L038A	COMT/COT/RN/CST	0.38						
61	CA024	Clean room/equipment by clinical staff	L038A	COMT/COT/RN/CST	0.38			12		12	
62	CA025	Clean scope	L038A	COMT/COT/RN/CST	0.38						
63	CA026	Clean surgical instrument package	L038A	COMT/COT/RN/CST	0.38						
64	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L038A	COMT/COT/RN/CST	0.38						
65	CA028	Review/read post-procedure x-ray, lab and pathology reports	L038A	COMT/COT/RN/CST	0.38						
66	CA029	Check dressings, catheters, wounds	L038A	COMT/COT/RN/CST	0.38						
67	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L038A	COMT/COT/RN/CST	0.38			10		10	
68	CA031	Review examination with interpreting MD/DO	L038A	COMT/COT/RN/CST	0.38			5		5	
69	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L038A	COMT/COT/RN/CST	0.38						
70	CA033	Perform regulatory mandated quality assurance activity (service period)	L038A	COMT/COT/RN/CST	0.38						
71	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L038A	COMT/COT/RN/CST	0.38						
72	CA035	Review home care instructions, coordinate visits/prescriptions	L038A	COMT/COT/RN/CST	0.38						
73	CA036	Discharge day management	L038A	COMT/COT/RN/CST	0.38	**n/a**		**n/a**		**n/a**	
74			L038A	COMT/COT/RN/CST	0.38						
75			L038A	COMT/COT/RN/CST	0.38						
76			L038A	COMT/COT/RN/CST	0.38						
77		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST	0.38						
78		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST	0.38						
79		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST	0.38						
80		**End: Patient leaves office**									

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**RECOMMENDED**	
3		***RUC Collaboration Website***				**92275 Electroretinography with interpretation and report**		**92273 Full-field Electroretinography**		**92274 Multifocal Electroretinography**	
4	**Clinical Activity Code**	**Meeting Date: January 2018 Revised 1/8/2018 Tab: 17 Specialty: AAO**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**									
7		**TOTAL CLINICAL STAFF TIME**	**L038A**	COMT/COT/RN/CST	0.38	**115.0**	**0.0**	**94.0**	**10.0**	**70.0**	**10.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**10.0**	**0.0**	**10.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L038A**	COMT/COT/RN/CST	0.38	**115.0**	**0.0**	**94.0**	**0.0**	**70.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
81		**POST-SERVICE PERIOD**									
82		**Start: Patient leaves office/facility**									
83	CA037	Conduct patient communications	L038A	COMT/COT/RN/CST	0.38						
84	CA038	Coordinate post-procedure services	L038A	COMT/COT/RN/CST	0.38						
85		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
86		99211 16 minutes	16								
87		99212 27 minutes	27								
88		99213 36 minutes	36								
89		99214 53 minutes	53								
90		99215 63 minutes	63								
91	CA039	Post-operative visits (total time)	L038A	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
92			L038A	COMT/COT/RN/CST	0.38						
93			L038A	COMT/COT/RN/CST	0.38						
94			L038A	COMT/COT/RN/CST	0.38						
95		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST	0.38						
96		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST	0.38						
97		*Other activity: please include short clinical description here and type new in column A*	L038A	COMT/COT/RN/CST	0.38						
98		**End: with last office visit before end of global period**									

	A	B	D	E	F	I	J	K	L	M	N
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED		RECOMMENDED	
3		***RUC Collaboration Website***				92275 Electroretinography with interpretation and report		92273 Full-field Electroretinography		92274 Multifocal Electroretinography	
4	Clinical Activity Code	Meeting Date: January 2018 Revised 1/8/2018 Tab: 17 Specialty: AAO	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute						
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD									
7		TOTAL CLINICAL STAFF TIME	L038A	COMT/COT/RN/CST	0.38	115.0	0.0	94.0	10.0	70.0	10.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L038A	COMT/COT/RN/CST	0.38	0.0	0.0	0.0	10.0	0.0	10.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L038A	COMT/COT/RN/CST	0.38	115.0	0.0	94.0	0.0	70.0	0.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L038A	COMT/COT/RN/CST	0.38	0.0	0.0	0.0	0.0	0.0	0.0
99	Medical Supply Code	MEDICAL SUPPLIES	PRICE	UNIT							
100		TOTAL COST OF SUPPLY QUANTITY x PRICE				$ 1.69	$ -	$ 19.61	$ -	$ 1.98	$ -
101	SA050	pack, ophthalmology visit (no dilation)	1.185	pack		1					
102	SJ041	povidone soln (Betadine)	0.008	ml		3		0.00		0.00	
103	SD053	electrode, ECG (single)	0.09	item		4					
104	SJ021	electrode conductive paste	1.072	oz		0		0.10		0.10	
105	SG008	applicator, cotton-tipped, non-sterile 6in	0.007	item		2		2.00		2.00	
106	SG077	tape, porous-hypoallergenic 2in (Scanpore)	0.017	inch				5.00		5.00	
107	SJ022	electrode skin prep gel (NuPrep)	0.056	ml				1.00		1.00	
108	SJ053	swab-pad, alcohol	0.013	item				3.00		3.00	
109	SH037	Goniosol 2.5% ophth	0.58	ml				2.00		2.00	
110	SK114	tissue (Kleenex)	1.52	box				0.05		0.05	
111	SL020	bleach	0.001	ml				2.00		2.00	
112	SH058	proparacaine 0.5% ophth (Ophthaine, Alcaine)	0.596	ml				0.20		0.20	
113	SG055	gauze, sterile 4in x 4in	0.159	item						2.00	
114	NEW	Sleep mask	17.95	item				1.00			
115		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*									
117	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute						
118		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				$ 12.37	$ -	$ 24.27	$ -	$ 16.16	$ -
119	EQ026	EOG, ERG, VEP electrodiagnostic unit	33500		0.105213771	115					
120	EL006	lane, screening (oph)	28463.33		0.089395054	3					
121	NEW	mfERG and ffERG electrodiagnostic unit	104100		0.318039405			74		50	
122	NEW	Contact lens electrode for mfERG and ffERG	1440		0.00464779			79		55	
123	NEW	Contact lens electrode for mfERG and ffERG	1440		0.00464779			79			
124	EF008	chair with headrest, exam, reclining	4836.33		0.010757903						
125	EQ168	light, exam	1630.12		0.004325893						
126											
127		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*									

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2018

Electrocorticography

95836 is a new service approved at the September 2017 CPT Editorial Panel Meeting. Electrocorticography (ECoG) is the recording of EEG from electrodes directly on or in the brain. CPT Code 95829 is used for Electrocorticogram performed at the time of surgery; however a new code was needed to account for this non-face-to-face service, for the review of a month's worth or more of stored data. The new service is done in the outpatient setting, for review and interpretation of, on average, a month of recordings. ECoG brain wave activity is recorded by electrode contacts implanted onto or in the brain and relayed to a device implanted in the body. The device contains a microprocessor that monitors EEG activity and saves relevant portions for review and may deliver an electrical pulse to treat abnormal EEG activity in attempt to reduce seizures. The review and interpretation of the data by the care provider can be done at any time but a month's worth of accumulated ECoGs is typically reviewed at a time to monitor the patient and make treatment decisions.

95836 ***Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days***

The RUC reviewed the survey results from 53 neurologists and determined that the survey 25th percentile work RVU of 2.30 accurately reflects the physician work necessary for this service. The RUC recommends 22 minutes pre-service time, 30 minutes intra-service time and 5 minutes immediate post-service time. The device is placed under the skull and records activity continuously from the surface of the brain. It detects seizure patterns and it delivers stimulation on demand as pre-programmed by the physician non-invasively. It reduces seizure frequency by 50% in half of patients. The new code describes the work necessary to review the data produced from the device and it does not include programming of the device. This service is performed when the patient is not present. The population includes patients with frequent seizures who have not responded to medications, are not surgery candidates or have failed surgery. The RUC ensured that the pre-service time is not duplicative with an Evaluation and Management (E/M) service as the specialty society clarified that it is not appropriate to report an E/M if the patient comes into the office as a result of the data collected with this code. The physician would only report the procedure code which would include adjusting the settings on the neurostimulator and evaluating the reaction. This technology is used for severe cases involving a patient that seizes every day. Patients are typically referred for this specialized care. As the physician providing this service is not the patient's treating physician, the RUC agreed that the extensive pre time is typical.

The RUC compared the survey code to the top key reference service, CPT code 95957 *Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)* (work RVU = 1.98 and 55 minutes total time), noting that the survey respondents indicated that CPT code 95836 is more intense and complex than CPT code 95957 on all measures (mental effort/judgment, technical still/physical effort and psychological stress), which justifies the higher work value. The RUC also compared the survey code to second key reference service CPT code 95810 *Polysomnography; age*

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6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist (work RVU = 2.50 and 67 minutes total time), noting the reference codes higher total time which justifies the higher work value. **The RUC recommends a work RVU of 2.30 for CPT code 95836.**

Practice Expense
The RUC agreed with the specialty society that there is no direct practice expense associated with this service.

New Technology/New Services
These services will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Neurology and Neuromuscular Procedures **Routine Electroencephalography (EEG)**				
95829		Code is out of numerical sequence. See 95830-95836		
95830		*Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording*		
Electrocorticography				
Electrocorticography (ECoG) is the recording of EEG from electrodes directly on or in the brain.				
Code 95829 describes intraoperative recordings of ECoG from electrode arrays implanted in or placed directly on the brain exposed during surgery. Code 95829 includes review and interpretation during surgery.				
Code 95836 describes recording of ECoG from electrodes chronically implanted on or in the brain. Chronically implanted electrodes allow for intracranial recordings to continue after the patient has been discharged from the hospital. Code 95836 includes unattended ECoG recording with storage for later review and interpretation during a single 30-day period. Code 95836 may be reported only once for each 30-day period. The dates encompassed by the 30-day period must be documented in the report.				
For report of programming for a brain neurostimulator pulse generator/transmitter during the ECoG (95836) 30-day period, see 95983, 95984.				

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●95836	Y1	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days (Report 95836 only once per 30 days) (Do not report 95836 in conjunction with 95957) (For programming a brain neurostimulator pulse generator/transmitter when performed in conjunction with ECoG (95836), see 95983, 95984)	XXX	2.30

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:95836 Tracking Number Original Specialty Recommended RVU: **2.30**
Presented Recommended RVU: **2.30**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **2.30**

CPT Descriptor: Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and report, up to 30 days.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 30-year-old woman with medically refractory partial onset seizures occurring several times per month has been treated with a surgically implanted intracranial responsive neurostimulator. Stored electrocorticograms (ECoG) are interpreted.

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%

Description of Pre-Service Work: The physician reviews patient's medical record with regard to what type of seizures and epilepsy they have, when their neurostimulator device was implanted, where the electrodes are placed, and whether any device issues or problems occurred that might affect recordings since the last device interrogation. A complete review of medication is performed which entails reviewing the medication dose times, formulations of extended or not, when generic formulations were changed, drug levels and time of day of drug levels and timing of changes in medication doses. The physician completes a detailed review of the patient's seizure log including seizure patterns for timing and clusters. This complete review of history is to establish the context of the patient's seizure activity in relation to the events that were captured by the responsive neurostimulator system (RNS). Daily histograms are reviewed to determine if a time of day predominance is present. The physician logs into the web based application, identifies the correct stored Electrocorticogram (ECoG) files for review that were captured over the past 30 days (typically 4 per day) and reviews which RNS settings have been used in the past. These ECoG files are used to inform decisions on planned adjustments for the date of service and to guide selection and review of ECOGs in order to correlate clinical or programming changes with seizures and episodes captured in the ECoGs.

Description of Intra-Service Work: ECoG review is performed by navigating to the ECoG section of the web based application. The physician reviews each of the 100-140 seizure files, approximately 9 pages each, identifying which are true seizure detections, where each real seizure started, whether electroshocks stopped the seizure and if so, how many shocks were necessary to stop the seizure. When false detections are identified then they are reviewed to determine which detection parameters triggered the detection so they can be considered for adjustments. The brain location of detections is reviewed to determine if seizures are arising from more than one site since if all seizure arise from one site in the long term then the site can be considered for surgical resection. The intensity of electroshock stimulations delivered is compared to prior settings to determine if these intensities, electrodes used, and frequencies improved stopping seizures. Based on the intracranial ECoG recordings that has been collected over the prior month, the physician determines whether the most recent settings improved stopping seizures compared to prior settings. If improvements occurred, decide if continuing further changes of these parameters are warranted. If there are false detections or if no improvement occurred, then seizure data reviewed in this session is used to model new detection parameter settings in an attempt to capture better the patient's seizure activity. New detection parameters can be simulated in digital models, and applied to the stored intracranial ECoG to determine if

the new proposed settings will detect seizures more accurately or earlier in the seizure. After new detection parameters have been developed, tested and finalized, then the new detection parameters are saved for later separate neurostimulator programming that is performed in a separate procedure.

Description of Post-Service Work: Summarize the number of seizures identified, from where they arose, whether new parameters were effective in reducing long episodes, current and new settings, and recommendation for device reprogramming if necessary. A report is generated and sent to other relevant physicians (e.g. primary neurologist, neurosurgeon.)

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Marianna V. Spanaki, MD, PhD; Marc Nuwer, MD, PhD		
Specialty(s):	American Academy of Neurology (AAN), American Clinical Neurophysiology Society (ACNS)		
CPT Code:	95836		
Sample Size:	1861	**Resp N:** 53	**Response:** 2.8 %
Description of Sample:	AAN: a sample of members from the Epilepsy Section (current US members); ACNS: a sample of current US members; and a list of names provided by NeuroPace (manufacturer of the RNS system) including practicing US physicians who actively perform the service.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**10.00**	24.00	200.00
Survey RVW:	1.20	2.30	**2.97**	4.50	10.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	7.00	30.00	**30.00**	45.00	240.00

Immediate Post Service-Time:	**11.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
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:	95836	**Recommended Physician Work RVU: 2.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**22.00**	**0.00**	**22.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95957	XXX	1.98	**RUC Time**

CPT Descriptor Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95810	XXX	2.50	**RUC Time**

CPT Descriptor Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist.

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
95810	XXX	2.50	**RUC Time**	303,950

CPT Descriptor 1 Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99215	XXX	2.11	**RUC Time**	9,800,887

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
95939	XXX	2.25	**RUC Time**

CPT Descriptor Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17 **% of respondents:** 32.0 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 30.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 95836	Top Key Reference CPT Code: 95957	2nd Key Reference CPT Code: **95810**
Median Pre-Service Time	22.00	15.00	15.00
Median Intra-Service Time	30.00	30.00	37.00
Median Immediate Post-service Time	5.00	10.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**57.00**	**55.00**	**67.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	12%	53%	36%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	18%	76%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	35%	59%
Physical effort required	0%	53%	47%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	18%	76%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	38%	62%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	0%	94%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	6%	88%
Physical effort required	0%	25%	75%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	13%	87%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

95836 is a new service approved at the September 2017 CPT Editorial Panel Meeting. Electrocorticography (ECoG) is the recording of EEG from electrodes directly on or in the brain. Existing CPT Code 95829 is used for this service, which takes place during an operative procedure however a new code was needed to reflect the change in use (1) from inpatient to outpatient, and (2) for review and interpretation of, on average, a month of recordings. ECoG brain wave activity is recorded by electrode contacts implanted onto or in the brain and relayed to a device implanted in the body. The device contains a microprocessor that monitors EEG activity and saves relevant portions for review and may deliver an electrical pulse to treat abnormal EEG activity in attempt to reduce seizures. The ECoGs can be saved frequently to the device and intermittently transmitted from the device to another system and reviewed by care providers intermittently. The review and interpretation of the data by the care provider can be done at any time but a month's worth of accumulated ECoGs is typically reviewed at a time to monitor the patient and make treatment decisions.

Survey Sample and Process

The American Academy of Neurology (AAN), and the American Clinical Neurophysiology Society (ACNS) conducted a joint survey of their memberships in November 2017 for new CPT code 95836. In addition to the specialty society membership survey, the societies surveyed a list of US practicing physicians provided by NeuroPace (manufacturer of the RNS device used to perform this service.) The list included 154 names and was approved to be surveyed by the Research Subcommittee, with direction to provide a breakout of the survey data on the summary spreadsheet. A joint AAN and ACNS expert panel ("joint panel") consisting of physician advisors and subject matter experts reviewed the survey work and time data and developed recommendations through participation in conference calls and e-mail discussions.

There were 53 responses to the survey request with a median performance rate of 10; 96% of the survey respondents found the vignette to be typical. The RUC summary contains survey data from all survey respondents, specialty society respondents, and those respondents from the manufacturer list, without substantial variation in the responses among the survey samples. The survey data below is the representative of the combined survey samples

First, the joint panel reviewed the survey data. The survey median and 25th percentile RVU were 2.97 and 2.30 respectively. The total survey time for this service is 66 minutes (25/30/11). We recommend the 25th percentile RVU of 2.30.

Next, the joint panel reviewed the key reference service 95957, Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis) which was chosen by a third of the respondents. It has times of 15/30/10 and an RVU of 1.98. The second key reference service 95810, Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist, was also chosen by a third of the respondents. 95810 has times of 15/37/15 and an RVU of 2.50

As part of their discussion, the expert panel reviewed several additional comparison codes starting with central motor evoked potential study code 95939 which has an RVU of 2.25 and times of 15/30/15/60 and all agreed was comparable in work and intensity to new code 95836. The joint panel also looked at 99386 which has an RVU of 2.33 and times of 10/40/10/60 The consensus from the panel was the difference in intensity between the two codes supports the survey RVU of 2.30 of new code 95836. **We recommend the 2.30 for the work RVU.**

Lastly the joint panel reviewed the survey time data:

Pre-Service: While 25 minutes of pre-service time in proportion to the total survey time is high, the expert panel asserts it is an accurate reflection of the time spent on pre-service activities for this new service, which does not include any face-to-face time with the patient. An extensive review of the patient's seizure history, medication timing and dosage in relation to seizure activity, and previous settings of the responsive neurostimulator system (RNS) is required prior to the actual ECoG review and parameter simulation. In addition, the extensive summary data form the web application must be reviewed and interpreted in the context of prior reviews and changes in device setting. **We recommend 25 minutes of pre-service time**.

Intra-Service: The expert panel asserts the intra-service survey median of 30 minutes is an accurate reflection of the time spent on review of the stored ECoGs. Once each seizure file is reviewed, each seizure detection is further analyzed to determine how past devise settings and patient care factors influenced the seizure and if programming changes are needed to reduce seizure activity. Settings are simulated to determine potential efficacy before recommendations are finalized. As such we support the median survey time and **recommend 30 minutes of intra-service time.**

Post-Service: As the post service work includes summarizing seizure activity, uploading the report, and distribution to other relevant physicians the expert panel agrees 5 minutes is a more accurate reflection of this work and therefore recommends reducing the post-service time from the survey time of 11 minutes to 5 minutes. **We recommend 5 minutes of post-service time.**

Key Reference Codes

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis	**1.98**	0.047	**55**	15	30	10
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and report, up to 30 days.	**2.30**	0.054	**60**	25	**30**	5
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	**2.50**	0.050	**66.5**	15	36.5	15

Other Comparison Codes

The table below provides other comparator codes as support.

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	**2.25**	0.053	**60**	15	**30**	15
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and report, up to 30 days.	**2.30**	0.054	**60**	25	**30**	5
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	**2.33**	0.047	**60**	10	**40**	10

Recommendations

In summary, we recommend a RVU of 2.30 and a preservice time of 25 minutes, an intra-service time of 30 minutes and a post-service time of 5 minutes for 95836.

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) 95999

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 Neurology 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? 9050
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The ECoG review and interpretation service was provided 4,525 times between April 2016 through March 2017. The volume is expected by grow 50% for the next 12 months. (Data souce NeuroPace at time of CPT proposal submission.)

Specialty Neurology Frequency 9050 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,017
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate the Medicare utilization is approximaly one-third of the national utilization.

Specialty Neurology Frequency 3017 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

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. 95819

ISSUE: Electrocorticography - onsite handout with service experience

TAB: 18

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
1st REF	95957	Digital analysis of electroencepl	17	0.047			1.98			55	15					30			10					
2nd REF	95810	Polysomnography; age 6 years	16	0.050			2.50			66.5	15					37			15					
Vendor list	95836	Electrocorticogram from an impla	16	0.058	2.20	2.45	2.80	5.25	10.00	70	25			7	24	35	41	90	10	1	10	15	30	200
Non Vendor list	99349	Electrocorticogram from an impla	37	0.072	1.20	2.30	2.99	4.00	10.00	67	22			15	30	30	45	240	15	0	4	14	20	45
Combined SVY	95836	Electrocorticogram from an impla	53	0.072	1.20	2.30	2.97	4.50	10.00	66	25			7	30	30	45	90	11	0	4	10	24	200
REC1	95836	Electrocorticogram from an implanted b		0.057			2.30			57	22					30			5					

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedural Codes

January 2018

Psychological and Neuropsychological Testing

In the NPRM for 2016, CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. In June 2017, the CPT Editorial Panel revised 96116, added 13 codes to provide better definition and description to psychological and neuropsychological testing, and deleted codes 96101-96103, 96111, 96118, 96119, 96120.

At the October 2017 meeting the RUC determined that 96X11 P*sychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed* was not surveyed by physicians who will be providing this service (primary care and nurse practitioners). The RUC made an interim work RVU recommendation of 0.51 and recommended that this service be resurveyed by the correct providers for January 2018. The RUC also recommended that the specialty societies submit a revised vignette to the Research Subcommittee prior to survey.

In January 2018, the RUC identified significant concerns that the code descriptor did not accurately reflect the service and thus the survey data was likely flawed. The RUC indicated that, as currently described, this code would be used without interactive feedback, would substantially overlap with same day E/M, and would not typically take 15 minutes of intra-service time. Based on these concerns, the specialty societies agreed that the code descriptor should be refined. Specifically, the code descriptor should require interactive feedback and should require a minimum of 15 minutes intra-service time. **The RUC recommends that the CPT Editorial Panel rescind CPT code 96X11 for CPT 2019. The RUC recommends that CPT code 96X11 be referred back to the CPT Editorial Panel (September 2018) for further refinement to revise the code descriptor and include a time requirement (15 minutes).**

The family of psychological/neuropsychological testing CPT codes, except 96X11, was approved by the RUC in October 2017 and recommendations were submitted to CMS. Existing codes, 96103 and 96120, are scheduled to be deleted as of January 1, 2019. The RUC recommends that in the interim, a parenthetical should be added that directs providers who will report these services to do so using the practice expense only code 96146; *Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only*. CPT code 96146 was passed by the RUC and submitted to CMS as part of the family of psychological and neuropsychological testing services following the October 2017 RUC Meeting. **The RUC rescinds its October 2017 interim recommendation to CMS for CPT code 96X11 only. The RUC recommends that the remaining codes in the family of psychological and neuropsychological testing submitted to CMS following the October 2017 RUC meeting be considered for the 2019 Medicare Physician Payment Schedule.**

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Medicine
Neurology and Neuromuscular Procedures Functional Brain Mapping

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*

(For functional magnetic resonance imaging [fMRI], brain, use 70555)

(Do not report 96020 in conjunction with ~~96101-96103~~, 9611~~6-96120~~, 96112, 96113, 96121, 96130, 96131, 96132)

(Do not report 96020 in conjunction with 70554)

(Evaluation and Management services codes should not be reported on the same day as 96020)

Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)

The following codes are used to report the services provided during testing of the central nervous system functions. The central nervous system assessments include, but are not limited to: memory, language, ~~cognitive of the central nervous system. The testing of cognitive processes,~~ visual motor responses, and abstract~~ive~~ reasoning/problem-solving abilities. It is accomplished by the combination of several types of testing procedures. Testing procedures include assessment of aphasia and cognitive performance testing; developmental screening and behavioral assessments and testing; and psychological/neuropsychological testing. ~~It is expected that t~~ The administration of these tests will generate material that will be formulated into a report or an automated result. ~~A minimum of 31 minutes must be provided to report any per hour code. Services 96101, 96116, 96118, and 96125 report time as face-to- face time with the patient and the time spent interpreting and preparing the report.~~

(For development of cognitive skills, see 97532, 97533)

(Do not report ~~961051-96125~~ assessment of aphasia and cognitive performance testing services [96105, 96125], developmental/behavioral screening and testing services [96110, 96112, 96113, 96127] and psychological/neuropsychological testing services [96116, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96X11, 96146 in conjunction with 0364T,0365T, 0366T, 0367T, 0373T, 0374T)

Definitions

Codes in this family describe a number of services that are defined below:

Cognitive performance testing assesses the patient's ability to complete specific functional tasks applicable to the patient's environment in order to identify or quantify specific cognitive deficits. The results are used to determine impairments and develop therapeutic goals and objectives.

Interactive feedback is used to convey the implications of psychological or neuropsychological test findings and diagnostic formulation. Based on

patient-specific cognitive and emotional strengths and weaknesses, interactive feedback may include promoting adherence to medical and/or psychological treatment plans, educating and engaging the patient about his/her condition to maximize patient collaboration in their care, addressing safety issues, facilitating psychological coping, coordinating care, and engaging the patient in planning given the expected course of illness or condition when preformed.

Interpretation and report is performed by a physician or other qualified health care professional. In some circumstances, a result is generated through the use of a computer, tablet, or other device.

Neurobehavioral status exam is a clinical assessment of cognitive functions and behavior, and may include an interview with the patient, other informants, and/or staff, as well as integration of prior history and other sources of clinical data with clinical decision making, further assessment and/or treatment planning and report. Evaluation domains may include acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities.

Neuropsychological testing evaluation services typically include integration of patient data with other sources of clinical data, interpretation, clinical decision making, and treatment planning and report. It may include interactive feedback to the patient, family member(s) or caregiver(s) when performed. Evaluation domains for neuropsychological evaluation may include intellectual function, attention, executive function, language and communication, memory, visual-spatial function, sensorimotor function, emotional and personality features, and adaptive behavior.

Psychological testing evaluation services typically include integration of patient data with other sources of clinical data, interpretation, clinical decision making, and treatment planning and report. It may include interactive feedback to the patient, family members or caregiver(s) when performed. Evaluation domains for psychological evaluation may include emotional and interpersonal functioning, intellectual function, thought processes, personality, and psychopathology.

Standardized instruments are used in the performance of these services. Standardized instruments are validated tests that are administered and scored in a consistent or "standard" manner consistent with their validation.

Testing is administered by a physician, other qualified health care professional, and technician or completed by the patient. The mode of completion can be by a person (eg, paper and pencil) or via automated means.

~~Reporting Instructions~~

Assessment of aphasia and cognitive performance testing which includes interpretation and report, are described by 96105, 96125.

Developmental screening services are described by 96110. Developmental/behavioral testing services, which include interpretation and report, are described by 96112, 96113.

Neurobehavioral status exam, which includes interpretation and report, is described by 96116, 96121.

Psychological and neuropsychological test evaluation services, which include integration of patient data, interpretation of test results and clinical data, treatment planning and report, and interactive feedback, are described by 96130, 96131, 96132, 96133.

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Testing and administration services (96136, 96137) are performed by a physician or other qualified health care professional. For 96136, 96137, do not include time for evaluation services (eg, integration of patient data or interpretation of test results). This time is included with psychological and neuropsychological test evaluation services (96130, 96131, 96132, 96133). Testing and administration services (96138, 96139) are performed by a technician. The tests selected, test administration and method of testing and scoring are the same regardless of whether the testing is performed by a physician, other qualified health care professional, or a technician for 96136, 96137, 96138, 96139. Single test administration with interpretation and report is described by 96X11. Automated testing and result code 96146 describes testing performed by a single automated instrument with an automated result.

Some of these ~~codes~~ services are typically performed together. For example, psychological/neuropsychological testing evaluation services (96130, 96131, 96132, 96133) may be reported with psychological/neuropsychological test administration and scoring services (96136, 96137, 96138, 96139).

A requirement of testing services (96105, 96125, 96112, 96113, 96121, 96130, 96131, 96132, 96133, 96X11, 96146) is that there is an interpretation and report when performed by a qualified health care professional, or a result when generated by automation. These services follow standard CPT time definitions (ie, a minimum of 16 minutes for 30-minute codes and 31 minutes for 1-hour codes must be provided to report any per hour code). ~~Services,~~The time reported in 96116, 96130, 96131, 96132, 96133, 96125 ~~report time as~~ is the face-to-face time with the patient and the time spent integrating and interpreting data.

Report the total time at the completion of the entire episode of evaluation.

~~**D**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 (96101 is also used in those circumstances when additional time is necessary to integrate other sources of clinical data, including previously completed and reported technician- and computer-administered tests) (Do not report 96101 for the interpretation and report of 96102, 96103)~~	XXX	N/A (2018 work RVU = 1.86)
D~~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~~	XXX	N/A (2018 work RVU = 0.50)
~~**D**96103~~	-	~~Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care~~	XXX	N/A (2018 work RVU = 0.51)

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		~~professional interpretation and report~~ (96101, 96102, 96103 have been deleted. To report psychological testing evaluation and administration and scoring services, see 96130, 96131, 96132, 96137, 96138, 96139, 96X11, 96146)		
Assessment of Aphasia and Cognitive Performance Testing				
96105**(f)**	K1	*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*	XXX	1.75 (No Change) (HCPAC Review)
96125**(f)**	K2	*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* (To report neuropsychological testing evaluation and administration and scoring services, see 96132, 96133, 96136, 96137, 96138, 96139, 96X11, 96146) ~~For psychological and neuropsychological testing by a physician or qualified health care professional psychologist, see 96101-96103, 96118)~~	XXX	1.70 (No Change) (HCPAC Review)
Developmental/Behavioral Screening and Testing				
96110**(f)**	K3	*Developmental screening (eg, developmental milestone survey, speech and language delay screen) with scoring and documentation, per standardized instrument* *(For an emotional/behavioral assessment, use 96127)*	XXX	0.00 (PE Only) (RUC Review)

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~~**D**96111~~	-	~~Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report~~ (96111 has been deleted. To report developmental testing, see 96112, 96113)	XXX	N/A (2018 work RVU = 2.60)
● 96112	K4	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	XXX	2.50 (RUC Review)
✚●96113	K5	each additional 30 minutes (List separately in addition to code for primary procedure)	ZZZ	1.10 (RUC Review)
96127**(f)**	K6	*Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument* *(For developmental screening, use 96110)*	XXX	0.00 (PE Only) (RUC Review)
Psychological/Neuropsychological Testing **Neurobehavioral Status Exam**				
▲96116	K7	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional ~~per hour of the psychologist's or physician's time~~, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	XXX	1.86 (No Change) (RUC Review)
✚●96121	K8	each additional hour (List separately in addition to code for primary procedure) (Use 96121 in conjunction with 96116)	ZZZ	1.71 (RUC Review)
~~**D**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~~	XXX	N/A (2018 work RVU = 1.86)

		~~results and preparing the report~~ ~~*(96118 is also used in those circumstances when additional time is necessary to integrate other sources of clinical data, including previously completed and reported technician- and computer-administered tests)*~~ ~~*(Do not report 96118 for the interpretation and report of 96119 or 96120)*~~		
~~**D**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~~	XXX	N/A (2018 work RVU = 0.55)
~~**D**96120~~	-	~~Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report~~ (96118, 96119, 96120 have been deleted. To report neuropsychological testing evaluation and administration and scoring services, see 96132, 96133, 96136, 96137, 96138, 96139, 96X11, 96146)	XXX	N/A (2018 work RVU = 0.51)
Testing Evaluation Services				
● 96130	K9	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	XXX	2.50 (HCPAC Review)
✚ ● 96131	K10	each additional hour (List separately in addition to code for primary procedure)	ZZZ	1.90 (HCPAC Review)
● 96132	K11	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	XXX	2.50 (RUC Review)

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✚ ● 96133	K12	each additional hour (List separately in addition to code for primary procedure)	ZZZ	1.90 (RUC Review)
Test Administration and Scoring				
● 96136	K13	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	XXX	0.55 (HCPAC Review)
✚ ● 96137	K14	each additional 30 minutes (List separately in addition to code for primary procedure) (96136, 96137 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days)	ZZZ	0.46 (HCPAC Review)
● 96138	K15	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	XXX	0.00 (PE Only) (HCPAC Review)
✚ ● 96139	K16	each additional 30 minutes (List separately in addition to code for primary procedure) (96138, 96139 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days) (For 96136, 96137, 96138, 96139, do not include time for evaluation services [eg, integration of patient data or interpretation of test results]. This time is included ~~with~~ in 96130, 96131, 96132, 96133)	ZZZ	0.00 (PE Only) (HCPAC Review)

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Single Test Administration with Interpretation and Report				
● 96X11	K17	Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed (For multiple tests see 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139)	XXX	Refer to CPT
Automated Testing and Result				
● 96146	K18	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only (If test is administered by physician, other qualified health care professional, or technician, do not report 96146. To report, see 96127, 96136, 96137, 96138, 96139, 96X11)	XXX	0.00 (PE Only) (HCPAC Review)

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Category III

Adaptive Behavior Assessments

Behavior identification assessment (0359T) conducted.……
Observational behavioral follow-up assessment …...
Codes 0360T and 0361T describe services provided.…..
Exposure behavioral follow-up assessment (0362T, 0363T).…….
The typical patients for 0362T and 0363T include.…..
Codes 0362T and 0363T include exposing the.…..
Codes 0360T, 0361T, 0362T, and 0363T are reported.…

(Do not report 0359T, 0360T, 0361T, 0362T, 0363T in conjunction with 90785-90899, ~~96101-~~96105, 96110, 96116, 96125, 96127, 96150, 96151, 96152, 96153, 96154, 96155 on the same date)
(For psychiatric diagnostic evaluation, see 90791, 90792)
(For speech evaluations, see 92521, 92522, 92523, 92524)

0362T *Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient*

✚*0363T* *each additional 30 minutes of technician(s) time, face-to-face with the patient (List separately in addition to code for primary procedure)*

(Use 0363T in conjunction with 0362T)
(0362T, 0363T are reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians)
(Do not report 0359T, 0360T, 0361T, 0362T, 0363T in conjunction with 90785-90899, ~~96101-~~96105, 96110, 96116, 96125, 96150, 96151, 96152, 96153, 96154, 96155)

Adaptive Behavior Treatment

0364T *Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time*

:0365T *each additional 30 minutes of technician time (List separately in addition to code for primary procedure)*

(Use 0365T in conjunction with 0364T)
(Do not report 0364T, 0365T in conjunction with 90785-90899, 92507, ~~96101-96155~~ 96105, 96110, 96116, 96125, 96127, 96150-96155, 97532)

✚*0367T* *each additional 30 minutes of technician time (List separately in addition to code for primary procedure)*

(Use 0367T in conjunction with 0366T)
(Do not report 0366T, 0367T if the group is larger than eight patients)
(Do not report 0366T, 0367T in conjunction with 90785-90899, 92508, ~~96101-96155-,~~ 96105, 96110, 96116, 96150-96155, 97150)

Exposure Adaptive Behavior Treatment
With Protocol Modification

0373T *Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient*

:0374T *each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure)*

(Use 0374T in conjunction with 0373T)

(0373T, 0374T are reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians)

(Do not report 0373T, 0374T in conjunction with 90785-90899, ~~96101~~, 96105, 96110, 96116, 96150-96155)

RE: 96X11; *Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed*,

Dear Members of the AMA/Specialty Society RVS Update Committee,

On behalf of the American Academy of Neurology (AAN), American College of Physicians (ACP), American Nurses Association (AAN), we are requesting the following: 1) to rescind our physician work and practice expense recommendations for the new CPT® code 96X11, represented under Tab 19, on the January 2018 RUC Meeting Agenda, and 2) to send 96X11 back to CPT for further refinement.

As part of the NPRM for 2016 a family of psychological/neuropsychological testing CPT codes was identified by CMS on the High Expenditure Procedural Codes screen. The reporting specialties went to CPT to revise and update the family. During the survey for the January 2017 RUC meeting it became apparent that further CPT revisions were required. The new code family was approved at the May/June 2017 CPT Editorial Panel meeting and surveyed for the October 2017 HCPAC / RUC meeting. This family consists of 14 codes including 96X11.

October 2017 the RUC reviewed the survey responses from 143 neurologists and psychologists and determined that the issue with 96X11 was that the primary providers were not surveyed (primary care and nurse practitioners).This service describes a single test that is currently reported using 96103; *Psychological testing administered by a computer, with qualified health care professional interpretation and report* or 96120; *Neuropsychological testing, administered by a computer, with qualified health care professional interpretation and report*. The specialty societies made a recommendation at that time for work RVU 1.01 and times of 7/30/0. The RUC did not believe this single test will typically require 30 minutes. The RUC agreed the new coding structure for the other psychological and neuropsychological tests accurately describe testing performed by psychologists and neurologists, whereas the test as described in 96X11 will be a single test typically conducted by primary care physicians and nurse practitioners. The RUC recommended an interim value of 0.51 for CPT code 96X11 and 8 minutes pre-service, 8 minutes intra-service and 14 minutes post service time (the current value and physician times as that of 96103 and 96120) and resurvey the correct providers for January 2018.

The societies engaged ANA to participate, and also reached out to two additional societies which declined. AAN, ACP, and ANA conducted a joint survey of their memberships in November 2017 for new CPT code 96X11. Prior to survey launch the societies reached out to their membership for more details on how 96103 and 96120 are currently used, but were not able to identify users. The survey obtained the minimum 30 responses, which required keeping the survey open for an extended period. The above mentioned specialty societies, along with the American Psychological Association (APA) acting in an advisory capacity to provide historical perspective for the entire family of psychological and neuropsychological testing services, reviewed the survey data and submitted recommendations for a wRVU of 0.78 (25th percentile) and a preservice time of 6 minutes (median value), an intra-service time of 19 minutes (median value) and a post-service time of 5 minutes (median value) for 96X11. These recommendations were discussed thoroughly with the pre-facilitation committee on January 11, 2018. Significant concerns were expressed that the code descriptor did not accurately reflect the service and thus the survey data was likely flawed. It was felt that the code, as currently described, would be used without interactive feedback, would substantially overlap with same day E/M, and would not typically take 15 minutes of intra-service time. Based on these concerns, the pre-facilitation committee and the specialty societies agreed that the code descriptor should be refined. Specifically, the groups felt the code descriptor should require interactive

feedback and should require a minimum of 15 minutes intra-service time. Thus, it was recommended that the code be referred back to the CPT Editorial Panel for further refinement and subsequently resurveyed.

The family of psychological/neuropsychological testing CPT codes, except 96X11, was approved by the RUC in October 2017, recommendations have been submitted to CMS, and the existing codes, 96103 and 96120, are scheduled to be deleted as of January 1, 2019. The code reviewers have recommended that in the interim, a parenthetical should be added that directs providers who bill for these services to do so using the practice expense only code 96X12; *Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only*. CPT code 96X12 was passed by the RUC and transmitted to CMS as part of the family of psychological and neuropsychological testing services following the October 2017 RUC Meeting.

The specialty societies truly appreciate the expertise and assistance of the reviewers and pre-facilitation committee and agree that further code descriptor refinement for 96X11 and resurveying of this code will result in a more accurate representation of the physician work involved in this service. We ask that the RUC recommend that 96X11 be referred back to the CPT Editorial Panel for further refinement and subsequently resurveyed. Additionally, we ask that the RUC recommend to CMS that the family of Psychological and Neuropsychological testing codes, already passed by the RUC and transmitted to CMS following the October 2017 RUC Meeting, continue to move forward so that the code values for the family can be published in 2019 Medicare Physician Fee Schedule Final Rule. We appreciate the time and attention of the RUC in this process.

Respectfully submitted,

American Academy of Neurology (AAN)
American College of Physicians (ACP)
American Nurses Association (ANA)
American Psychological Association (APA)

Cc: American Academy of Pediatrics (AAP)
American Speech-Language-Hearing Association (ASHA)

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedural Codes

October 2017

Psychological and Neuropsychological Testing

In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010-day and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommended the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that the entire family of services be reviewed. In September 2016, the CPT Editorial Panel created seven codes to differentiate technician administration of psychological testing and neuropsychological testing from physician/ psychologist administration and assessment of testing; and deleted codes 96101-96103, 96111, 96118, 96119, 96120. In January 2017, organizations representing psychiatry, psychology, neurology, pediatrics and speech pathologists conducted a survey for the January 2017 RUC and HCPAC Review Board meetings. During this effort, it became apparent that further CPT revisions were required. Survey respondents were unable to articulate the work at the 60 or 30 minute coding increments and there is significant concern regarding the duplication of pre- and post- work as several units of service would be reported. Therefore, the organizations submitted a letter to the CPT Editorial Panel and the RUC to rescind the coding changes summarized below for CPT 2018. In June 2017, the CPT Editorial Panel revised 96116, added 13 codes to provide better definition and description to psychological and neuropsychological testing, and deleted of codes 96101-96103, 96111, 96118, 96119, 96120.

96112 ***Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour***
The RUC reviewed the specialty societies' recommendation of 2.60, the current value of to be deleted CPT code 96111 *Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report* (work RVU = 2.60 and 5 minutes pre-time, 60 minutes intra-service time and 30 minutes post-time), and determined that the survey data did not support that recommendation. The RUC reviewed the survey responses from 48 pediatricians, neurologists and psychologists and noted the survey 25th percentile was 2.48 work RVUs and median was 3.13 work RVUs. The RUC understood that this service is typically performed on a pediatric patient on the autism spectrum, which may be more intense and complex to test than the previous typical patient. However, the survey data did not indicate an increase. Therefore, using magnitude estimation the RUC determined that a work RVU of 2.50, crosswalked to CPT code 90847 *Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes* (work RVU = 2.50 and 5

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minutes pre-service, 50 minutes intra-service and 21 minutes post-service time) was appropriate. Additionally, a work RVU of 2.50 was recommended for codes 96130 and 96132, which require the same physician time and similar work to perform. For additional support the RUC referenced similar services 90846 *Family psychotherapy (without the patient present), 50 minutes* (work RVU = 2.40 and 50 minutes intra-service time) and 95954 *Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase* (eg, thiopental activation test) (work RVU = 2.45 and 5 minutes pre-service, 60 minutes intra-service and 5 minutes post-service time). Based on initial comments from the RUC, the specialty societies modified the pre- and post-service times to be consistent with this family of services and other similar services. The RUC recommends 5 minutes pre-service, 60 minutes intra-service and 5 minutes post-service time for CPT code 96112. **The RUC recommends a work RVU of 2.50 for CPT code 96112.**

96113 ***Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)***
The RUC reviewed the survey responses from 43 pediatricians, neurologists and psychologists and determined that the survey respondents overestimated the physician time and work required to perform this service. The RUC expressed concerned about the intensity of this add-on service related to the intensity of the base code. Therefore, the RUC recommends that CPT code 96113 be crosswalked to CPT code 96570 *Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)* (work RVU of 1.10 and 30 minutes intra-service time). The RUC recommends 30 minutes for CPT code 96113. For additional support the RUC referenced CPT code 52442 *Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)* (work RVU = 1.20 and 25 minutes intra-service time), which is valued slightly higher because it is more intense and complex to perform. **The RUC recommends a work RVU of 1.10 for CPT code 96113.**

96116 ***Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour***
The RUC reviewed the survey responses from 53 neurologists and psychologists and determined the current work RVU of 1.86 appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes of pre-service, 60 minutes of intra-service and 5 minutes of post-service time. Based on initial comments from the RUC, the specialty societies modified the pre- and post-service times to be consistent with this family of services and other similar services. The RUC confirmed that this service will not be reported with an Evaluation and Management (E/M) service. For additional support, the RUC referenced similar services 92524 *Behavioral and qualitative analysis of voice and resonance* (work RVU = 1.50 and 60 minutes intra-service time) and 95864 *Needle electromyography; 4 extremities with or without related paraspinal areas* (work RVU = 1.99 and 50 minutes intra-service time). **The RUC recommends a work RVU of 1.86 for CPT code 96116.**

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96121 ***Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)***

The RUC reviewed the survey responses from 53 neurologists and psychologists and determined that the survey respondents overestimated the physician work required for this service. Therefore, the RUC recommends that CPT code 96121 be crosswalked to CPT code 99356 *Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for primary procedure)* (work RVU = 1.71 and 60 minutes intra-service time). The RUC recommends 60 minutes of intra-service time for CPT code 96121. For additional support, the RUC referenced add-on code 90836 *Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)* (work RVU = 1.90 and 48 minutes total time). **The RUC recommends a work RVU of 1.71 for CPT code 96121.**

96132 ***Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour***

The RUC reviewed the survey responses from 140 neurologists and psychologists and determined that the survey respondents overestimated the physician time for this service. Based on initial comments from the RUC, the specialty societies modified the pre- and post-service times to be consistent with this family of services and other similar services. The RUC confirmed that this service will not be reported with an Evaluation and Management (E/M) service. The RUC also confirmed that psychological testing evaluation service, CPT code 96130 and neuropsychological testing evaluation service, CPT code 96132 are distinct and separate services and will not be reported together on the same day. The RUC recommends 5 minutes of pre-service, 60 minutes of intra-service and 5 minutes of post-service time for CPT code 96132. Using magnitude estimation the RUC determined that a work RVU of 2.50, crosswalked to CPT code 90847 *Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes* (work RVU = 2.50 and 5 minutes pre-service, 50 minutes intra-service and 21 minutes post-service time) was appropriate. Additionally, a work RVU of 2.50 was recommended for codes 96112 and 96130, which require the same physician time and work to perform. For additional support the RUC referenced similar services 90846 *Family psychotherapy (without the patient present), 50 minutes* (work RVU = 2.40 and 50 minutes intra-service time) and 95954 *Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase* (eg, thiopental activation test) (work RVU = 2.45 and 5 minutes pre-service, 60 minutes intra-service and 5 minutes post-service time). **The RUC recommends a work RVU of 2.50 for CPT code 96132.**

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96133 ***Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)***

The RUC reviewed the survey responses from 138 neurologists and psychologists and determined that the survey respondents overestimated the physician work and time for this service. The RUC recommends 60 minutes of intra-service time. Using magnitude estimation the RUC determined that a work RVU of 1.90, crosswalked to CPT code 90836 *Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)* (work RVU = 1.90 and 48 minutes total time) was appropriate. Additionally, a work RVU of 1.90 was recommended for code 96131, which require the same physician time and work to perform. For additional support the RUC referenced similar services 88323 *Consultation and report on referred material requiring preparation of slides* (work RVU = 1.83 and 60 minutes intra-service time), 95864 *Needle electromyography; 4 extremities with or without related paraspinal areas* (work RVU = 1.99 and 50 minutes intra-service time) and 92640 *Diagnostic analysis with programming of auditory brainstem implant, per hour* (work RVU = 1.76 and 60 minutes intra-service time). **The RUC recommends a work RVU of 1.90 for CPT code 96133.**

96X11 ***Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed***

The RUC reviewed the survey responses from 143 neurologists and psychologists and determined that the issue with this service was that the primary providers were not surveyed (primary care and nurse practitioners).This service describes a single test that is currently reported with 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* (work RVU = 0.51, 8 minutes pre-service, 8 minutes intra-service and 14 minutes post service time) or 96120 *Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report* (work RVU = 0.51, 8 minutes pre-service, 8 minutes intra-service and 14 minutes post service time). The RUC did not believe this single test will typically require 30 minutes. The RUC agreed the new coding structure for the other psychological and neuropsychological tests accurately describe testing performed by psychologists and neurologists, whereas the test as described in CPT code 96X11 will be a single test conducted by primary care physicians and nurse practitioners. **The RUC recommends an interim value of 0.51 for CPT code 96X11 and 8 minutes pre-service, 8 minutes intra-service and 14 minutes post service time (the current value and physician times as that of 96103 and 96120) and resurvey the correct providers for January 2018. The specialty societies should submit a revised vignette to the Research Subcommittee prior to survey.**

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Practice Expense
CPT codes 96113, 96121, 96132 and 96133 require no direct practice expense inputs.

96110 ***Developmental screening (eg, developmental milestone survey, speech and language delay screen) with scoring and documentation, per standardized instrument***
96127 ***Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument***
CPT code 96127 was reviewed in April 2014. At that time the RUC recommended 15 minutes of staff time for clinical activity, *Perform procedure/service---NOT directly related to physician work time.* This time was subsequently refined by CMS and reduced to 7 minutes. The PE Subcommittee reviewed this service as part of the family at the October 2017 RUC meeting and determined that 6 minutes is the appropriate time for this clinical activity. To maintain consistency across the family, clinical activity, *Perform procedure/service---NOT directly related to physician work time* in CPT code 96110 was also reduced from 15 to 6 minutes.

96112 ***Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour***
CPT codes 96112 requires no clinical staff time. There is 1 equipment item, EQ087 *cognitive abilities testing software (Woodcock Johnson)* allocated to this service. The time that the item is in use is not directly related to the clinical activity time and is typically in use for 10 minutes while the physician or other qualified health care professional administers the test.

96116 ***Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour***
CPT code 96116 includes an equipment item SK050, *neurobehavioral status forms, average*, that is an average of a variety of neurobehavioral tests. The PE Subcommittee requested that the specialty societies that utilize this supply item work together to determine the 3 most typical tests and submit paid invoices to CMS to facilitate updated pricing.

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96132 ***Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour***
96133 ***Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)***
96X11 ***Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed***
CPT codes 96132, 96133 and 96X11 require no clinical staff time. The PE Subcommittee removed all supplies and equipment related to printing. The PE Subcommittee determined that equipment item ED021, *computer, desktop, w-monitor* is an indirect expense for this service.

The RUC recommends the direct practice expense inputs as reviewed and modified by the Practice Expense Subcommittee.

Work Neutrality
The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine				
Neurology and Neuromuscular Procedures Functional Brain Mapping				
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* *(For functional magnetic resonance imaging [fMRI], brain, use 70555)* (Do not report 96020 in conjunction with ~~96101-96103~~, 96116~~-96120~~, 96112, 96113, 96121, 96130, 96131, 96132) *(Do not report 96020 in conjunction with 70554)* *(Evaluation and Management services codes should not be reported on the same day as 96020)*		

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Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)

The following codes are used to report the services provided during testing of the central nervous system functions. The central nervous system assessments include, but are not limited to: memory, language, ~~cognitive of the central nervous system. The testing of cognitive processes,~~ visual motor responses, and abstract~~ive~~ reasoning/problem-solving abilities. It is accomplished by the combination of several types of testing procedures. Testing procedures include assessment of aphasia and cognitive performance testing; developmental screening and behavioral assessments and testing; and psychological/neuropsychological testing. ~~It is expected that t~~ The administration of these tests will generate material that will be formulated into a report or an automated result. ~~A minimum of 31 minutes must be provided to report any per hour code. Services 96101, 96116, 96118, and 96125 report time as face-to- face time with the patient and the time spent interpreting and preparing the report.~~

(For development of cognitive skills, see 97532, 97533)

(Do not report ~~961051~~ 96125 assessment of aphasia and cognitive performance testing services [96105, 96125], developmental/behavioral screening and testing services [96110, 96112, 96113, 96127] and psychological/neuropsychological testing services [96116, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96X11, 96146 in conjunction with 0364T,0365T, 0366T, 0367T, 0373T, 0374T)

Definitions

Codes in this family describe a number of services that are defined below:

Cognitive performance testing assesses the patient's ability to complete specific functional tasks applicable to the patient's environment in order to identify or quantify specific cognitive deficits. The results are used to determine impairments and develop therapeutic goals and objectives.

Interactive feedback is used to convey the implications of psychological or neuropsychological test findings and diagnostic formulation. Based on patient-specific cognitive and emotional strengths and weaknesses, interactive feedback may include promoting adherence to medical and/or psychological treatment plans, educating and engaging the patient about his/her condition to maximize patient collaboration in their care, addressing safety issues, facilitating psychological coping, coordinating care, and engaging the patient in planning given the expected course of illness or condition when preformed.

Interpretation and report is performed by a physician or other qualified health care professional. In some circumstances, a result is generated through the use of a computer, tablet, or other device.

Neurobehavioral status exam is a clinical assessment of cognitive functions and behavior, and may include an interview with the patient, other informants, and/or staff, as well as integration of prior history and other sources of clinical data with clinical decision making, further assessment and/or treatment planning and report. Evaluation domains may include acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities.

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Neuropsychological testing evaluation services typically include integration of patient data with other sources of clinical data, interpretation, clinical decision making, and treatment planning and report. It may include interactive feedback to the patient, family member(s) or caregiver(s) when performed. Evaluation domains for neuropsychological evaluation may include intellectual function, attention, executive function, language and communication, memory, visual-spatial function, sensorimotor function, emotional and personality features, and adaptive behavior.

Psychological testing evaluation services typically include integration of patient data with other sources of clinical data, interpretation, clinical decision making, and treatment planning and report. It may include interactive feedback to the patient, family members or caregiver(s) when performed. Evaluation domains for psychological evaluation may include emotional and interpersonal functioning, intellectual function, thought processes, personality, and psychopathology.

Standardized instruments are used in the performance of these services. Standardized instruments are validated tests that are administered and scored in a consistent or "standard" manner consistent with their validation.

Testing is administered by a physician, other qualified health care professional, and technician or completed by the patient. The mode of completion can be by a person (eg, paper and pencil) or via automated means.

~~**Reporting Instructions**~~

Assessment of aphasia and cognitive performance testing which includes interpretation and report, are described by 96105, 96125.

Developmental screening services are described by 96110. Developmental/behavioral testing services, which include interpretation and report, are described by 96112, 96113.

Neurobehavioral status exam, which includes interpretation and report, is described by 96116, 96121.

Psychological and neuropsychological test evaluation services, which include integration of patient data, interpretation of test results and clinical data, treatment planning and report, and interactive feedback, are described by 96130, 96131, 96132, 96133.

Testing and administration services (96136, 96137) are performed by a physician or other qualified health care professional. For 96136, 96137, do not include time for evaluation services (eg, integration of patient data or interpretation of test results). This time is included with psychological and neuropsychological test evaluation services (96130, 96131, 96132, 96133). Testing and administration services (96138, 96139) are performed by a technician. The tests selected, test administration and method of testing and scoring are the same regardless of whether the testing is performed by a physician, other qualified health care professional, or a technician for 96136, 96137, 96138, 96139. Single test administration with interpretation and report is described by 96X11. Automated testing and result code 96146 describes testing performed by a single automated instrument with an automated result.

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Some of these ~~codes~~ services are typically performed together. For example, psychological/neuropsychological testing evaluation services (96130, 96131, 96132, 96133) may be reported with psychological/neuropsychological test administration and scoring services (96136, 96137, 96138, 96139).

A requirement of testing services (96105, 96125, 96112, 96113, 96121, 96130, 96131, 96132, 96133, 96X11, 96146) is that there is an interpretation and report when performed by a qualified health care professional, or a result when generated by automation. These services follow standard CPT time definitions (ie, a minimum of 16 minutes for 30-minute codes and 31 minutes for 1-hour codes must be provided to report any per hour code). ~~Services,~~The time reported in 96116, 96130, 96131, 96132, 96133, 96125 ~~report time as~~ is the face-to-face time with the patient and the time spent integrating and interpreting data.

Report the total time at the completion of the entire episode of evaluation.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
~~**D**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 (96101 is also used in those circumstances when additional time is necessary to integrate other sources of clinical data, including previously completed and reported technician- and computer-administered tests) (Do not report 96101 for the interpretation and report of 96102, 96103)~~	XXX	N/A (2017 Work RVU = 1.86)
D~~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~~	XXX	N/A (2017 Work RVU = 0.50)

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~~**D**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~~ (96101, 96102, 96103 have been deleted. To report psychological testing evaluation and administration and scoring services, see 96130, 96131, 96132, 96137, 96138, 96139, 96X11, 96146)	XXX	N/A (2017 Work RVU = 0.51)
Assessment of Aphasia and Cognitive Performance Testing				
96105**(f)**	K1	*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*	XXX	1.75 (No Change) (HCPAC Review)
96125**(f)**	K2	*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* (To report neuropsychological testing evaluation and administration and scoring services, see 96132, 96133, 96136, 96137, 96138, 96139, 96X11, 96146) ~~For psychological and neuropsychological testing by a physician or qualified health care professional psychologist, see 96101-96103, 96118)~~	XXX	1.70 (No Change) (HCPAC Review)
Developmental/Behavioral Screening and Testing				
96110**(f)**	K3	*Developmental screening (eg, developmental milestone survey, speech and language delay screen) with scoring and documentation, per standardized instrument* *(For an emotional/behavioral assessment, use 96127)*	XXX	0.00 (PE Only) (RUC Review)

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~~**D**96111~~	-	~~Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report~~ (96111 has been deleted. To report developmental testing, see 96112, 96113)	XXX	N/A (2017 Work RVU = 2.60)
● 96112	K4	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	XXX	2.50 (RUC Review)
✚●96113	K5	each additional 30 minutes (List separately in addition to code for primary procedure)	ZZZ	1.10 (RUC Review)
96127**(f)**	K6	*Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument* *(For developmental screening, use 96110)*	XXX	0.00 (PE Only) (RUC Review)
Psychological/Neuropsychological Testing **Neurobehavioral Status Exam**				
▲96116	K7	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional ~~per hour of the psychologist's or physician's time~~, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	XXX	1.86 (No Change) (RUC Review)
✚●96121	K8	each additional hour (List separately in addition to code for primary procedure) (Use 96121 in conjunction with 96116)	ZZZ	1.71 (RUC Review)

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~~**D**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~~ ~~*(96118 is also used in those circumstances when additional time is necessary to integrate other sources of clinical data, including previously completed and reported technician- and computer-administered tests)*~~ ~~*(Do not report 96118 for the interpretation and report of 96119 or 96120)*~~	XXX	N/A (2017 Work RVU = 1.86)
~~**D**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~~	XXX	N/A (2017 Work RVU = 0.55)
~~**D**96120~~	-	~~Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report~~ (96118, 96119, 96120 have been deleted. To report neuropsychological testing evaluation and administration and scoring services, see 96132, 96133, 96136, 96137, 96138, 96139, 96X11, 96146)	XXX	N/A (2017 Work RVU = 0.51)

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Testing Evaluation Services				
● 96130	K9	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	XXX	2.50 (HCPAC Review)
✚ ● 96131	K10	each additional hour (List separately in addition to code for primary procedure)	ZZZ	1.90 (HCPAC Review)
● 96132	K11	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	XXX	2.50 (RUC Review)
✚ ● 96133	K12	each additional hour (List separately in addition to code for primary procedure)	ZZZ	1.90 (RUC Review)
Test Administration and Scoring				
● 96136	K13	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	XXX	0.55 (HCPAC Review)
✚ ● 96137	K14	each additional 30 minutes (List separately in addition to code for primary procedure) (96136, 96137 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days)	ZZZ	0.46 (HCPAC Review)

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● 96138	K15	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	XXX	0.00 (PE Only) (HCPAC Review)
✚ ● 96139	K16	each additional 30 minutes (List separately in addition to code for primary procedure) (96138, 96139 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days) (For 96136, 96137, 96138, 96139, do not include time for evaluation services [eg, integration of patient data or interpretation of test results]. This time is included ~~with~~ in 96130, 96131, 96132, 96133)	ZZZ	0.00 (PE Only) (HCPAC Review)
Single Test Administration with Interpretation and Report				
● 96X11	K17	Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed (For multiple tests see 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139)	XXX	0.51 (Interim) (RUC Review)

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Automated Testing and Result

● 96146	K18	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only (If test is administered by physician, other qualified health care professional, or technician, do not report 96146. To report, see 96127, 96136, 96137, 96138, 96139, 96X11)	XXX	0.00 (PE Only) (HCPAC Review)

Category III

Adaptive Behavior Assessments

Behavior identification assessment (0359T) conducted.……
Observational behavioral follow-up assessment …..
Codes 0360T and 0361T describe services provided…..
Exposure behavioral follow-up assessment (0362T, 0363T)…….
The typical patients for 0362T and 0363T include…..
Codes 0362T and 0363T include exposing the…..
Codes 0360T, 0361T, 0362T, and 0363T are reported….

(Do not report 0359T, 0360T, 0361T, 0362T, 0363T in conjunction with 90785-90899, ~~96101~~ 96105, 96110, 96116, 96125, 96127, 96150, 96151, 96152, 96153, 96154, 96155 on the same date)
(For psychiatric diagnostic evaluation, see 90791, 90792)
(For speech evaluations, see 92521, 92522, 92523, 92524)

0362T *Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient*

✚*0363T* *each additional 30 minutes of technician(s) time, face-to-face with the patient (List separately in addition to code for primary procedure)*

(Use 0363T in conjunction with 0362T)
(0362T, 0363T are reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians)
(Do not report 0359T, 0360T, 0361T, 0362T, 0363T in conjunction with 90785-90899, ~~96101~~ 96105, 96110, 96116, 96125, 96150, 96151, 96152, 96153, 96154, 96155)

Adaptive Behavior Treatment

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0364T *Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time*

:0365T *each additional 30 minutes of technician time (List separately in addition to code for primary procedure)*

(Use 0365T in conjunction with 0364T)

(Do not report 0364T, 0365T in conjunction with 90785-90899, 92507, ~~96101-96155~~ 96105, 96110, 96116, 96125, 96127, 96150-96155, 97532)

✚*0367T* *each additional 30 minutes of technician time (List separately in addition to code for primary procedure)*

(Use 0367T in conjunction with 0366T)

(Do not report 0366T, 0367T if the group is larger than eight patients)

(Do not report 0366T, 0367T in conjunction with 90785-90899, 92508, ~~96101-96155.~~, 96105, 96110, 96116, 96150-96155, 97150)

Exposure Adaptive Behavior Treatment
With Protocol Modification

0373T *Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient*

:0374T *each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure)*

(Use 0374T in conjunction with 0373T)

(0373T, 0374T are reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians)

(Do not report 0373T, 0374T in conjunction with 90785-90899, ~~96101~~, 96105, 96110, 96116, 96150-96155)

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Background: Psychological/Neuropsychological Testing Services (Tab 8/20) – October 2017 RUC Meeting

Appreciating the complexity of Tabs 8 and 20, societies assigned to these tabs have prepared brief background material to assist RUC and HCPAC members orient themselves to these tabs.

Overview of Tab

Category	Code #	Meeting	Societies
Assessment of Aphasia and Cognitive Performance Testing	96105, 96125	HCPAC	ASHA
Developmental/Behavioral Screening and Testing	96110, 96127	PE Only	AAP
	963X0, +963X1	RUC	AAP, AAN, APA
Neurobehavioral Status Exam	96116, +963X2	RUC	AAN, APA
Psychological/Neuropsychological Testing			
Testing Evaluation Services	963X3, +963X4	HCPAC	APA
	963X5, +963X6	RUC	AAN, APA
Test Administration and Scoring	963X7, +963X8	HCPAC	APA
	963X9, +96X10	PE Only	APA
Single Test Administration with Interpretation and Report	96X11	RUC	AAN, APA
Automated Testing and Report	96X12	PE Only	APA

Change in Reporting Psychological/Neuropsychological Testing Services

The table below provides a comparison of the change in coding for psychological/neuropsychological testing services from the current codes to the new codes surveyed for the October 2017 RUC meeting. Under the new coding structure there are separate codes for professional evaluation services and test administration and scoring. These services are billed under one code in the current coding structure. These changes were made for the coding structure to better reflect how the services are provided in current practice.

Code	How Often Billed	Services Included in the Code				
		Evaluation	Interactive Feedback	Scoring/ Admin Prof.	Scoring/ Admin Tech.	Inter. & Report
Current Coding Scenarios						
96101 (psych)	Per hour	X		X		X
96102 (psych)	Per hour				X	X
96118 (neuropsych)	Per hour	X		X		X
96119 (neuropsych)	Per hour				X	X
New Coding Scenarios						
963X3 (psych)	First hour	X	X			X
+963X4 (psych)	Each addl hour	X	X			X
963X5 (neuropsych)	First hour	X	X			X
+963X6 (neuropsych)	Each addl hour	X	X			X
963X7	First 30 min.			X		
+963X8	Each addl 30 min.			X		
963X9	First 30 min.				X	
+96X10	Each addl 30 min.				X	

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96112 Tracking Number K4 Original Specialty Recommended RVU: **2.60**
Presented Recommended RVU: **2.60**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **2.50**

CPT Descriptor: Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 5-year-old male previously diagnosed with autism, but not enrolled in early intervention due to family circumstances, presents for extended developmental testing after he could not be successfully assessed for kindergarten entry.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Prior to the appointment, referrals were sent for a formal hearing evaluation and an assessment of visual acuity. These results were reviewed and the family was contacted with this information. Prior to administration of the tests, the child and his mother were observed as he explored provided toys for any signs of restricted interests or other limitations of exploratory behaviors.

Description of Intra-Service Work: Multiple standardized tests of fine and gross motor, expressive and receptive language, visual/spatial problem solving, social interactions were administered during which child-examiner interactions and perceived difficulty engaging the patient provided additional diagnostic information. The parent was present during the testing, and explanation of observed behaviors was briefly noted to the mother as the testing progressed. The test results were scored and a report was developed integrating the standardized results, informal observations, medical, developmental and behavioral history.

Description of Post-Service Work: A report was sent to the family and development representative at the school. Physician or qualified health care professional followed up with telephone discussion with those who received the report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kevin Kerber, MD, AAN Steve Krug, MD, AAP Lynn Wegner, MD, AAP Stephen Gillaspy, PhD, APA Randy Phelps, PhD, APA Neil Pliskin, PhD, APA				
Specialty(s):	American Academy of Neurology (AAN) American Academy of Pediatrics (AAP) American Psychological Association (APA)				
CPT Code:	96112				
Sample Size:	5096	**Resp N:** 48	**Response:** 0.9 %		
Description of Sample:	Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	4.75	**50.00**	142.50	500.00
Survey RVW:	1.00	2.48	**3.13**	3.20	5.00
Pre-Service Evaluation Time:			**18.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	50.00	**60.00**	90.00	770.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	96112	**Recommended Physician Work RVU: 2.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**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)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90791	XXX	3.00	**RUC Time**

CPT Descriptor Psychiatric diagnostic evaluation

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99222	XXX	2.61	**RUC Time**	7,048,864

CPT Descriptor 1 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99284	XXX	2.56	**RUC Time**	6,031,842

CPT Descriptor 2 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.

Other Reference CPT Code	Global	Work RVU	Time Source
90837	XXX	3.00	**RUC Time**

CPT Descriptor Psychotherapy, 60 minutes with patient

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 26 **% of respondents:** 54.1 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 10.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 96112	**Top Key Reference CPT Code:** 99205	**2nd Key Reference CPT Code:** **90791**
Median Pre-Service Time	5.00	7.00	10.00
Median Intra-Service Time	60.00	45.00	60.00
Median Immediate Post-service Time	5.00	15.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**70.00**	**67.00**	**90.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	8%	27%	38%	27%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	57%	35%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	50%	50%
Physical effort required	12%	30%	58%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	15%	31%	54%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	60%	20%	20%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	40%	60%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	40%	60%
Physical effort required	0%	40%	60%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	40%	40%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

A family of psychological/neuropsychological testing CPT codes was identified by CMS on the High Expenditure Procedural Codes screen. The reporting specialties went to CPT to revise and update the family. The new code family was approved at the May/June 2017 CPT Editorial Panel meeting and surveyed for the October 2017 RUC meeting (several of the codes are being reviewed by HCPAC). This family includes codes in three areas:

- Assessment of aphasia/cognitive performance testing (96105, 96125)
- Developmental/behavioral screening and testing (96112, +96113)
- Psychological/neuropsychological testing
    - Neurobehavioral status exam (96116, +96121)
    - Testing evaluation services (96130, +96131, 96132, +96133)
    - Test administration and scoring (96136, +96137)
    - Single test administration with interpretation and report (96X11)

MEETING	Category	Code #	Work RVU	Time	IWPUT
Assessment of Aphasia and Cognitive Performance Testing					
HCPAC	Assessment of aphasia	96105	1.75	4/60/10	0.024
HCPAC	Cognitive performing testing	96125	1.70	4/60/10	0.023
Developmental/Behavioral Screening and Testing					
RUC	**Developmental testing, first hour**	**96112**	**2.60**	**5/60/30**	**0.030**
RUC	Developmental testing, each addl 30 min.	+96113	0.92	0/30/0	0.031
Psychological/Neuropsychological Testing					
Neurobehavioral Status Exam					
RUC	Neurobehavioral status exam, first hour	96116	1.86	5/60/5	0.027
RUC	Neurobehavioral status exam, each addl hour	+96121	1.71	0/60/0	0.029
Test Evaluation Services					
HCPAC	Psychological testing evaluation services, first hour	96130	2.53	5/60/5	0.038
HCPAC	Psychological testing evaluation, each addl hour	+96131	1.90	0/60/0	0.032
RUC	Neuropsychological testing evaluation, first hour	96132	2.53	5/60/5	0.038
RUC	Neuropsychological testing, each addl hour	+96133	1.90	0/60/0	0.032
Test Administration and Scoring					
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, first 30 min.	96136	0.55	3/30/3	0.014
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, each addl 30 min.	+96137	0.46	0/30/0	0.015
Single Test Administration with Interpretation and Report					
RUC	Psychological/neuropsychological single test administration with interpretation and report	96X11	0.80	3/30/3	0.022

October 2017 RUC Work Survey and Recommendation

The American Academy of Pediatrics (AAP), American Association of Neurology (AAN) and the American Psychological Association (APA) surveyed *96112, Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour* for the October 2017 RUC meeting.

CPT code 96112 is the base code of a base code/add-on combination.

- 96112 Developmental testing, first hour
- +96113, Developmental testing, each addl 30 minutes

A total of 48 responses were received from a random sample of 5,096 AAP, AAN and APA members (.9 percent response rate). The societies convened an Expert Panel to review the survey data. The service is currently reported with code 96111 (*Developmental test extend*). ***The societies are recommending maintaining the current value and time of 2.60 wRVUs and 5/60/30 for the time.***

Survey Data: wRVU and Time

The Expert Panel reviewed the survey data.

Highlights from Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	2.48	3.13	3.20
Pre		18	
Intra	50	60	90
Post		30	

wRVU recommendation: The Expert Panel recommends maintaining the wRVU of the current code. The Expert Panel concluded that the survey data supported this recommendation.

Time recommendation: By definition the code has 60 minutes intra time. The Expert panel concluded that the survey median supports the recommended intra-time. The Expert Panel also recommended maintaining the current pre- and post-time of 5 minutes pre-time and 30 minutes post-time.

Custom question: Per the request of the Research Subcommittee, the following custom question was added to the survey: *For the typical patient, how much total time do you personally spend performing this entire service from start to finish (963X0 and all increments of +96113)?*

Min.	**25th Percentile**	**Median**	**75th Percentile**	**Max.**
0	88.75	150	240	3610

wRVU Recommendation: Rationale: Maintain the Current Value of the Code

The Expert Panel felt that maintaining the current value was appropriate because of the precedent established by the April 2003 RUC. When the April 2003 RUC recommended a wRVU for 96111 of 2.60, the code descriptor included 'per hour.' Therefore, the RUC also recommended that the AAP editorially revise the 96111 code descriptor, removing the 'per hour' reference so that the code could only be reported once.

We are now recommending the same wRVU (2.60) for code 96112, which represents the first hour of service – but which now can be extended via the additional reporting of 96113 (each additional 30 minutes).

- The April 2003 RUC validated that one hour of developmental testing is worth 2.60 wRVUs
- We are asking for re-validation of the RUC-recommended wRVU for that hour of work

The Expert Panel noted that while under the current code structure a provider is limited to reporting code just once for the service, under the new coding structure 96112 is billed for the first hour and +96113 is billed for each additional 30 minutes.

The Expert Panel also noted, that based on RUC process rules, existing RUC values are considered correct.

Comparison to Other Codes with Similar Times and Values

Finally, the societies compared 963X0 to other codes across the fee schedule. The recommended wRVUs and resulting IWPUT seem to provide relativity when compared to other service in the fee schedule.

	Descriptor	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2016 Utilization
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	2.50	5	50	21	76	April 2012	0.0384	193,683
96112	**Developmental testing, first hour**	2.60	5	60	30	95		**0.030**	**NEW**
99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.	2.63	15	45	17	77	Feb 2007	0.0425	52,511
90837	Psychotherapy, 60 minutes with patient	3.00	5	60	10	75	April 2012	0.0444	5,299,115

In summary, for CPT code 963X0 (*Developmental testing, first hour*) the societies recommend ***2.60 wRVUs and 5/60/30 for time.***

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.

☐ Multiple codes are used to maintain consistency with similar codes.
☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

CPT Code	Global	Work RVU	Pre	Intra	Post
96112	XXX	2.60	5	60	30
+96113	ZZZ	0.92	0	30	0

Can also be billed with E/M services

3.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96111

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty Clinical Psychology How often? Sometimes

Specialty Neurology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 89200
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare utilization for CPT code 96111 represents 1% of the national utilization. 2016 Medicare utilization for 96111 is 892.

Specialty Pediatrics Frequency 71360 Percentage 80.00 %

Specialty Clinical Psychology Frequency 4460 Percentage 5.00 %

Specialty Neurology Frequency 4460 Percentage 5.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 892 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This code will replace 100% of the Medicare utilization for CPT code 96111

Specialty Clinical Psychology Frequency 232 Percentage 26.00 %

Specialty Neurology Frequency 134 Percentage 15.02 %

Specialty Pediatrics Frequency 17 Percentage 1.90 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 96111

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96113 Tracking Number K5 Original Specialty Recommended RVU: **0.92**
Presented Recommended RVU: **0.92**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **1.10**

CPT Descriptor: Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 5-year-old male previously diagnosed with autism, but not enrolled in early intervention due to family circumstances, presents for extended developmental testing after he could not be successfully assessed for kindergarten entry. Patient requires an additional 30 minutes of extended developmental testing beyond the first hour.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Multiple standardized tests of fine and gross motor, expressive and receptive language, visual/spatial problem solving, social interactions were administered during which child-examiner interactions and perceived difficulty engaging the patient provided additional diagnostic information. The parent was present during the testing, and explanation of observed behaviors was briefly noted to the mother as the testing progressed. The test results were scored.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kevin Kerber, MD, AAN Steve Krug, MD, AAP Lynn Wegner, MD, AAP Stephen Gillaspy, PhD, APA Randy Phelps, PhD, APA Neil Pliskin, PhD, APA				
Specialty(s):	American Academy of Neurology (AAN) American Academy of Pediatrics (AAP) American Psychological Association (APA)				
CPT Code:	96113				
Sample Size:	5096	**Resp N:** 43	**Response:** 0.8 %		
Description of Sample:	Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	3.00	**25.00**	95.00	920.00
Survey RVW:	0.80	1.77	**2.23**	2.86	5.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	20.00	38.50	**60.00**	85.00	99205.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	96113	**Recommended Physician Work RVU: 1.10**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99355	ZZZ	1.77	**RUC Time**

CPT Descriptor 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; each additional 30 minutes (List separately in addition to code for prolonged service).

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64484	ZZZ	1.00	**RUC Time**	480,712

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51797	ZZZ	0.80	**RUC Time**	131,261

CPT Descriptor 2 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
93750	XXX	0.92	**RUC Time**

CPT Descriptor Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10 **% of respondents:** 23.2 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 23.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 96113	**Top Key Reference CPT Code:** 99205	**2nd Key Reference CPT Code:** **99355**
Median Pre-Service Time	0.00	7.00	0.00
Median Intra-Service Time	30.00	45.00	30.00
Median Immediate Post-service Time	0.00	15.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**67.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	40%	20%	40%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	50%	50%
Physical effort required	0%	30%	70%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	40%	50%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	20%	50%	20%	10%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	60%	30%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	60%	40%
Physical effort required	10%	60%	30%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	30%	30%	40%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

A family of psychological/neuropsychological testing CPT codes was identified by CMS on the High Expenditure Procedural Codes screen. The reporting specialties went to CPT to revise and update the family. The new code family was approved at the May/June 2017 CPT Editorial Panel meeting and surveyed for the October 2017 RUC meeting (several of the codes are being reviewed by HCPAC). This family includes codes in three areas:

- Assessment of aphasia/cognitive performance testing (96105, 96125)
- Developmental/behavioral screening and testing (96112, +96113)
- Psychological/neuropsychological testing
    - Neurobehavioral status exam (96116, +96121)
    - Testing evaluation services (96130, +96131, 96132, +96133)
    - Test administration and scoring (96136, +96137)
    - Single test administration with interpretation and report (96X11)

MEETING	Category	Code #	Work RVU	Time	IWPUT
Assessment of Aphasia and Cognitive Performance Testing					
HCPAC	Assessment of aphasia	96105	1.75	4/60/10	0.024
HCPAC	Cognitive performing testing	96125	1.70	4/60/10	0.023
Developmental/Behavioral Screening and Testing					
RUC	Developmental testing, first hour	96112	2.60	5/60/30	0.030
RUC	**Developmental testing, each addl 30 min.**	**+96113**	**0.92**	**0/30/0**	**0.031**
Psychological/Neuropsychological Testing					
Neurobehavioral Status Exam					
RUC	Neurobehavioral status exam, first hour	96116	1.86	5/60/5	0.027
RUC	Neurobehavioral status exam, each addl hour	+96121	1.71	0/60/0	0.029
Test Evaluation Services					
HCPAC	Psychological testing evaluation services, first hour	96130	2.53	5/60/5	0.038
HCPAC	Psychological testing evaluation, each addl hour	+96131	1.90	0/60/0	0.032
RUC	Neuropsychological testing evaluation, first hour	96132	2.53	5/60/5	0.038
RUC	Neuropsychological testing, each addl hour	+96133	1.90	0/60/0	0.032
Test Administration and Scoring					
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, first 30 min.	96136	0.55	3/30/3	0.014
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, each addl 30 min.	+96137	0.46	0/30/0	0.015
Single Test Administration with Interpretation and Report					
RUC	Psychological/neuropsychological single test administration with interpretation and	96X11	0.80	3/30/3	0.022

MEETING	Category	Code #	Work RVU	Time	IWPUT
	report				

October 2017 RUC Work Survey and Recommendation

The American Academy of Pediatrics (AAP), American Association of Neurology (AAN) and the American Psychological Association (APA) surveyed +*96113*, *Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)* for the October 2017 RUC meeting.

CPT code +96113 is the add-on code of a base code/add-on combination.

- 96112, Developmental testing, first hour
- +96113, Developmental testing, each addl 30 minutes

A total of 43 responses were received from a random sample of 5,096 AAP, AAN and APA members (.08 percent response rate). The societies convened an Expert Panel to review the survey data. ***The societies are recommending 0.92 work RVUs and 0/30/0 for the time.***

Survey Data: wRVU and Time

The Expert Panel reviewed the survey data.

Highlights from Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	1.77	2.23	2.86
Intra-Time	38.5	60	85

wRVU recommendation: The Expert Panel felt that the survey work RVW 25th percentile and median was too high. The current value of the base code is 2.60 work RVUs. The base code (963X0) and the add-on code (+96113) have no pre-time. Since the base code is 60 minutes, and the add-on code is 30 minutes, the Expert Panel felt that it should be valued less than half of the base code. On the other hand, the base code and the add-on code should have similar intensity since the subsequent 30 minutes should have the same intensity as the first hour.

The Expert Panel concluded that they could not rely on survey data as the basis of their recommendation and that they would need to develop a recommendation based on a crosswalk to a RUC-reviewed code.

Time recommendation: By definition the code has 30 minutes intra-time. The Expert Panel agreed that the survey median of 60 minutes intra-time was too high as was the 25th percentile of 38.5 minutes. The Expert Panel agreed that 30 minutes intra-time was appropriate. As an add-on code this code has no pre- or post-time.

Custom question: Per the request of the Research Subcommittee, the following custom question was added to the survey: *For the typical patient, how much total time do you personally spend performing this entire service from start to finish (963X0 and all increments of +96113)?*

Min.	25th Percentile	Median	75th Percentile	Max.
0	88.75	150	240	3610

wRVU Recommendation Rationale: Crosswalk to code 93750

Since the survey data was not appropriate the Expert Panel based its work RVU recommendation on a crosswalk to a RUC surveyed code.

Since the survey data was not appropriate the Expert Panel based its work RVU recommendation on a crosswalk to a RUC surveyed code.

Response to reviewer comments: The society received comments from reviewers that in general selected crosswalks for this family of codes were not as robust as they would have liked. Codes were selected with older survey data, they were not always clinically similar to the surveyed code, the intra-service time was slightly off from the intra-service time of the surveyed code, and in the case of a crosswalk to a ZZZ surveyed code a XXX code was selected. We very much agree with the reviewers that the crosswalks were not always ideal. Unfortunately the Expert Panel was constrained by a variety of factors:

- Entire family was being surveyed, eliminating potential ideal crosswalks with clinical similarity
- Generally, psychology/neuropsychology has fewer codes within the specialty and more limited clinically similar services to other specialties
- Limited options for XXX and ZZZ services with 60 minutes and 30 minutes intra-time with appropriate wRVUs
- Some crosswalks suggested by reviewers were just too high and would not have maintained budget neutrality in the family

The Expert Panel did a search on the RUC database to find an appropriate crosswalk. In conducting the search they considered the intra-time (30 minutes) and intensity (similar to the base code).

Based on these parameters and their clinical expertise with the service the Expert Panel recommended a crosswalk to:

- 93750, *Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report*
    - Work RVU = 0.92
    - IWPUT = 0.0307
    - Time = 0/30/0
    - 2016 utilization: 80,883

The code was surveyed by the RUC in 2009. The Expert Panel acknowledged that the survey data was slightly dated but the pool of codes was limited since there are few codes with the above described parameters. In addition, the entire family of codes is being surveyed, which includes codes that could have been used as crosswalks, resulting in even fewer crosswalk options. The Expert Panel noted the recommended crosswalk was technically an XXX code, but it did not have pre or post time and felt that it made it similar to a ZZZ code.

The Expert Panel concluded that the appropriate work RVW value is 0.92 crosswalked from code 93750.

Comparison to the Base Code

The first hour of the service is reported by code 96112. The societies are recommending maintaining the current work RVU value of 2.60 for 96112. Code 96112 has 60 minutes intra-service time while +96113 has an intra-service time of 30 minutes. The recommended value of 0.92 work RVUs for code +96121 has a similar IWPUT as the base code (96112 IWPUT = 0.0303; +96113 IWPUT = 0.0307).

Since the professional work and intensity of the work is the same in the first hour of work as the subsequent 30 minutes of work, the societies felt a similar IWPUT was appropriate.

Response to reviewer comments: The societies received a comment from one reviewer if the wRVU proportionality between the base and add-on code should be consistent throughout the family. The Expert Panel considered this question and concluded that it should not necessarily be consistent. The add-on code is a continuation of the intra-service period of the base code so its value is driven by the value of the base code. What is included in the base code varies by each base code/add-on combination. Also in one instance, the developmental service (96112, +96113), the base code is for the first 60 minutes and the add-on code is for each subsequent 30 minutes which will result in a different relationship between the base and the add-on code.

Comparison to Other Codes with Similar Times and Values

Finally, the societies compared +96113 to other codes across the fee schedule with similar times and values. The recommended work RVUs and resulting IWPUT seem to provide appropriate relativity when compared to other services in the fee schedule.

Code	Descriptor	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time	IWPUT	Most Recent RUC Review
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)	0.87	0	30	0	30	0.0290	April 2013
+96113	**Developmental testing, each addl 30 minutes**	**0.92**	**0**	**30**	**0**	**30**	**0.031**	**NEW**
13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	1.24	0	30	0	30	0.0413	April 2012

In summary, for CPT code +963X1 (*Developmental testing, each addl 30 min*.) the societies recommend ***0.92 work RVUs and 0/30/0 for time.***

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.

☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
☐ Multiple codes are used to maintain consistency with similar codes.
☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

CPT Code	Global	Work RVU	Pre	Intra	Post
96112	XXX	2.60	5	60	30
+96113	ZZZ	0.92	0	30	0

Can also be billed with E/M services

3.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96111

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty Clinical Psychology How often? Sometimes

Specialty Neurology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 267600
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare utilization represents 1% of national utilization. +96121 will be reported 300% of the time when the base code 96112 is reported. 2016 Medicare utilization of 96111 is 802.

Specialty Pediatrics Frequency 214080 Percentage 80.00 %

Specialty Clinical Psychology Frequency 13380 Percentage 5.00 %

Specialty Neurology Frequency 13380 Percentage 5.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,676
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. +96121 will be reported 300% of the time when the base code 96112 is reported. 2016 Medicare utilization of 96111 is 892.

Specialty Clinical Psychology Frequency 723 Percentage 27.01 %

Specialty Neurology Frequency 401 Percentage 14.98 %

Specialty Pediatrics Frequency 401 Percentage 14.98 %

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. 96111

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96116 Tracking Number K7 Original Specialty Recommended RVU: **1.86**
Presented Recommended RVU: **1.86**
Global Period: XXX Current Work RVU: **1.86** RUC Recommended RVU: **1.86**

CPT Descriptor: Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old female is referred by her physician because of family reports of changes in her behavior including attention difficulties, memory problems, and difficulties with problem solving. A neurobehavioral status examination is completed.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review referral and accompanying records. Select methods to evaluate neurobehavioral status.

Description of Intra-Service Work: Meet with patient and, if appropriate, significant others. Perform neurobehavioral status examination, which involves clinical assessment for impairments in acquired knowledge, attention, language, learning, memory, problem solving, and visual-spatial abilities. Observe behavior and record responses. Develop clinical impression.

Description of Post-Service Work: Review findings for additional assessment planning and interaction.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017					
Presenter(s):	Kevin Kerber, MD, AAN Stephen Gillaspy, PhD, APA Randy Phelps, PhD, APA Neil Pliskin, PhD, APA					
Specialty(s):	American Academy of Neurology (AAN) American Psychological Association (APA)					
CPT Code:	96116					
Sample Size:	4602	**Resp N:**	81	**Response:** 1.7 %		
Description of Sample:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	15.00	**65.00**	175.00	628.00	
Survey RVW:	0.50	2.90	**3.15**	3.30	50.00	
Pre-Service Evaluation Time:			**20.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	5.00	45.00	**60.00**	105.00	790.00	
Immediate Post Service-Time:	**23.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
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:	96116	**Recommended Physician Work RVU: 1.86**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90791	XXX	3.00	**RUC Time**

CPT Descriptor Psychiatric diagnostic evaluation.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95819	XXX	1.08	**RUC Time**	236,046

CPT Descriptor 1 Electroencephalogram(EEG); including recording awake and asleep

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99233	XXX	2.00	**RUC Time**	22,500,172

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 detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source

99221 XXX 1.92 **RUC Time**

CPT Descriptor Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other 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 problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 41 **% of respondents:** 50.6 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 22.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 96116	**Top Key Reference CPT Code:** 99205	**2nd Key Reference CPT Code:** **90791**
Median Pre-Service Time	5.00	7.00	10.00
Median Intra-Service Time	60.00	45.00	60.00
Median Immediate Post-service Time	5.00	15.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**70.00**	**67.00**	**90.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	2%	3%	29%	44%	22%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	5%	34%	61%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	44%	46%
Physical effort required	10%	66%	24%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	15%	49%	37%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	6%	33%	28%	33%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	22%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	11%	28%	61%
Physical effort required	17%	39%	44%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	17%	33%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

A family of psychological/neuropsychological testing CPT codes was identified by CMS on the High Expenditure Procedural Codes screen. The reporting specialties went to CPT to revise and update the family. The new code family was approved at the May/June 2017 CPT Editorial Panel meeting and surveyed for the October 2017 RUC meeting (some of these codes are being presented at the HCPAC meeting). This family includes codes in three areas:

- Assessment of aphasia/cognitive performance testing (96105, 96125)
- Developmental/behavioral screening and testing (96112, +96113)
- Psychological/neuropsychological testing
    - Neurobehavioral status exam (96116, +96121)
    - Testing evaluation services (96130, +96131, 96132, +96133)
    - Test administration and scoring (96136, +96137)
    - Single test administration with interpretation and report (96X11)

MEETING	Category	Code #	Work RVU	Time	IWPUT
Assessment of Aphasia and Cognitive Performance Testing					
HCPAC	Assessment of aphasia	96105	1.75	4/60/10	0.024
HCPAC	Cognitive performing testing	96125	1.70	4/60/10	0.023
Developmental/Behavioral Screening and Testing					
RUC	Developmental testing, first hour	96112	2.60	5/60/30	0.030
RUC	Developmental testing, each addl 30 min.	+96113	0.92	0/30/0	0.031
Psychological/Neuropsychological Testing					
Neurobehavioral Status Exam					
RUC	**Neurobehavioral status exam, first hour**	**96116**	**1.86**	**5/60/5**	**0.027**
RUC	Neurobehavioral status exam, each addl hour	+96121	1.71	0/60/0	0.029
Test Evaluation Services					
HCPAC	Psychological testing evaluation services, first hour	96130	2.53	5/60/5	0.038
HCPAC	Psychological testing evaluation, each addl hour	+96131	1.90	0/60/0	0.032
RUC	Neuropsychological testing evaluation, first hour	96132	2.53	5/60/5	0.038
RUC	Neuropsychological testing, each addl hour	+96133	1.90	0/60/0	0.032
Test Administration and Scoring					
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, first 30 min.	96136	0.55	3/30/3	0.014
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, each addl 30 min.	+96137	0.46	0/30/0	0.015
Single Test Administration with Interpretation and Report					
RUC	Psychological/neuropsychological single test administration with interpretation and report	96X11	0.80	3/30/3	0.022

October 2017 RUC Work Survey and Recommendation

The American Association of Neurology (AAN) and the American Psychological Association (APA) surveyed *96116, Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour* for the October 2017 RUC meeting.

CPT code 96116 is the base code of a base code/add-on combination.

- 96116, Neurobehavioral status exam, first hour
- +96121, Neurobehavioral status exam, each addl hour

A total of 81 responses were received from a random sample of 4,602 AAN and APA members (1.7 percent response rate). AAN and APA convened an Expert Panel to review the survey data. ***The societies are recommending maintaining the current wRVU value of 1.86 and 5/60/5 for the time.***

Survey Data: wRVU and Time

The Expert Panel reviewed the survey data.

Highlights from Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	2.90	3.15	3.30
Pre		20	
Intra	45	60	105
Post		23	

The Expert Panel concluded that the survey data was too high to recommend for the wRVU.

Response to reviewer comments: A reviewer noted that the top reference code selected was an E/M service (99205) but that psychologists do not report E/M services. The Expert Panel agreed that this was both odd and unexpected and that they could not explain why this occurred. Since the survey data was not being used to develop the recommendation the issue was not further explored.

Custom Question: Per the request of the Research Subcommittee, the following custom question was added to the survey: *For the typical patient, how much total time do you personally spend performing this entire service from start to finish (96116 and all increments of +96121)?*

Min.	25th Percentile	Median	75th Percentile	Max.
30 min.	75 min.	110 min.	180 min.	1200 min.

Based on 2015 Medicare claims data, the median number of units of 96116 billed on the same day was 1 unit.

wRVU Recommendation: Maintain Current Value

The recommendation is based on a cosswalk to the current wRVU. The appropriateness of this recommendations is supported by rank order in the family and comparison to other codes with similar times and values.

wRVU and Time Recommendations

wRVU recommendation: The Expert Panel concluded that they could not rely on survey data as the basis of their recommendation for the wRVU. The societies felt that maintaining the current wRVU value for 96116 was appropriate since the newly revised code is very similar to the current code. They are both one hour codes, although the current code is a per hour code while the newly revised code is for the first hour (base code of a base code/add-on combination).

2017 Coding Scenario				New Coding Scenario			
Code	**RVU**	**Time**	**IWPUT**	**Code**	**RVU***	**Time***	**IWPUT**
96116	1.86	7/60/0	0.0284	96116	1.86	5/60/5	0.027
				+96121	1.71	0/60/0	0.029

* Recommended RVUs and time

In 2017 the provider bills 96116 (1.86 work RVUs) per hour of the service. Under the new codes the provider would bill 96116 (1.86 work RVUs) for the first hour and +96121 (1.71 work RVUs) for each additional hour.

Response to reviewer comments: One reviewer asked why there was no post-time assigned to the code even though there was work associated with it. A reviewer also commented that they would like to see greater consistency in the family with pre-and post-time. The Expert Panel thanks the reviewers for this observation and agrees with their assessment. For time, they are recommending 5 minutes pre-time and 5 minutes post time. This time seemed aligned with other services in the family as well as other XXX codes.

Time recommendation: By definition the code has 60 minutes intra-service time assigned to it. This aligned well with the survey median for intra-time. The Expert Panel felt that 5 minutes pre-time and 5 minutes post-time was necessary to perform the typical pre- and post-service tasks. A recommendation of 5 minutes for both pre- and post-time seemed to align with other similar XXX codes.

Rank order in the Family

Rank order in the family was also found to be appropriate. Code 96116 has a wRVU value and IWPUT below the psychological/neuropsychological testing evaluation base codes (96130, 96132). A neurobehavioral status exam may be completed prior to neuropsychological testing and helps determine what further testing, if any, is required. Therefore, a work RVU below codes 96130 and 96132 seemed appropriate.

Category	Code #	Work RVU	Time	IWPUT
Neurobehavioral status exam, first hour	**96116**	**1.86**	**5/60/5**	**0.027**
Psychological testing evaluation services, first hour	96130	2.53	5/60/5	0.038
Neuropsychological testing evaluation, first hour	96132	2.53	5/60/5	0.038

Comparison to Other Codes with Similar Times and Values

Finally, the societies compared 96116 to other codes across the fee schedule. The recommended wRVUs and resulting IWPUT seem to provide relativity when compared to other services in the fee schedule.

	Descriptor	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2016 Utilization
92524	Behavioral and qualitative analysis of voice and resonance	1.50	5	60	10	75	Jan 2013	0.0194	12,778
99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)	1.71	0	60	0	60	June 1993	0.0285	196,647
96116	**Neurobehavioral status exam, first hour**	1.86	5	60	5	70	*****	**.027**	**REVISED**
95864	Needle electromyography; 4 extremities with or without related paraspinal areas	1.99	10	50	13.5	73.5	April 2012	0.0293	3,626
90834	Psychotherapy, 45 minutes with	2.00	5	45	10	60	April	0.0370	5,411,556

	Descriptor	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2016 Utilization
	patient						2012		

In summary, for CPT code 96116 (*Neurobehavioral status exam, first hour*) the societies recommend ***1.86 work RVUs and 5/60/5 for time.***

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

CPT Code	Global	Work RVU	Pre	Intra	Post
96116	XXX	1.86	5	60	5
+96121	ZZZ	1.71	0	60	0
96132	XXX	2.53	5	60	5
+96133	ZZZ	1.90	0	60	0
96136	XXX	0.55	3	30	3
+96137	ZZZ	0.46	0	30	0
96138	XXX	PE Only	N/A		
+96139	ZZZ	PE Only	N/A		
96X11	XXX	0.80	3	30	0
96146	XXX	PE Only	N/A		

Note: Clinician would bill either would bill X7/X8 or X9/X10 for administration and scoring (by healthcare professional or technician).

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96116

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 Clinicial Psychology How often? Commonly

Specialty Neurology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 620063
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare utilization represents 20% of national utilization; Revised 96116 (base code) represents 81% of the current 96116 2016 Medicare volume (remaining volume of current 96116 reported by +96121 (add-on code).

Specialty Clinical Psychology Frequency 396840 Percentage 63.99 %

Specialty Neurology Frequency 93009 Percentage 14.99 %

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? 124,013 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Revised 96116 (base code) represents 81% of the current 96116 2016 Medicare volume (remaining volume of current 96116 reported by +96121 (add-on code)).

Specialty Clinical Psychology Frequency 79368 Percentage 63.99 %

Specialty Neurology Frequency 18602 Percentage 15.00 %

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:
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 96116

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:96121 Tracking Number K8 Original Specialty Recommended RVU: **1.71**
Presented Recommended RVU: **1.71**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **1.71**

CPT Descriptor: Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional hour (List separately in addition to code for primary procedure) (Use 963X2 in conjunction with 96116)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old female is referred by her physician because of family reports of changes in her behavior including attentional difficulties, memory problems, and difficulties with problem solving. A neurobehavioral status examination is completed. Patient requires an additional hour of neurobehavioral status examination beyond the first hour.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Meet with patient and, if appropriate, significant others. Perform neurobehavioral status examination, which involves clinical assessment for impairments in acquired knowledge, attention, language, learning, memory, problem solving, and visual-spatial abilities. Observe behavior and record responses. Develop clinical impression.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017					
Presenter(s):	Kevin Kerber, MD, AAN Stephen Gillaspy, PhD, APA Randy Phelps, PhD, APA Neil Pliskin, PhD, APA					
Specialty(s):	American Academy of Neurology (AAN) American Psychological Association (APA)					
CPT Code:	96121					
Sample Size:	4602	**Resp N:**	53	**Response:** 1.1 %		
Description of Sample:	Random					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**12.00**	50.00	300.00
Survey RVW:	0.66	2.43	**3.00**	3.25	50.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	47.25	**60.00**	125.00	950.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	96121	**Recommended Physician Work RVU: 1.71**		
		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:		**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)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99354	ZZZ	2.33	**RUC Time**

CPT Descriptor 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)

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
51797	ZZZ	0.80	**RUC Time**	127,566

CPT Descriptor 1 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	508,905

CPT Descriptor 2 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

Other Reference CPT Code	Global	Work RVU	Time Source

99356 ZZZ 1.71 **RUC Time**

CPT Descriptor Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 24 **% of respondents:** 46.1 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 15.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 96121	Top Key Reference CPT Code: 99205	2nd Key Reference CPT Code: 99354
Median Pre-Service Time	0.00	7.00	0.00
Median Intra-Service Time	60.00	45.00	60.00
Median Immediate Post-service Time	0.00	15.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**60.00**	**67.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	4%	8%	29%	33%	25%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	13%	29%	58%

- Urgency of medical decision making

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	38%	54%
Physical effort required	13%	54%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	63%	25%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	38%	25%	38%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	25%	75%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	25%	63%
Physical effort required	13%	50%	38%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	25%	63%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

A family of psychological/neuropsychological testing CPT codes was identified by CMS on the High Expenditure Procedural Codes screen. The reporting specialties went to CPT to revise and update the family. The new code family was approved at the May/June 2017 CPT Editorial Panel meeting and surveyed for the October 2017 RUC meeting (some of these codes are being presented at the HCPAC meeting). This family includes codes in three areas:

- Assessment of aphasia/cognitive performance testing (96105, 96125)
- Developmental/behavioral screening and testing (963X0, +963X1)
- Psychological/neuropsychological testing
    - Neurobehavioral status exam (96116, +963X2)
    - Testing evaluation services (963X3, +963X4, 963X5, +963X6)
    - Test administration and scoring (963X7, +963X8)
    - Single test administration with interpretation and report (96X11)

MEETING	Category	Code #	Work RVU	Time	IWPUT
Assessment of Aphasia and Cognitive Performance Testing					
HCPAC	Assessment of aphasia	96105	1.75	4/60/10	0.024
HCPAC	Cognitive performing testing	96125	1.70	4/60/10	0.023
Developmental/Behavioral Screening and Testing					
RUC	Developmental testing, first hour	96112	2.60	5/60/30	0.030
RUC	Developmental testing, each addl 30 min.	+96113	0.92	0/30/0	0.031
Psychological/Neuropsychological Testing					
Neurobehavioral Status Exam					
RUC	Neurobehavioral status exam, first hour	96116	1.86	5/60/5	0.027
RUC	**Neurobehavioral status exam, each addl hour**	**+96121**	**1.71**	**0/60/0**	**0.029**
Test Evaluation Services					
HCPAC	Psychological testing evaluation services, first hour	96130	2.53	5/60/5	0.038
HCPAC	Psychological testing evaluation, each addl hour	+96131	1.90	0/60/0	0.032
RUC	Neuropsychological testing evaluation, first hour	96132	2.53	5/60/5	0.038
RUC	Neuropsychological testing, each addl hour	+96133	1.90	0/60/0	0.032
Test Administration and Scoring					
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, first 30 min.	96136	0.55	3/30/3	0.014
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, each addl 30 min.	+96137	0.46	0/30/0	0.015
Single Test Administration with Interpretation and Report					
RUC	Psychological/neuropsychological single test administration with interpretation and report	96X11	0.80	3/30/3	0.022

October 2017 RUC Work Survey and Recommendation

The American Association of Neurology (AAN) and the American Psychological Association (APA) surveyed *+96121, Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified*

health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure) for the October 2017 RUC meeting.

CPT code +96121 is the add-on code of a base code/add-on combination.

- 96116, Neurobehavioral status exam, first hour
- +96121, Neurobehavioral status exam, each addl hour

A total of 53 responses were received from a random sample of 4,602 AAN/APA members (1.1 percent response rate). AAN/APA convened an Expert Panel to review the survey data. ***The societies are recommending a work RVU value of 1.71 and 0/60/0 for the time.***

Survey Data

The Expert Panel reviewed the survey data.

Highlights from Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	2.43	3.00	3.25
Intra-Time	47.25	60	125

wRVU recommendation: The Expert Panel concluded the survey data was too high for a wRVU recommendation. The Expert Panel concluded that they could not rely on survey data as the basis of their recommendation and that they would need to develop a recommendation based on a crosswalk to a RUC-reviewed code.

Time recommendation: By definition the code has 60 minutes intra-service time assigned to it. This aligned well with the survey median value for intra-time.

Response to reviewer comments: A reviewer noted that the top reference code selected was an E/M service (99205) but that psychologists do not report E/M services. The Expert Panel agreed that this was both odd and unexpected and that they could not explain why this occurred. Since the survey data was not being used to develop the recommendation the issue was not further explored.

Custom Question: Per the request of the Research Subcommittee, the following custom question was added to the survey: *For the typical patient, how much total time do you personally spend performing this entire service from start to finish (96116 and all increments of +963X2)?*

Min.	**25th Percentile**	**Median**	**75th Percentile**	**Max.**
30 min.	75 min.	110 min.	180 min.	1200 min.

Based on 2015 Medicare claims data, the median number of units of 96116 billed on the same day was 1 unit.

wRVU Recommendation Rationale: Crosswalk to code 99356

The Expert Panel agreed that the value of the code should be less than the base code, 96116, which has a recommended wRVU of 1.86. Since 963X2 is a continuation of the service provided by the base code and the complexity or intensity does not decrease, the Expert Panel concluded the value should have a similar IWPUT as the base code.

Response to reviewer comments: The society received a comment from one reviewer if the wRVU proportionality between the base and add-on code should be consistent throughout the family. The Expert Panel considered this question and concluded that it should not necessarily be consistent. The add-on code is a continuation of the intra-service period of the base code so its value is driven by the value of the base code. What is included in the base code varies by each base code/add-on combination. Also in one instance, the developmental service (96112, +96113), the base code is for the first 60 minutes and the add-on code is for each subsequent 30 minutes which will result in a different relationship between the base and the add-on code.

In reviewing the reference service list the Expert Panel concluded that the appropriate value should be between reference code 90840 (*Psychotherapy for crisis, each additional 50 minutes*) valued at 1.50 wRVUs and reference code 99355 (*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; each additional 30 minutes (List separately in addition to code for prolonged service)*) valued at 1.77 wRVUs. Both of these codes are ZZZ global codes. A search of the RUC database was conducted to identify an appropriate crosswalk.

Response to reviewer comments: The society received comments from reviewers that in general selected crosswalks for this family of codes were not as robust as they would have liked. Codes were selected with older survey data, they were not always clinically similar to the surveyed code, the intra-service time was slightly off from the intra-service time of the surveyed code, and in the case of a crosswalk to a ZZZ surveyed code a XXX code was selected. We very much agree with the reviewers that the crosswalks were not always ideal. Unfortunately the Expert Panel was constrained by a variety of factors:

- Entire family was being surveyed, eliminating potential ideal crosswalks with clinical similarity
- Generally, psychology/neuropsychology has fewer codes within the specialty and more limited clinically similar services to other specialties
- Limited options for XXX and ZZZ services with 60 minutes and 30 minutes intra-time with appropriate wRVUs
- Some crosswalks suggested by reviewers were just too high and would not have maintained budget neutrality in the family

Within these constraints, the Expert Panel attempted to find the most suitable crosswalks.

In a search of the RUC database for RUC-reviewed ZZZ codes between wRVU value of 1.50 and 1.77, IWPUT between 0.02 and 0.04, with intra time between 45 and 60 minutes that are not currently being surveyed at this meeting only a single ZZZ code was identified: **99356**, *Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)*.

Code 99356 has a wRVU value of 1.71 and an intra time of 60 minutes. The Expert Panel also felt it was clinically similar. The Expert Panel agreed that code 99356 was an appropriate crosswalk.

Rank order in the family

Rank order in the family was also found to be appropriate. Code +963X2 has a work RVU value and IWPUT below the psychological/neuropsychological testing evaluation add-on codes (+963X4, +963X6). A neurobehavioral status exam may be completed prior to neuropsychological testing and helps determine what further testing, if any, is required. Therefore, a work RVU below add-on codes +963X4, and +963X6 seemed appropriate. When these factors are considered, the recommendation of 1.71 work RVU for +963X2 maintains appropriate rank order in the family.

Code #	Descriptor	Work RVU	Intra-Time (min)	IWPUT
+96121	**Neurobehavioral status exam, each addl hour**	**1.71**	**60**	**0.029**
+96131	Psychological testing evaluation, each addl hour	1.90	60	0.032
+96133	Neuropsychological testing, each addl hour	1.90	60	0.032

Comparison to Other Services

The Expert Panel compared +963X2 to other codes across the fee schedule. The recommended work RVUs and resulting IWPUT seem to provide relativity when compared to other service in the fee schedule.

Code	Descriptor	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time	IWPUT	Most Recent RUC Review
+99357	Prolonged service in the inpatient or	1.71	0	30	0	30	0.0570	June 1993

Code	Descriptor	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time	IWPUT	Most Recent RUC Review
	observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes							
+96121	**Neurobehavioral status exam, each add'l hour**	**1.71**	**0**	**60**	**0**	**60**	**0.0285**	**NEW**
+90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service	1.90	0	45	3	48	0.0407	April 2012

In summary, for CPT code +963X2 (*Neurobehavioral status exam, each addl hour*) the societies recommend ***1.71 work RVUs and 0/60/0 for time.***

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

CPT Code	Global	Work RVU	Pre	Intra	Post
96116	XXX	1.86	5	60	5
+96121	ZZZ	1.71	0	60	0
96132	XXX	2.53	5	60	5
+96133	ZZZ	1.90	0	60	0
96136	XXX	0.55	3	30	3
+96137	ZZZ	0.46	0	30	0
96138	XXX	PE Only	N/A		
+96139	ZZZ	PE Only	N/A		
96X11	XXX	0.80	3	30	3
96146	ZZZ	PE Only	N/A		

Note: Clinician would bill either would bill 96136/96137 or 96138/96139 for administration and scoring (by healthcare professional or technician)

3.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96116

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Psychology How often? Commonly

Specialty Neurology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 145445
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare volume represents 20% of national utilization; 19% of 2016 volume of 96116 would be billed by +96121 (remaining 81% of 96116 volume reported by revised 96116 (base code))

Specialty Clinical Psychologist Frequency 93085 Percentage 64.00 %

Specialty Neurology Frequency 21817 Percentage 15.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 29,089
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 19% of 2016 volume of 96116 would be billed by +96121 (remaining 81% of 96116 volume reported by revised 96116 (base code))

Specialty Clinical Psychology Frequency 18617 Percentage 64.00 %

Specialty Neurology Frequency 4363 Percentage 14.99 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

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. 96116

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96132 Tracking Number K11 Original Specialty Recommended RVU: **2.53**
Presented Recommended RVU: **2.50**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **2.50**

CPT Descriptor: Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old male with a history of diabetes and hypertension presents with a 6 month change in behavior, personality, and cognition and a positive family history of Alzheimer's disease. His physician refers him for neuropsychological testing.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Preliminary selection of tests. Record review. Call to the referring physician to ascertain the referral question.

Description of Intra-Service Work: Interpretation of tests. Integration of patient data. Clinical decision making. Diagnosis and/or treatment planning. Interactive feedback, when performed. Creation of report.

Description of Post-Service Work: Report distribution and arrangement of referrals.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kevin Kerber, MD, AAN Stephen Gillaspy, PhD, APA Randy Phelps, PhD, APA Neil Pliskin, PhD, APA				
Specialty(s):	American Academy of Neurology (AAN) American Psychological Association (APA)				
CPT Code:	96132				
Sample Size:	4602	**Resp N:**	140	**Response:** 3.0 %	
Description of Sample:	Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	40.00	**134.00**	225.00	900.00
Survey RVW:	0.90	3.00	**3.17**	3.50	115.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	60.00	**120.00**	240.00	942.00

Immediate Post Service-Time:	**45.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
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:	96132	**Recommended Physician Work RVU: 2.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90791	XXX	3.00	**RUC Time**

CPT Descriptor Psychiatric diagnostic evaluation

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99343	XXX	2.53	**RUC Time**	61,567

CPT Descriptor 1 Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99222	XXX	2.61	**RUC Time**	6,942,280

CPT Descriptor 2 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the

problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
90847	XXX	2.50	**RUC Time**

CPT Descriptor Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 91 **% of respondents:** 65.0 **%**

Number of respondents who choose 2nd Key Reference Code: 27 **% of respondents:** 19.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 96132	**Top Key Reference CPT Code:** 99205	**2nd Key Reference CPT Code:** **90791**
Median Pre-Service Time	5.00	7.00	10.00
Median Intra-Service Time	60.00	45.00	60.00
Median Immediate Post-service Time	5.00	15.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**70.00**	**67.00**	**90.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	3%	34%	30%	33%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	1%	42%	57%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	2%	31%	67%
Physical effort required	5%	66%	29%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	51%	36%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	4%	19%	30%	48%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	26%	63%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	22%	74%
Physical effort required	4%	74%	22%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	44%	56%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

A family of psychological/neuropsychological testing CPT codes was identified by CMS on the High Expenditure Procedural Codes screen. The reporting specialties went to CPT to revise and update the family. The new code family was approved at the May/June 2017 CPT Editorial Panel meeting and surveyed for the October 2017 RUC meeting (some of these codes are being presented at the HCPAC meeting). This family includes codes in three areas:

- Assessment of aphasia/cognitive performance testing (96105, 96125)
- Developmental/behavioral screening and testing (96112, +96113)
- Psychological/neuropsychological testing
    - Neurobehavioral status exam (96116, +96121)
    - Testing evaluation services (96130, +96131, 96132, +96133)
    - Test administration and scoring (96136, +96137)
    - Single test administration with interpretation and report (96X11)

MEETING	Category	Code #	Work RVU	Time	IWPUT
Assessment of Aphasia and Cognitive Performance Testing					
HCPAC	Assessment of aphasia	96105	1.75	4/60/10	0.024
HCPAC	Cognitive performing testing	96125	1.70	4/60/10	0.023
Developmental/Behavioral Screening and Testing					
RUC	Developmental testing, first hour	96112	2.60	5/60/30	0.030
RUC	Developmental testing, each addl 30 min.	+96113	0.92	0/30/0	0.031
Psychological/Neuropsychological Testing					
Neurobehavioral Status Exam					
RUC	Neurobehavioral status exam, first hour	96116	1.86	5/60/5	0.027
RUC	Neurobehavioral status exam, each addl hour	+96121	1.71	0/60/0	0.029
Test Evaluation Services					
HCPAC	Psychological testing evaluation services, first hour	96130	2.53	5/60/5	0.038
HCPAC	Psychological testing evaluation, each addl hour	+96131	1.90	0/60/0	0.032
RUC	**Neuropsychological testing evaluation, first hour**	**96132**	**2.53**	**5/60/5**	**0.038**
RUC	Neuropsychological testing, each addl hour	+96133	1.90	0/60/0	0.032
Test Administration and Scoring					
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, first 30 min.	96136	0.55	3/30/3	0.014
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, each addl 30 min.	+96137	0.46	0/30/0	0.015
Single Test Administration with Interpretation and Report					
RUC	Psychological/neuropsychological single test administration with interpretation and report	96X11	0.80	3/30/3	0.022

October 2017 RUC Work Survey and Recommendation

The American Psychological Association (APA) and the American Academy of Neurology (AAN) surveyed *96132, Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour* for the October 2017 RUC meeting.

CPT code 96132 is the base code of a base code/add-on combination.

- 96132, Neuropsychological testing evaluation services, first hour
- +96133, Neuropsychological testing evaluation, each addl hour

A total of 140 responses were received from a random sample of 4,602 AAN and APA members (3 percent response rate). The societies convened an Expert Panel to review the survey data. ***The society is recommending: 2.53 wRVUs and 5/60/5 for time.***

Response to reviewer comments: This recommendation is a reduction from the original recommendation of 3.00 wRVUs. The Expert Panel reduced the recommended wRVU based on comments from reviewers during the pre-facilitation process.

Survey Data: wRVU and Time

The Expert Panel reviewed the survey data.

Highlights from Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	3.00	3.17	3.5
Pre		30	
Intra	60	120	240
Post		45	

The Expert Panel concluded the survey data was too high to develop a wRVU recommendation. Because of the complex changes in coding structure, which has resulted in professional work being re-aligned within the code set, the Expert Panel concluded that it is appropriate to recommend a redistribution of the wRVUs within the family. The revised recommendations maintain budget neutrality and reflect what was concluded to be an appropriate redistribution of wRVUs.

wRVU recommendation: The Expert Panel concluded that they could not rely on survey data as the basis of their recommendation and that they would need to develop a recommendation based on a crosswalk to a RUC-reviewed code.

Response to reviewer comments: A reviewer noted that the top reference code selected was an E/M service (99205) but that psychologists do not report E/M services. While this code was surveyed by both APA and AAN, the Expert Panel agreed that this was both odd and unexpected and that they could not explain why this occurred. Since the survey data was not being used to develop the recommendation the issue was not further explored.

Time recommendation: By definition the code has 60 minutes intra-service time assigned to it. The survey 25th percentile supported this recommendation. The Expert Panel felt that 5 minutes pre-time and 5 minutes post-time was necessary to perform the typical pre- and post-service tasks. A recommendation of 5 minutes for both pre- and post-time seemed to align with other similar XXX codes.

Response to reviewer comments: In the description of post-service work by the healthcare professional "arrangement of referrals and report distribution" is listed. Reviewers questioned if this is healthcare professional work or if it is done by office staff. The Expert Panel discussed this issue. They concluded that a majority of providers of this service are in

private practice and do not have clinical or clerical staff. So in the typical scenario when this service is performed, these tasks are done by the healthcare professional.

Custom Question: Per the request of the Research Subcommittee, the following custom question was added to the survey: *For the typical patient, how much total time do you personally spend performing this entire service from start to finish (963X5 and all increments of +96133)?*

Min.	25th Percentile	Median	75th Percentile	Max.
0 min.	240 min.	360 min.	540 min.	36,000 min.

Currently, this service is predominately reported by 96118. It is also reported by 96119. Based on 2015 Medicare claims data the median number of units of 96118 billed on the same day was 3 units. The median number of units of 96119 billed on the same day was 2 units.

Change in Reporting Neuropsychological Testing Services

The following provides a comparison of the change in coding for neuropsychological testing services from the current codes to the new codes surveyed for the October 2017 RUC meeting. Under the new coding structure there are separate codes for professional evaluation services and test administration and scoring. These services are billed under one code in the current coding structure. These changes were made for the coding structure to better reflect how the services are provided in current practice.

Code	Work RVU	How Often Billed	Evaluation	Interactive Feedback	Scoring/ Admin Prof.	Scoring/ Admin Tech.	Inter. & Report
2017 Coding Scenarios							
96118	1.86	Per hour	X		X		X
96119	0.55	Per hour				X	X
New Coding Scenarios							
96132	**2.53**	**First hour**	**X**	**X**			**X**
+96133	1.90	Each addl hour	X	X			X
96136	0.55	First 30 min.			X		
+96137	0.46	Each addl 30 min.			X		
96138	PE only	First 30 min.				X	
96139	PE only	Each addl 30 min.				X	

In the new code the lower intensity and less complex tasks of test administration and scoring are reported separately using test administration and scoring codes (96136 to +96139). The redistribution of intra-service clinical decision making associated with test selection/battery modification and interpretation and report by the healthcare professional from the current technician code (96119) to the new neuropsychological evaluation testing services codes (96132, +96133) supports the increase in work RVU and IWPUT for 96132.

Evaluation services include the integration and interpretation of the data. The healthcare professional takes all of the historical, behavioral and psychometric data and integrates that into what is their final interpretation.

Additionally, code 96132 includes interactive feedback which is not included in the current code. Interactive feedback, as it will be defined in the CPT book, is used to convey the implications of psychological or neuropsychological test findings and diagnostic formulation. Based on patient-specific cognitive and emotional strengths and weaknesses, interactive feedback may include promoting adherence to medical and/or psychological treatment plans, educating and engaging the patient about his/her condition to maximize patient collaboration in their care, addressing safety issues, facilitating psychological coping, coordinating care, and engaging the patient in planning given the expected course of illness or condition when performed. The inclusion of interactive feedback increased the intensity and complexity of the service and provided further support of the recommendation for a higher work RVU and higher IWPUT in comparison to current codes 96118 and 96119.

wRVU Recommendation Rationale: Crosswalk to code 99343

The Expert Panel agreed that due to the work redistribution within the family and the addition of interactive feedback, the value of the code should be greater than 1.86 wRVUs, the current value of 96118. Yet, it should also be less than the survey 25th percentile of 3.00 wRVUs. In reviewing the reference service list the Expert Panel concluded that the appropriate value should be between reference code **90847** (*Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes*) valued at **2.50 wRVUs** and the second highest reference service selected, code **90791** (Psychiatric diagnostic evaluation) valued at **3.00 wRVUs**. A search of the RUC database was conducted to identify an appropriate crosswalk.

Response to reviewer comments: The society received comments from reviewers that in general selected crosswalks for this family of codes were not as robust as they would have liked. Codes were selected with older survey data, they were not always clinically similar to the surveyed code, the intra-service time was slightly off from the intra-service time of the surveyed code, and in the case of a crosswalk to a ZZZ surveyed code a XXX code was selected. We very much agree with the reviewers that the crosswalks were not always ideal. Unfortunately the Expert Panel was constrained by a variety of factors:

- Entire family was being surveyed, eliminating potential ideal crosswalks with clinical similarity
- Generally, psychology/neuropsychology has fewer codes within the specialty and more limited clinically similar services to other specialties
- Limited options for XXX and ZZZ services with 60 minutes and 30 minutes intra-time with appropriate wRVUs
- Some crosswalks suggested by reviewers were just too high and would not have maintained budget neutrality in the family

Within these constraints, the Expert Panel attempted to find the most suitable crosswalks.

In a search of the RUC database for RUC-reviewed XXX codes between wRVU value of 2.50 to 2.60, IWPUT between 0.03 and 0.05, with intra time between 45 and 60 minutes that are not currently being surveyed at this meeting, six codes were identified: **74262** (*CT colonography dx w/dye* @ **2.50 wRVU** with intra-time of 45 min), **75561** (*Cardiac MRI for morph w/dye* @ **2.60 wRVU** with intra-time of 45 min) , **90847** (*Family psychotherapy w/pat. 50 min* @ **2.50 wRVU** with intra-time of 50 min), **95911** (*Nerve conduction studies, 9-10 studies* @ **2.50 wRVU** with intra-time of 50 min), and **99343** (Home visit, new patient @ **2.53 wRVUs** with intra-time of 45 min).

Based on this list the Expert Panel felt that code 90847 and 99343 were the best candidates for a crosswalk. Since 90847 had 50 minutes intra-service time and the surveyed code had 60 minutes they felt it was appropriate to choose a code with a slightly higher wRVU. The Expert Panel agreed that code 99343 was the most appropriate crosswalk.

Response to reviewer comments: During the pre-facilitation call, a reviewer questioned if 99343 was an appropriate crosswalk since CMS had made changes to the code from what was recommended by the RUC. Since code 99343 is on the MPC list, and codes on the MPC list have been identified by the RUC as being appropriate to help rank value of codes in the RUC process, the Expert Panel felt it was an appropriate selection.

The Expert Panel noted that the recommended value was less than both reference service codes selected by survey respondents: 99205 (*Office/Outpatient visit, new patient*) @ 3.17 wRVUs and 90791 (*Psychiatric diagnostic evaluation*) @ 3.00 wRVUs.

Comparison to Other Services

The Expert Panel compared 963X5 to other codes across the fee schedule. The recommended work RVUs and resulting IWPUT seem to provide relativity when compared to other service in the fee schedule.

	Descriptor	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2016 Utilization
99204	Office outpatient visit/new	2.43	5	30	10	45	Feb 2006	0.0698	9,985,403

	Descriptor	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2016 Utilization
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	2.50	5	50	21	76	April 2012	0.0384	188,656
96132	**Neuropsychological testing evaluation, first hour**	**2.53**	**5**	**60**	**5**	**70**	***	**0.0384**	**NEW**
99326	Domiciliary or rest home visit for the evaluation and management of a new patient	2.63	15	45	17	77	Feb 2007	0.0425	52,724
90791*	Psychiatric diagnostic evaluation	3.00	10	60	20	90	April 2012	0.0388	904,682

* 2nd highest reference service

The Expert Panel noted that the intensity of 963X5 was very similar to 90791. They felt that these codes were very clinically similar and that this provided further evidence of the appropriateness of the recommended value.

Rank order with other Psychological/Neuropsychological Testing Codes

Rank order within the family was also found to be appropriate. Code 963X5 has a work RVU value and IWPUT above the neurobehavioral status exam (96116) base code. The higher work RVU and IWPUT values appropriately reflect the relative intensity and complexity of the different procedures.

The recommended work RVU for 96132 is the same as 96130 (*Psychological testing, first hour*). Separate codes were created for psychological and neuropsychological services due to the fundamental differences in the services performed. Those differences are reflected in the respective domains that are assessed by psychological and neuropsychological testing. Although separate codes were created, the Expert Panel agreed that the values should be the same since the intensity and complexity were similar.

When these factors are considered, the recommendation of 2.53 wRVUs for 96132 maintains appropriate rank order in the family.

Code #	Descriptor	Work RVU	Intra-Time (min)	IWPUT
96116	Neurobehavioral status exam, first hour	1.86	60	0.027
96130	Psychological testing evaluation, first hour	2.53	60	0.038
96132	**Neuropsychological testing, first hour**	**2.53**	**60**	**0.038**

In summary, for CPT code 963X5 (*Neuropsychological testing evaluation services, first hour*) ***APA and AAN recommend 2.53 wRVUs and 5/60/5 for time.***

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

CPT Code	Global	Work RVU	Pre	Intra	Post
96116	XXX	1.86	5	60	5
+96121	ZZZ	1.71	0	60	0
96132	XXX	2.53	5	60	5
+96133	ZZZ	1.90	0	60	0
96136	XXX	0.55	3	30	3
+96137	ZZZ	0.46	0	30	0
96138	XXX	PE Only	N/A		
+96139	ZZZ	PE Only	N/A		

Note: Clinician would bill X7/X8 OR X9/X10 for administration and scoring.

3.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96118 and 96119

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Psychology How often? Commonly

Specialty Neurology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1123765
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare utilization represents 20% of national utilization for these services; 30% of the utilization for 96118 will be reported by 96132 and 12.5% of the utilization for 96119 will be reported by 96132.

Specialty Clinical Psychology Frequency 1011389 Percentage 90.00 %

Specialty Neurology Frequency 56189 Percentage 5.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 224,753 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 30% of the utilization for 96118 will be reported by 96132 and 12.5% of the utilization for 96119 will be reported by 96132.

Specialty Clinical Psychology Frequency 202278 Percentage 90.00 %

Specialty Neurology Frequency 11238 Percentage 5.00 %

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:
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. 96119

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96133 Tracking Number K12 Original Specialty Recommended RVU: **1.90**
Presented Recommended RVU: **1.90**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **1.90**

CPT Descriptor: Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old male with a history of diabetes and hypertension presents with a 6 month change in behavior, personality, and cognition and a positive family history of Alzheimer's disease. His physician refers him for neuropsychological testing. Patient requires an additional hour of neuropsychological testing beyond the first hour.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Interpretation of tests. Integration of patient data. Clinical decision making. Diagnosis and/or treatment planning. Interactive feedback, when performed. Creation of report.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kevin Kerber, MD, AAN Stephen Gillaspy, PhD, APA Randy Phelps, PhD, APA Neil Pliskin, PhD, APA				
Specialty(s):	American Academy of Neurology (AAN) American Psychological Association (APA)				
CPT Code:	96133				
Sample Size:	4602	**Resp N:**	138	**Response:** 2.9 %	
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	23.50	**147.00**	250.00	3000.00
Survey RVW:	0.50	3.00	**3.17**	3.50	115.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	60.00	**137.50**	240.00	1440.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	96133	**Recommended Physician Work RVU: 1.90**		
		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:		**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)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90791	XXX	3.00	**RUC Time**

CPT Descriptor Psychiatric diagnostic evaluation.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52442	ZZZ	1.20	**RUC Time**	20,614

CPT Descriptor 1 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	508,905

CPT Descriptor 2 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

Other Reference CPT Code	Global	Work RVU	Time Source
90836	ZZZ	1.90	**RUC Time**

CPT Descriptor Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 68 **% of respondents:** 49.2 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 13.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 96133	**Top Key Reference CPT Code:** 99205	**2nd Key Reference CPT Code:** **90791**
Median Pre-Service Time	0.00	7.00	10.00
Median Intra-Service Time	60.00	45.00	60.00
Median Immediate Post-service Time	0.00	15.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**60.00**	**67.00**	**90.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	1%	31%	28%	40%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	1%	37%	62%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	26%	74%
Physical effort required	3%	59%	38%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	12%	43%	46%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	5%	11%	37%	47%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	5%	32%	63%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	16%	79%
Physical effort required	0%	84%	16%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	42%	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.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

A family of psychological/neuropsychological testing CPT codes was identified by CMS on the High Expenditure Procedural Codes screen. The reporting specialties went to CPT to revise and update the family. The new code family was approved at the May/June 2017 CPT Editorial Panel meeting and surveyed for the October 2017 RUC meeting (some of these codes are being presented at the HCPAC meeting). This family includes codes in three areas:

- Assessment of aphasia/cognitive performance testing (96105, 96125)
- Developmental/behavioral screening and testing (96112, +96113)
- Psychological/neuropsychological testing
    - Neurobehavioral status exam (96116, +96121)
    - Testing evaluation services (96130, +96131, 96132, +96133)
    - Test administration and scoring (96136, +96137)
    - Single test administration with interpretation and report (96X11)

MEETING	Category	Code #	Work RVU	Time	IWPUT
Assessment of Aphasia and Cognitive Performance Testing					
HCPAC	Assessment of aphasia	96105	1.75	4/60/10	0.024
HCPAC	Cognitive performing testing	96125	1.70	4/60/10	0.023
Developmental/Behavioral Screening and Testing					
RUC	Developmental testing, first hour	96112	2.60	5/60/30	0.030
RUC	Developmental testing, each addl 30 min.	+96113	0.92	0/30/0	0.031
Psychological/Neuropsychological Testing					
Neurobehavioral Status Exam					
RUC	Neurobehavioral status exam, first hour	96116	1.86	5/60/5	0.027
RUC	Neurobehavioral status exam, each addl hour	+96121	1.71	0/60/0	0.029
Test Evaluation Services					
HCPAC	Psychological testing evaluation services, first hour	96130	2.53	5/60/5	0.038
HCPAC	Psychological testing evaluation, each addl hour	+96131	1.90	0/60/0	0.032
RUC	Neuropsychological testing evaluation, first hour	96132	2.53	5/60/5	0.038
RUC	**Neuropsychological testing, each addl hour**	**+96133**	**1.90**	**0/60/0**	**0.032**
Test Administration and Scoring					
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, first 30 min.	96136	0.55	3/30/3	0.014
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, each addl 30 min.	+96137	0.46	0/30/0	0.015
Single Test Administration with Interpretation and Report					
RUC	Psychological/neuropsychological single test administration with interpretation and report	96X11	0.80	3/30/3	0.022

October 2017 RUC Work Survey and Recommendation

The American Psychological Association (APA) and the American Academy of Neurology (AAN) surveyed *+96133, Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)* for the October 2017 RUC meeting.

CPT code +96133 is the add-on code of a base code/add-on combination.

- 96132, Neuropsychological testing evaluation services, first hour
- +96133, Neuropsychological testing evaluation, each addl hour

A total of 138 responses were received from a random sample of 4,602 APA members (2.9 percent response rate). AAN and APA convened an Expert Panel to review the survey data. ***The societies are recommending 1.90 wRVUs. They are also recommending 60 minutes intra-service time (0/60/0).***

Response to reviewer comments: This recommendation is a reduction from the original recommendation of 2.33 wRVUs. The Expert Panel reduced the recommended wRVU based on comments from reviewers during the pre-facilitation process.

Survey Data: wRVU and Time

The Expert Panel reviewed the survey data.

Highlights from Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	3.00	3.17	3.50
Intra-Time	60	137.5	240

The Expert Panel concluded the survey wRVU was too high. Because of the complex changes in coding structure, which has resulted in professional work being re-aligned within the code set, the Expert Panel concluded that it is appropriate to recommend a redistribution of the wRVUs within the family. The revised recommendations maintain budget neutrality and reflect what was concluded to be an appropriate redistribution of wRVUs.

wRVU recommendation: The Expert Panel concluded that they could not rely on survey data as the basis of their recommendation and that they would need to develop a recommendation based on a crosswalk to a RUC-reviewed code.

Response to reviewer comments: A reviewer noted that the top reference code selected was an E/M service (99205) but that psychologists do not report E/M services. The Expert Panel agreed that this was both odd and unexpected and that they could not explain why this occurred. Since the survey data was not being used to develop the recommendation the issue was not further explored.

Time recommendation: By definition the code has 60 minutes intra-service time assigned to it. The Expert Panel is recommending the survey 25th percentile for intra time. As a ZZZ code, the service does not have any pre- or post-time.

Custom Question: Per the request of the Research Subcommittee, the following custom question was added to the survey: *For the typical patient, how much total time do you personally spend performing this entire service from start to finish (963X5 and all increments of +963X6)?*

Min.	**25th Percentile**	**Median**	**75th Percentile**	**Max.**
0 min.	240 min.	360 min.	540 min.	36,000 min.

Based on 2015 Medicare claims data the median number of units of 96118 billed on the same day was 3 units. The median number of units of 96119 billed on the same day was 2 units.

Change in Reporting Neuropsychological Testing Services

The following provides a comparison of the change in coding for neuropsychological testing services from the current codes to the new codes surveyed for the October 2017 RUC meeting. Under the new coding structure there are separate codes for professional evaluation services and test administration and scoring. These services are billed under

one code in the current coding structure. These changes were made for the coding structure to better reflect how the services are provided in current practice.

Code	Work RVU	How Often Billed	Evaluation	Interactive Feedback	Scoring/ Admin Prof.	Scoring/ Admin Tech.	Inter. & Report
2017 Coding Scenarios							
96118	1.86	Per hour	X		X		X
96119	0.55	Per hour				X	X
New Coding Scenarios							
96132	2.53	First hour	X	X			X
+96133	**1.90**	**Each addl hour**	**X**	**X**			**X**
96136	0.55	First 30 min.			X		
+96137	0.46	Each addl 30 min.			X		
96138	PE only	First 30 min.				X	
96139	PE only	Each addl 30 min.				X	

In the new code the lower intensity and less complex tasks of test administration and scoring are reported separately using test administration and scoring codes (96136 to +96139). The redistribution of intra-service clinical decision making associated with test selection/battery modification and interpretation and report by the healthcare professional from the current technician code (96119) to the new neuropsychological evaluation testing services codes (96132, +96133) supports the increase in work RVU and IWPUT for +96133.

Evaluation services include the integration and interpretation of the data. The healthcare professional takes all of the historical, behavioral and psychometric data and integrates that into what is their final interpretation.

Additionally, code +96133 includes interactive feedback which is not included in the current code. Interactive feedback, as it will be defined in the CPT book, is used to convey the implications of psychological or neuropsychological test findings and diagnostic formulation. Based on patient-specific cognitive and emotional strengths and weaknesses, interactive feedback may include promoting adherence to medical and/or psychological treatment plans, educating and engaging the patient about his/her condition to maximize patient collaboration in their care, addressing safety issues, facilitating psychological coping, coordinating care, and engaging the patient in planning given the expected course of illness or condition when performed. The inclusion of interactive feedback increased the intensity and complexity of the service and provided further support of the recommendation for a higher work RVU and higher IWPUT in comparison to current codes 96118 and 96119.

wRVU Recommendation Rationale: Crosswalk to Code 90836

The Expert Panel agreed that due to the work redistribution within the family and the addition of interactive feedback, the value of the code should be greater than 1.86 wRVUs, the current value of 96101. It also should be slightly less the recommendation for the base code which is 2.53 wRVUs. The Expert Panel was also constrained by maintaining budget neutrality within the family.

In reviewing the reference service list the Expert Panel concluded that the appropriate value should be between reference code **99355** (*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; each additional 30 minutes (List separately in addition to code for prolonged service)*) valued at **1.77 wRVUs** and code **90834** (*Psychotherapy, 45 minutes with patient*) valued at **2.00 wRVUs**. The Expert Panel was concerned that this range undervalued the service, but felt it was limited by maintaining rank order in the family and other factors.

Response to reviewer comments: The society received a comment from one reviewer if the wRVU proportionality between the base and add-on code should be consistent throughout the family. The Expert Panel considered this question and concluded that it should not necessarily be consistent. The add-on code is a continuation of the intra-service period of the base code so its value is driven by the value of the base code. What is included in the base code varies by each base code/add-on combination. Also in one instance, the developmental service (96112, +96113), the

base code is for the first 60 minutes and the add-on code is for each subsequent 30 minutes which will result in a different relationship between the base and the add-on code.

A search of the RUC database was conducted to identify an appropriate crosswalk.

Response to reviewer comments: The society received comments from reviewers that in general selected crosswalks for this family of codes were not as robust as they would have liked. Codes were selected with older survey data, they were not always clinically similar to the surveyed code, the intra-service time was slightly off from the intra-service time of the surveyed code, and in the case of a crosswalk to a ZZZ surveyed code a XXX code was selected. We very much agree with the reviewers that the crosswalks were not always ideal. Unfortunately the Expert Panel was constrained by a variety of factors:

- Entire family was being surveyed, eliminating potential ideal crosswalks with clinical similarity
- Generally, psychology/neuropsychology has fewer codes within the specialty and more limited clinically similar services to other specialties
- Limited options for XXX and ZZZ services with 60 and 30 minutes minutes intra-time with appropriate wRVUs
- Some crosswalks suggested by reviewers were just too high and would not have maintained budget neutrality in the family

Within these constraints, the Expert Panel attempted to find the most suitable crosswalks.

In a search of the RUC database for RUC-reviewed ZZZ codes between wRVU value of 1.77 to 2.00, IWPUT between 0.03 and 0.05, with intra- time between 45 and 60 minutes that are not currently being surveyed at this meeting, four codes were identified: **90836** (*Psychotherapy, 45 minutes with patient when performed with an evaluation and management service* @ **1.90 wRVU** and 45 min. intra-service time), **48400** (*Injection procedure for intraoperative pancreatography*@ **1.95 wRVU** and 45 min intra-service time), **77293** (*Respiratory motion management simulation* @ **2.00 wRVU** and 45 min intra-service time), and **31627** (*Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation* @ **2.00 wRVU** and 60 min intra-service time).

Based on this list the Expert Panel felt that even though the intra-service time of code 90836 was 15 minutes less than the surveyed code, it was the most clinically similar service. The Expert Panel agreed that code 90836 was the most appropriate crosswalk.

The Expert Panel noted that the recommended value was less than both reference service codes selected by survey respondents: 99205 (*Office/Outpatient visit, new patient*) @ 3.17 wRVUs and 90791 (*Psychiatric diagnostic evaluation*) @ 3.00 wRVUs.

Comparison to Other Services

The Expert Panel compared +96133 to other codes across the fee schedule. The recommended work RVUs and resulting IWPUT seem to provide relativity when compared to other service in the fee schedule

	Descriptor	Global	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2016 Utilization
+90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	ZZZ	1.50	0	30	0	30	April 2013	0.0500	5,345
+99355	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the	ZZZ	1.77	0	30	0	30	June 1993	0.0590	26,172

	Descriptor	Global	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2016 Utilization
	office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)									
+96133	**Neuropsychological testing evaluation, each addl hour**	**ZZZ**	**1.90**	**0**	**60**	**0**	**60**	*******	**0.032**	**NEW**
+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])	ZZZ	2.00	0	60	0	60	Feb 2009	0.0333	10,012
+99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	ZZZ	2.25	0	30	0	30	Aug 2005	0.0750	508,905

Rank order with Other Psychological/Neuropsychological Testing Codes

Rank order within the family was also found to be appropriate. Code +96133 has a work RVU value and IWPUT above the neurobehavioral status exam (+96121) add-on code. The higher work RVU and IWPUT values appropriately reflect the relative intensity and complexity of the different procedures.

The recommended work RVU for +96133 is the same as +96131 (P*sychological testing, each addl hour*). Separate codes were created for psychological and neuropsychological services due to the fundamental differences in the services performed. Those differences are reflected in the respective domains that are assessed by psychological and neuropsychological testing. Although separate codes were created, the Expert Panel agreed that the values should be the same since the intensity and complexity were similar.

When these factors are considered, the recommendation of 1.90 work RVUs for +96133 maintains appropriate rank order in the family.

Code #	Descriptor	Work RVU	Intra-Time (min)	IWPUT
+96121	Neurobehavioral status exam, each addl hour	1.71	60	0.029
+96131	Psychological testing evaluation, each addl hour	1.90	60	0.032
+96133	**Neuropsychological testing, each addl hour**	**1.90**	**60**	**0.032**

In summary, for CPT code +963X6 (*Neuropsychological testing evaluation services, each add'l hour*) ***APA and AAN recommends 1.90 wRVUs and 0/60/0 for time.***

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

CPT Code	Global	Work RVU	Pre	Intra	Post
96116	XXX	1.86	5	60	5
+96121	ZZZ	1.71	0	60	0
96132	XXX	2.53	5	60	5
+96133	ZZZ	1.90	0	60	0
96136	XXX	0.55	3	30	3
+96137	ZZZ	0.46	0	30	0
96138	XXX	PE Only	N/A		
+96139	ZZZ	PE Only	N/A		

Note: Clinician would bill X7/X8 or X9/X10 for administration and scoring

3.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96118 and 96119

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 Clinical Psychology How often? Commonly

Specialty Neurology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1797725
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. Medicare utilization represents 20% of national utilization for these services; 50% of the utilization for 96118 will be reported by +96133 and 12.5% of the utilization for 96119 will be reported by +96133.

Specialty Clinical Psychology Frequency 1617953 Percentage 90.00 %

Specialty Neurology Frequency 89886 Percentage 4.99 %

Specialty 6 Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 359,545 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 50% of the utilization for 96118 will be reported by +96133 and 12.5% of the utilization for 96119 will be reported by +96133.

Specialty Clinical Psychology Frequency 323591 Percentage 90.00 %

Specialty Neurology Frequency 17977 Percentage 4.99 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
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. 96119

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96X11 Tracking Number K17 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.80**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.51**

CPT Descriptor: Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed (For multiple tests see 963X3, 963X4, 963X5, 963X6, 963X7, 963X8, 963X9, 96X10)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 42-year-old female is experiencing depressive symptoms and social withdrawal. She is given a single measure of personality and emotional functioning in conjunction with clinical interview.

Percentage of Survey Respondents who found Vignette to be Typical: 75%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Select test. Review records.

Description of Intra-Service Work: A single, psychological test instrument is administered by paper and pencil or on an electronic platform, and scored. The interpretation and report are performed by the physician or qualified health care professional. Interactive feedback is provided to the patient/family member(s)/caregiver(s).

Description of Post-Service Work: Report distribution.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017					
Presenter(s):	Kevin Kerber, MD, AAN Stephen Gillaspy, PhD, APA Randy Phelps, PhD, APA Neil Pliskin, PhD, APA					
Specialty(s):	American Academy of Neurology (AAN) American Psychological Association (APA)					
CPT Code:	96X11					
Sample Size:	4602	**Resp N:**	143	**Response:** 3.1 %		
Description of Sample:	Random					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.50	**15.00**	70.00	1152.00
Survey RVW:	0.48	2.50	**3.00**	3.20	60.00
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	45.00	**75.00**	180.00	1425.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	96X11	**Recommended Physician Work RVU: 0.51**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**8.00**	**0.00**	**8.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**8.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**14.00**	**0.00**	**14.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90791	XXX	3.00	**RUC Time**

CPT Descriptor Psychiatric diagnostic evaluation.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93015	XXX	0.75	**RUC Time**	1,071,181

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
95819	XXX	1.08	**RUC Time**	236,046

CPT Descriptor 2 Electroencephalogram (EEG); including recording awake and asleep

Other Reference CPT Code	Global	Work RVU	Time Source
95972	XXX	0.80	**RUC Time**

CPT Descriptor 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

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RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 42 **% of respondents:** 29.3 **%**

Number of respondents who choose 2nd Key Reference Code: 35 **% of respondents:** 24.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 96X11	**Top Key Reference CPT Code:** 99205	**2nd Key Reference CPT Code:** **90791**
Median Pre-Service Time	8.00	7.00	10.00
Median Intra-Service Time	8.00	45.00	60.00
Median Immediate Post-service Time	14.00	15.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**67.00**	**90.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	7%	22%	40%	31%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	7%	31%	62%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	24%	76%
Physical effort required	5%	5000%	4500%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	45%	48%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	3%	6%	26%	26%	40%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	20%	66%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	23%	71%
Physical effort required	6%	54%	40%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	49%	46%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

A family of psychological/neuropsychological testing CPT codes was identified by CMS on the High Expenditure Procedural Codes screen. The reporting specialties went to CPT to revise and update the family. The new code family was approved at the May/June 2017 CPT Editorial Panel meeting and surveyed for the October 2017 HCPAC meeting (some of these codes are being presented at the RUC meeting). This family includes codes in three areas:

- Assessment of aphasia/cognitive performance testing (96105, 96125)
- Developmental/behavioral screening and testing (963X0, +963X1)
- Psychological/neuropsychological testing
    - Neurobehavioral status exam (96116, +963X2)
    - Testing evaluation services (963X3, +963X4, 963X5, +963X6)
    - Test administration and scoring (963X7, +963X8)
    - Single test administration with interpretation and report (96X11)

MEETING	Category	Code #	Work RVU	Time	IWPUT
Assessment of Aphasia and Cognitive Performance Testing					
HCPAC	Assessment of aphasia	96105	1.75	4/60/10	0.024
HCPAC	Cognitive performing testing	96125	1.70	4/60/10	0.023
Developmental/Behavioral Screening and Testing					
RUC	Developmental testing, first hour	963X0	2.60	5/60/30	0.030
RUC	Developmental testing, each addl 30 min.	+963X1	0.92	0/30/0	0.031
Psychological/Neuropsychological Testing					
Neurobehavioral Status Exam					
RUC	Neurobehavioral status exam, first hour	96116	1.86	5/60/5	0.027
RUC	Neurobehavioral status exam, each addl hour	+963X2	1.71	0/60/0	0.029
Test Evaluation Services					
HCPAC	Psychological testing evaluation services, first hour	963X3	2.53	5/60/5	0.038
HCPAC	Psychological testing evaluation, each addl hour	+963X4	1.90	0/60/0	0.032
RUC	Neuropsychological testing evaluation, first hour	963X5	2.53	5/60/5	0.038
RUC	Neuropsychological testing, each addl hour	+963X6	1.90	0/60/0	0.032
Test Administration and Scoring					
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, first 30 min.	963X7	0.55	3/30/3	0.014
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, each addl 30 min.	+963X8	0.46	0/30/0	0.015
Single Test Administration with Interpretation and Report					
RUC	**Psychological/neuropsychological single test administration with interpretation and report**	**96X11**	**0.80**	**3/30/3**	**0.022**

October 2017 RUC Work Survey and Recommendation

The American Association of Neurology (AAN) and the American Psychological Association (APA) surveyed *96X11, Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed* for the October 2017 RUC meeting.

A total of 143 responses were received from a random sample of 4,602 AAN/APA members (3.1 percent response rate). AAN/APA convened an Expert Panel to review the survey data. ***The societies are recommending 0.80 work RVUs and 5/30/5 for the time.***

Response to reviewer comments: This recommendation is a reduction from the original recommendation of 1.05 wRVUs. The Expert Panel reduced the recommended wRVU based on comments from reviewers during the pre-facilitation process.

Survey Data: wRVU and Time

The Expert Panel reviewed the survey data.

Highlights from Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	2.50	3.00	3.20
Pre-Time		20	
Intra-Time	45	75	180
Post-Time		30	

wRVU recommendation

The Expert Panel felt that the work survey RVW 25th percentile and median was too high. Code 96X11 describes test administration, with interpretation and report of a single instrument. Codes 963X3 through +963X6 describe psychological/neuropsychological test evaluation for multiple tests for 60 minutes. The Expert Panel concluded that the work RVU and intensity of 96X11 should be less than these codes. The Expert Panel concluded that they could not rely on survey data as the basis of their recommendation and that they would need to develop a recommendation based on a crosswalk to a RUC-reviewed code.

Time recommendation: The Expert Panel agreed that the survey 25th percentile and median for intra-time was too high. The Expert Panel agreed that 30 minutes was appropriate for the test administration, scoring with interpretation and report for a single test.

The Expert Panel agreed that the median and 25th percentile surveyed time for pre- and post-time was too high. They also agreed that it should be less than the pre- and post-time for 963X3 and 963X5. The Expert Panel agreed that 3 minutes pre- and 3 minutes post-time was appropriate and aligned well with other similar services. They also noted this reflected a reduction from the original recommendation of 7 minutes pre-time and 0 minutes post-time.

Response to reviewer comments: Reviewers requested societies to explain the rationale for 30 minutes intra-time. The reviewers noted that the codes that are used to currently report this service (96103 and 96120) have intra-service time of 8 minutes and 15 minutes. The Expert Panel would note that the total time for both of these codes are 30 minutes and 23 minutes respectively. In using their clinical experience, they concluded that 30 minutes was an appropriate intra-time value. Code 96X11 describes a single psychological or neuropsychological test administration with interpretation and report. In contrast 963X3 to +963X6 describe multiple tests within a 60 minute intra-service period. The Expert Panel estimated that at minimum 30 minutes of intra-service time would be needed to administer a test, interpret results and provide feedback.

The Expert Panel noted that even with a computer administered self report test completed by the patient, the intra-service professional work of interpretation, dictating the report and providing feedback to the patient will alone require 30 minutes.

Response to reviewer comments: A reviewer noted that the top reference code selected was an E/M service (99205) but that psychologists do not report E/M services. The Expert Panel agreed that this was both odd and unexpected and that they could not explain why this occurred. Since the survey data was not being used to develop the recommendation the issue was not further explored.

Response to reviewer comments: In the description of post-service work by the healthcare professional "report distribution" is listed. Reviewers questioned if this is healthcare professional work or if it is done by office staff. The

Expert Panel discussed this issue. They concluded that a majority of providers of this service are in private practice and do not have clinical or clerical staff. So in the typical scenario when this service is performed, these tasks are done by the healthcare professional.

wRVU Recommendation Rationale: Crosswalk to code 95972

The Expert Panel agreed that due to the work redistribution within the family and the addition of interactive feedback, the value of the code should be greater than how this service is currently reported (96103 @ 0.51 wRVUs and 96120 @ 0.51 wRVUs). Since it is a code that is used to report a single instrument test it should be valued less than 963X3 and 963X5 that describe multiple instrument tests.

In reviewing the reference service list the Expert Panel concluded that the appropriate value should be between reference code 90853 (*Group psychotherapy (other than of a multiple family-group)* valued at 0.59 wRVUs and reference code 99202 (Office or outpatient visit, new) valued at 0.93 wRVUs. A search of the RUC database was conducted to identify an appropriate crosswalk.

Response to reviewer comments: The society received comments from reviewers that in general selected crosswalks for this family of codes were not as robust as they would have liked. Codes were selected with older survey data, they were not always clinically similar to the surveyed code, the intra-service time was slightly off from the intra-service time of the surveyed code, and in the case of a crosswalk to a ZZZ surveyed code a XXX code was selected. We very much agree with the reviewers that the crosswalks were not always ideal. Unfortunately the Expert Panel was constrained by a variety of factors:

- Entire family was being surveyed, eliminating potential ideal crosswalks with clinical similarity
- Generally, psychology/neuropsychology has fewer codes within the specialty and more limited clinically similar services to other specialties
- Limited options for services with 60 minutes and 30 minutes of intra-time with appropriate wRVUs
- Some crosswalks suggested by reviewers were just too high and would not have maintained budget neutrality in the family

Within these constraints, the Expert Panel attempted to find the most suitable crosswalks.

In a search of the RUC database for RUC-reviewed XXX codes between wRVU value of 0.59 to 0.93, IWPUT between 0.02 and 0.03, with intra time between 20 and 30 minutes that are not currently being surveyed at this meeting, six codes were identified (12 codes were identified but six were dismissed since they did not have any Medicare volume associated with them or they were flagged in the RUC database that CMS did not accept the RUC recommendation):

- **92557** (*Comprehensive hearing test* @ 0.60 wRVU with 20 min intra-time)
- **76948** (*Echo guidance ova aspiration* @ 0.67 wRVU and 25 min intra-time)
- **88342** (*Immunohist antb 1st stain* @ 0.70 wRVU and 25 min time)
- **95971** (*Analyze neurostim, simple* @ 0.78 wRVUs and 20 min)
- **95972** (*Analyze neurostim, complex* @ 0.80 wRVUs and 23 min)
- **96931** (*RCM cellular subcellular IMG SK* @ 0.80 wRVUs and 25 min)

Based on this list the Expert Panel felt that code 95972 was the best candidate for a crosswalk.

Comparison to Other Services

The Expert Panel compared 96X11 to other codes across the fee schedule. The recommended work RVUs and resulting IWPUT seem to provide relativity when compared to other service in the fee schedule.

	Descriptor	wRVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2016 Utilization
97168	Re-evaluation of occupational therapy established plan of care	0.75	5	30	10	45	2015	0.0138	N/A
96X11	**Psychological/neuropsychological**	**0.80**	**3**	**30**	**3**	**36**	***	**0.022**	**NEW**

	Descriptor	wRVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2016 Utilization
	single test administration with interpretation and report								
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	0.93	0	30	0	30	April 2014	0.0310	97,801

In summary, for CPT code 96X11 (*Psychological/neuropsychological single test administration with interpretation and report*) APA and AAN recommend 0.80 ***wRVUs and 3/60/3 for time.***

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

CPT Code	Global	Work RVU	Pre	Intra	Post
96116	XXX	1.86	5	60	5
+963X2	ZZZ	1.71	0	60	0
90791	XXX	3.00	10	60	20

3.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96103 or 96120

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 Clinical Psychology 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? 490860
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare utilization represents 20% of national utilization for these services; 50% of utilization for 96103 and 96120 will now be reported by 96X11

Specialty Nurse Practitioners Frequency 127624 Percentage 26.00 %

Specialty Neurology Frequency 78537 Percentage 15.99 %

Specialty Clinical Psychology Frequency 29452 Percentage 6.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 98,172
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 50% of utilization for 96103 and 96120 will now be reported by 96X11

Specialty Nurse Practitioners Frequency 25524 Percentage 25.99 %

Specialty Neurology Frequency 15708 Percentage 16.00 %

Specialty Clinical Psychology Frequency 5896 Percentage 6.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
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. 96120

SS Rec Summary

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Psychological and Neuropsychological Testing Services

TAB: 8 & 20

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	99205	Office or other outpatient visit for the evaluatio	26	0.059			3.17			67	7					45			15
2nd REF	90791	Psychiatric diagnostic evaluation	5	0.039			3.00			90	10					60			20
CURRENT	96111	Developmental testing, (includes assessment of motor, language, social, adaptive, and/or		0.030			2.60			95	5					60			30
SVY	96112	Developmental test administration (including assessment of fine and/or gross motor,	48	0.034	1.00	2.48	3.13	3.20	5.00	108	18			15	50	60	90	770	30
crosswalk	90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50		0.0384			2.50			76	5					50			21
REC	96112 (RUC)	Developmental test administration (including assessment of fine and/or gross motor,		0.0379			2.50			70	5					60			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	99205	Office or other outpatient visit for the evaluatio	10	0.059			3.17			67	7					45			15
2nd REF	99355	Prolonged evaluation and management or psy	10	0.059			1.77			30						30			
CURRENT	96111	Developmental testing, (includes assessment of motor, language, social, adaptive, and/or		0.030			2.60			95	5					60			30
SVY	96113	Developmental test administration (including assessment of fine and/or gross motor,	43	0.037	0.80	1.77	2.23	2.86	5.00	60				20	39	60	85	99205	
crosswalk	96570	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue		0.0367			1.10			30						30			
REC	96113 (RUC)	Developmental test administration (including assessment of fine and/or gross motor,		0.0367			1.10			30	0					30			0

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	99205	Office or other outpatient visit for the evaluatio	Photodyn	0.059			3.17			67	7					45			15
2nd REF	90791	Psychiatric diagnostic evaluation	18	0.039			3.00			90	10					60			20
CURRENT	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and		0.028			1.86			67	7					60			
SVY	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and	81	0.036	0.50	2.90	3.15	3.30	50.00	103	20			5	45	60	105	790	23
REC	96116 (RUC)	Neurobehavioral status exam (clinical assessment of thinking, reasoning and		0.0273			1.86			70	5					60			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	99205	Office or other outpatient visit for the evaluatio	24	0.059			3.17			67	7					45			15
2nd REF	99354	Prolonged evaluation and management or psy	8	0.039			2.33			60						60			
CURRENT	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and		0.028			1.86			67	7					60			0
SVY	96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and	53	0.050	0.66	2.43	3.00	3.25	50.00	60				0	48	60	123	950	
crosswalk	99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time		0.0285			1.71			60						60			
REC	96121 (RUC)	Neurobehavioral status exam (clinical assessment of thinking, reasoning and		0.0285			1.71			60	0					60			0

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	99205	Office or other outpatient visit for the evaluatio	31	0.059			3.17			67	7					45			15
2nd REF	90791	Psychiatric diagnostic evaluation	24	0.039			3.00			90	10					60			20
CURRENT	96101	Psychological testing (includes psychodiagnostic assessment of		0.028			1.86			67	7					60			0
SVY	96130	Psychological testing evaluation services by physician or other qualified health care	68	0.022	0.50	3.00	3.17	3.50	60.00	144	24			10	60	88	212	1225	32
crosswalk	90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50		0.0384			2.50			76	5					50			21
REC	96130 (HCPAC)	Psychological testing evaluation services by physician or other qualified health care		0.0379			2.50			70	5					60			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	99205	Office or other outpatient visit for the evaluatio	24	0.059			3.17			67	7					45			15
2nd REF	90791	Psychiatric diagnostic evaluation	16	0.039			3.00			90	10					60			20
CURRENT	96101	Psychological testing (includes psychodiagnostic assessment of		0.028			1.86			67	7					60			0
SVY	96131	Psychological testing evaluation services by physician or other qualified health care	65	0.024	0.50	2.55	3.17	3.40	75.00	132				15	60	132	240	1050	
crosswalk	90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and		0.0407			1.90									45			3
REC	96131 (HCPAC)	Psychological testing evaluation services by physician or other qualified health care		0.0317			1.90			60	0					60			0

Source	CPT	DESC	Resp	IWPUT	RVW	Total	PRE-TIME	INTRA-TIME	IMMD

SS Rec Summary

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	99205	Office or other outpatient visit for the evaluatio	91	0.059			3.17			67	7					45			15
2nd REF	90791	Psychiatric diagnostic evaluation	27	0.039			3.00			90	10					60			20
CURRENT	96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler		0.028			1.86			67	7					60			0
SVY	96132	Neuropsychological testing evaluation services by physician or other qualified	140	0.012	0.90	3.00	3.17	3.50	115	195	30			10	60	120	240	942	45
crosswalk	90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50		0.0384			2.50			76	5					50			21
REC	96132 (RUC)	Neuropsychological testing evaluation services by physician or other qualified		0.0379			2.50			70	5					60			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	99205	Office or other outpatient visit for the evaluatio	68	0.059			3.17			67	7					45			15
2nd REF	90791	Psychiatric diagnostic evaluation	19	0.039			3.00			90	10					60			20
CURRENT	96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler		0.028			1.86			67	7					60			
SVY	96133	Neuropsychological testing evaluation services by physician or other qualified	138	0.023	0.50	3.00	3.17	3.50	115	138				4	60	138	240	1440	
crosswalk	90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and		0.0407			1.90				0					45			3
REC	96133 (RUC)	Neuropsychological testing evaluation services by physician or other qualified		0.0317			1.90			60	0					60			0

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	99205	Office or other outpatient visit for the evaluatio	37	0.059			3.17			67	7					45			15
2nd REF	99203	Office or other outpatient visit for the evaluatio	30	0.061			1.42			29	4					20			5
CURRENT	96102	Psychological testing (includes psychodiagnostic assessment of		0.021			0.50			23	3					15			5
SVY	96136	Psychological or neuropsychological test administration and scoring by physician or	147	0.011	0.50	1.64	2.44	3.17	110	170	15			3	30	120	288	1325	35
crosswalk	97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection),		0.0185			0.55				3					20			5
REC	96136 (HCPAC)	Psychological or neuropsychological test administration and scoring by physician or		0.0139			0.55			36	3					30			3

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	99205	Office or other outpatient visit for the evaluatio	38	0.059			3.17			67	7					45			15
2nd REF	99355	Prolonged evaluation and management or psy	20	0.059			1.77			30	0					30			0
CURRENT	96102	Psychological testing (includes psychodiagnostic assessment of		0.021			0.50			23	3					15			5
SVY	96137	Psychological or neuropsychological test administration and scoring by physician or		0.027	0.48	1.75	2.43	3.17	110	90				3	30	90	300	1440	
crosswalk	96152	Health and behavior intervention, each 15 minutes, face-to-face; individual		0.0172			0.46				4					15			5
REC	96137 (HCPAC)	Psychological or neuropsychological test administration and scoring by physician or		0.0153			0.46			30	0					30			0

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	99205	Office or other outpatient visit for the evaluatio	42	0.059			3.17			67	7					45			15
2nd REF	90791	Psychiatric diagnostic evaluation	35	0.039			3.00			90	10					60			20
CURRENT	96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a		0.002			0.51			30	8					8			14
SVY	96X11	Psychological or neuropsychological test administration using single instrument, with	143	0.025	0.48	2.50	3.00	3.20	60.00	125	20			4	45	75	180	1425	30
INTERIM REC	96X11 (RUC)	Psychological or neuropsychological test administration using single instrument, with		0.0022			0.51			30	8					8			14

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE			INTRA					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
					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
1st REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5					1	1.0							1						
2nd REF	22222	def	15	0.055			5.15			137	10	5	5			35			5						1.0							1	1					
CURRENT	55555	abc		0.053			5.00			133	17					27			8					1	1.0							1						
SVY	55555	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10					1	1.0							1						
REC	55555	abc		0.020			4.25			142	17	1	3			30			10										1	1.0			1					

CPT Source	Deleted	Source 2016 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2016)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
Assessment of Aphasia and Cognitivie Performance Testing										
96105		521	96105	521	1.000	1.75	1.75	08 Psychological and Neuropsychological Testing	912	912
96125		2,427	96125	2,427	1.000	1.70	1.70	08 Psychological and Neuropsychological Testing	4,126	4,126
									5,038	5,038
Developmental/Behavioral Screening and Testing										
96110		0	96110	0	1.000	0.00	0.00	08 Psychological and Neuropsychological Testing	0	0
96111	D	892	96112	892	1.000	2.60	2.50	08 Psychological and Neuropsychological Testing	2,230	2,319
96111	D	892	96113	2,676	3.000	0.00	1.10	08 Psychological and Neuropsychological Testing	2,944	0
96127		20,323	96127	20,323	1.000	0.00	0.00	08 Psychological and Neuropsychological Testing	0	0
									5,174	2,319
Psychological/Neuropsychological Testing Neurobehavioral Status Exam										
Neurobehavioral Status Exam										
96116		153,102	96116	124,013	0.810	1.86	1.86	08 Psychological and Neuropsychological Testing	230,663	230,663
96116		153,102	+96121	29,089	0.190	1.86	1.71	08 Psychological and Neuropsychological Testing	49,743	54,106
									280,406	284,770
Testing Evaluation Services										
96101	D	213,472	96130	53,368	0.250	1.86	2.50	08 Psychological and Neuropsychological Testing	133,420	99,264
96101	D	213,472	+96131	96,062	0.450	1.86	1.90	08 Psychological and Neuropsychological Testing	182,519	178,676
96102	D	44,979	96130	5,622	0.125	0.00	2.50	08 Psychological and Neuropsychological Testing	14,056	0
96102	D	44,979	+96131	5,622	0.125	0.00	1.90	08 Psychological and Neuropsychological Testing	10,683	0
96118	D	673,962	96132	202,189	0.300	1.86	2.50	08 Psychological and Neuropsychological Testing	505,472	376,071
96118	D	673,962	+96133	336,981	0.500	1.86	1.90	08 Psychological and Neuropsychological Testing	640,264	626,785
96119	D	180,512	96132	22,564	0.125	0.55	2.50	08 Psychological and Neuropsychological Testing	56,410	0
96119	D	180,512	+96133	22,564	0.125	0.55	1.90	08 Psychological and Neuropsychological Testing	42,872	0
									1,585,694	1,280,796
Test Administration and Scoring										
96101	D	213,472	96136	32,021	0.150	1.86	0.55	08 Psychological and Neuropsychological Testing	17,611	59,559
96118	D	673,962	96136	67,396	0.100	1.86	0.55	08 Psychological and Neuropsychological Testing	37,068	0
96118	D	673,962	96136	67,396	0.100	1.86	0.55	08 Psychological and Neuropsychological Testing	37,068	125,357
96118	D	673,962	+96137	67,396	0.100	1.86	0.46	08 Psychological and Neuropsychological Testing	31,002	0
96118	D	673,962	+96137	67,396	0.100	1.86	0.46	08 Psychological and Neuropsychological Testing	31,002	125,357
96101	D	213,472	+96137	32,021	0.150	1.86	0.46	08 Psychological and Neuropsychological Testing	14,730	59,559
96101	D	213,472	+96137	64,042	0.300	1.86	0.46	08 Psychological and Neuropsychological Testing	29,459	0
96102	D	44,979	96138	22,490	0.500	0.50	0.00	08 Psychological and Neuropsychological Testing	0	11,245
96102	D	44,979	91639	22,490	0.500	0.50	0.00	08 Psychological and Neuropsychological Testing	0	11,245
96119	D	180,512	96138	90,256	0.500	0.55	0.00	08 Psychological and Neuropsychological Testing	0	49,641
96119	D	180,512	96139	90,256	0.500	0.55	0.00	08 Psychological and Neuropsychological Testing	0	49,641
									197,940	491,602
Single Test Administration with Interpretation and Report										
96103	D	168,038	96X11	84,019	0.500	0.51	0.51	08 Psychological and Neuropsychological Testing	42,850	42,850
96120	D	28,306	96X11	14,153	0.500	0.51	0.51	08 Psychological and Neuropsychological Testing	7,218	7,218
									50,068	50,068
Automated Testing and Result										
96103	D	168,038	96146	84,019	0.500	0.51	0.00	08 Psychological and Neuropsychological Testing	0	42,850
96120	D	28,306	96146	14,153	0.500	0.51	0.00	08 Psychological and Neuropsychological Testing	0	7,218
									0	50,068
								Total RVUs	**2,124,320**	**2,164,660**

	CURRENT CODES					NEW CO
Meeting	Source Code	Source Code Descriptor	Work RVU	2016 Medicare Volume	Total RVUs (E*F)	New Code
Assessment of Aphasia and Cognitive Performance Testing						
HCPAC	96105	Assessment of aphasia	1.75	521	912	96105
HCPAC	96125	Cognitive testing by hc professional	1.70	2,427	4,126	96125
Developmental/Behavioral Screening and Testing						
RUC	96111	Developmental testing	2.60	892	2,319	96112
RUC						+96113
Psychological/Neuropsychological Testing						
Neurobehavioral Status Exam						
RUC	96116	Neurobehavioral status exam, per hour	1.86	153,102	284,770	96116
RUC						+96121
Testing Evaluation Services						
HCPAC	96101	Psychological testing, per hour	1.86	213,472	397,058	96130

HCPAC						+96131
HCPAC						96136
HCPAC						+96137
HCPAC	96102	Psychological testing, administered by technician, per hour	0.50	44,979	22,490	96130
HCPAC						+96131
PE Subcommittee						96138
PE Subcommittee						+96139
RUC	96118	Neuropsychological testing, per hour	1.86	673,962	1,253,569	96132
RUC						+96133
HCPAC						96136

HCPAC						+96137
RUC	96119	Neuropsychological testing, administered by technician, per hour	0.55	180,512	99,282	96132
RUC						+96133
PE Subcommittee						96138
PE Subcommittee						+96139
Single Test Administration with Interpretation and Report						
RUC	96103	Psychological testing admin by computer	0.51	168,038	85,699.38	96X11
RUC	96120	Neuropsychological testing admin by computer	0.51	28,306	14,436.06	96X11
Automated Testing and Result						
PE Subcommittee	96103	Psychological testing admin by computer	0.51	168,038	85,699	96146
PE Subcommittee	96120	Neuropsychological testing admin by computer	0.51	28,306	14,436	96146

TOTAL CHANGE IN WORK RVUs 2,164,660

DES

New Code Descriptor	Rec RVU	% Reported	Est. Voume	Total RVUs by Code (J*L)
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	1.75	100%	521	912
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	1.70	100%	2,427	4,126
Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	2.50	100%	892	2,230
Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes	1.10	300%	2,676	2,944
Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	1.86	81%	124,013	230,663
Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour	1.71	19%	29,089	49,743
Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	2.50	25%	53,368	133,420

Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	1.90	45%	96,062	182,519
Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	0.55	15%	32,021	17,611
Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes	0.46	45%	96,062	44,189
Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	2.50	12.5%	5,622	14,056
Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	1.90	12.5%	5,622	10,683
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 minutes	PE Only	50%	N/A	
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes	PE Only	50%	N/A	
Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	2.50	30%	202,189	505,472
Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour	1.90	50%	336,981	640,264
Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	0.55	20%	134,792	74,136

Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes	0.46	20%	134,792	62,005
Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	2.50	13%	22,564	56,410
Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour	1.90	13%	22,564	42,872
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 minutes	PE Only	50%	N/A	
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes	PE Only	50%	N/A	
Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed	0.51	50%	84,019	42,850
Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed	0.51	50%	14,153	7,218
Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only	PE Only	50%	N/A	
Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only	PE Only	50%	N/A	

Total RVUs of All Services Crosswalked to Current Code (Sum of utilization in column M)	Change in RVUs from Current to New Codes (N-G)
912	0.00
4,126	0.00
5,174	2,854
280,406	(4,363)
377,739	(19,319)

24,738	2,249
1,281,876	28,306

99,282	-
42,850	(42,850)
7,218	(7,218)
-	(85,699)
-	(14,436)
2,124,320	(40,341)

CPT Code: 96110
Specialty Societies: AAP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: **Developmental screening (eg, developmental milestone survey, speech and language delay screen) with scoring and documentation, per standardized instrument**

Global Period: **XXX** Meeting Date: **October 2017**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: **An AAN-AAP/APA expert panel formulated direct practice expense input recommendations for code 96110 utilizing the RUC-approved inputs for key reference code G0451/96110.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **G0451/96110**
The current inputs for G0451 are the same as those that CMS used in valuing 96110. For most of the services with RVUs displayed even though Medicare does not make separate payment, CMS develops PE RVUs based on the direct PE inputs through its standard methodology. In the case of 96110, CMS does not develop PE RVUs. Instead, CMS develops PE RVUs for G0451, which is payable by Medicare, and then display the RVUs for G0451 for 96110. The direct PE inputs are included in the direct PE input database only for G0451.

3. Is this code(s) typically billed with an E/M service? **N/A (Data for 96110 is not included)**

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder) **N/A (Data for 96110 is not included)**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:* **Scoring completed developmental screening tool**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **N/A**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

CPT Code: _96116 (Revised)_____
Specialty Society: ___AAN, APA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour

Global Period: _XXX__ Meeting Date: _Oct 2017_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
    - **A consensus panel of experts from the societies listed above met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
    - **We are listing the current direct PE inputs for CPT code 96116, *Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report,* as the reference code.**

3. Is this code(s) typically billed with an E/M service?
    - **No.**

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)
    - **Clinical psychology is the dominant provider in the nonfacility setting.**
    - **The dominant provider provides the service in the nonfacility setting 45% of the time.**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
    - **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:
    - **When 96116 was originally valued in 2006, the PE input, "neurobehavioral status form, average" (Medical Supply Code: SK050, unit price $5.77) for this one-hour code was valued at 0.25 items or $1.44 per the 60-minute code. This indicates the expectation that 96116 would be billed in multiple units (i.e. 4 units per patient). In actuality, the CMS database, based on 2015 data, shows that the mean number of unique occurrences is 1.24, and the median is 1.00. Therefore, we are requesting an increase from 0.25 items to 1.00 items. The new coding structure is a base code/add-on model. The 96116 will only be billed 1 time per hour, per patient. No supplies are being requested for the second hour (i.e. add-on code 963X2).**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
    - **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
    - **N/A**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    - **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **N/A**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

CPT Code: 96127
Specialty Societies: AAP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: **Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument**

Global Period: **XXX** Meeting Date: **October 2017**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: **An AAN-AAP/APA expert panel formulated direct practice expense input recommendations for code 96127 utilizing the current inputs for key reference code 96127.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **96127**

3. Is this code(s) typically billed with an E/M service? **Yes (78% All; 78% NF)**

4. What specialty is the dominant provider in the nonfacility? **Family Practice** What percent of the time does the dominant provider provide the service(s) in the nonfacility? **41%** Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder) **No**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:* **Scoring completed emotional/behavioral assessment tool**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **N/A**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

CPT Code: 96112
Specialty Societies: AAN/AAP/APA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: **Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour**

Global Period: **XXX** Meeting Date: **October 2017**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: **An AAN-AAP/APA expert panel formulated direct practice expense input recommendations for code 963X0 utilizing the RUC-approved inputs for code 96111 (April 2003).**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **Code 96112 represents a revision of code 96111.**

3. Is this code(s) typically billed with an E/M service? **Yes (54% All; 62% NF)**

4. What specialty is the dominant provider in the nonfacility? **Clinical Psychologist** What percent of the time does the dominant provider provide the service(s) in the nonfacility? **36%** Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder) **No**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:* **N/A**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **N/A**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here: 10 minutes is assigned to use of the cognitive abilities testing software, even though we are not recommending any clinical staff time for code 963X0. This is attributed to the fact that the physician/qualified health care professional typically utilizes the software for 10 minutes to score the results following conclusion of the testing session.

CPT Code: 96113
Specialty Societies: AAN/AAP/APA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: **Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes**

Global Period: **ZZZ** Meeting Date: **October 2017**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: **An AAN-AAP/APA expert panel formulated direct practice expense input recommendations for code 96113 utilizing the RUC-approved inputs for code 96111 (April 2003).**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **Code 963X1 represents an add-on to the revision of code 96111.**

3. Is this code(s) typically billed with an E/M service? **Yes (54% All; 62% NF)**

4. What specialty is the dominant provider in the nonfacility? **Clinical Psychologist** What percent of the time does the dominant provider provide the service(s) in the nonfacility? **36%** Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder) **No**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:* **N/A**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **N/A**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

CPT Code: _+96121_____
Specialty Society: ___AAN, APA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure) (Use 963X2 in conjunction with 96116)

Global Period: _XXX__ Meeting Date: _Oct 2017_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
    - **A consensus panel of experts from the societies listed above met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
    - **We are listing the current direct PE inputs to CPT code 96116, *Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report,* as the reference code.**

    - **New code CPT code +96121 is currently reported with 96116.**

3. Is this code(s) typically billed with an E/M service?
    - **No.**

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)
    - **Clinical psychology is the dominant provider in the nonfacility setting.**
    - **The dominant provider provides the service in the nonfacility setting 45% of the time.**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
    - **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:
    - **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
    - **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
    - **N/A**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    - **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **N/A**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

CPT Code: 96132
Specialty Society AAN/APA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

Global Period: XXX Meeting Date: Oct 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
    - **A consensus panel of experts from the societies listed above met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
    - **We are listing CPT code 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,* as the reference code.**

    - **New CPT code 96132 is currently reported by CPT code 96118 and 96119.**

3. Is this code(s) typically billed with an E/M service?
    - **No.**

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)
    - **Clinical psychology is the dominant provider in the nonfacility setting.**
    - **The dominant provider provides the service in the nonfacility setting more than 50 percent of the time.**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
    - **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:
    - **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
    - **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
    - **N/A**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    - **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **Equipment from the existing 96118 crosswalk:**
      ED032 printer, laser, paper
      ED021 computer, desktop, w-monitor

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

CPT Code: +96133
Specialty Society: AAN/APA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)

Global Period: XXX Meeting Date: Oct 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
    - **A consensus panel of experts from the societies listed above met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
    - **We are listing CPT code 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,* as the reference code.**

    - **New CPT code +96133 is currently reported by CPT code 96118 and 96119.**

3. Is this code(s) typically billed with an E/M service?
    - **No.**

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)
    - **Clinical psychology is the dominant provider in the nonfacility setting.**
    - **The dominant provider provides the service in the nonfacility setting more than 50 percent of the time.**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
    - **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:
    - **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

- **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
    - **N/A**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    - **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**
13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **Equipment from the existing 96118 crosswalk:**
        - **ED021 computer, desktop, w-monitor**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

CPT Code: _96X11 (Revised)_____
Specialty Society: ___APA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed (For multiple tests see 963X3, 963X4, 963X5, 963X6, 963X7, 963X8, 963X9, 96X10)

Global Period: _XXX__ Meeting Date: _Oct 2017_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
    - **A consensus panel of experts from the society listed above met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
    - **We are listing CPT code 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,* as the reference code.**

3. Is this code(s) typically billed with an E/M service?
    - **No.**

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)
    - **Clinical psychology is the dominant provider in the nonfacility setting.**
    - **The dominant provider provides the service in the nonfacility setting more than 50 percent of the time.**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
    - **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:
    - **When our reference code, 96103, was originally valued in 2006, no supplies or equipment were incorporated into the PE inputs to account for the actual testing service. Although the code description for 96103 very clearly mentions specific types of tests administered, requiring a number of testing forms as supplies, none are apparent in the inputs. Therefore, we are requesting the addition of a single, generic psychological testing form (i.e. SK067, psych testing forms, average, $2.30/item), to be added to the PE inputs for 96X11.**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
    - **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
    - **N/A**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    - **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **Equipment from the existing 96103 crosswalk:**
        - **ED032 printer, laser, paper**
        - **ED021 computer, desktop, w-monitor**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMM**
2						**96105**		**96105**		**96125**		**96125**		**96110 / G0451**		**96**
3		***RUC Collaboration Website***														
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 8 (RUC) & 20 (HCPAC) Specialty: ASHA, AAP, AAN, APA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	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		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		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		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		Developmental screening, with scoring and documentation, per standardized instrument		Developmental scoring and d per standardiz
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**														
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**15.0**	**0.0**	**6.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**15.0**	**0.0**	**6.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 5.55**	**$ -**	**$ 2.22**
12		**PRE-SERVICE PERIOD**														
13		**Start: Following visit when decision for surgery or procedure made**														
14	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37											
15	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37											
16	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37											
17	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37											
18	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37											
19	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37											
20	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37											
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37											
28		**End: When patient enters office/facility for surgery/procedure**														
29		**SERVICE PERIOD**														
30		**Start: When patient enters office/facility for surgery/procedure:**														
31		**Pre-Service (of service period)**														
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	0.37											
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L039C	Psychometrist	0.394											
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37											
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37											
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37											
37	CA013	Prepare room, equipment and supplies	L039C	Psychometrist	0.394											
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37											
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37											
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37											
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37											
48		**Intra-service (of service period)**														
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L039C	Psychometrist	0.394											
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	L037D	RN/LPN/MTA	0.37											
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L037D	RN/LPN/MTA	0.37											
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37									15		6
53	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37											
57	CA021	Perform procedure/service---NOT directly related to physician work time	L026A	Medical/Technical Assistant	0.26											
58	**OLD**	***Other activity:*** **Gathering data and scoring tests**	L039C	Psychometrist	0.394											
61		**Post-Service (of service period)**														
62	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37											
63	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37											
64	CA024	Clean room/equipment by clinical staff	L039C	Psychometrist	0.394											
65	CA025	Clean scope	L037D	RN/LPN/MTA	0.37											
66	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37											
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37											
68	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37											
69	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37											
70	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA	0.37											
71	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37											
72	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L037D	RN/LPN/MTA	0.37											
73	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37											
74	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA	0.37											
75	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37											
76	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**
80	**OLD**	***Other activity:*** **Transcribe scores to data summary sheet**	L039C	Psychometrist	0.394											
81	**OLD**	***Other activity:*** **Gather data and record result**	L039C	Psychometrist	0.394											
83		**End: Patient leaves office**														
84		**POST-SERVICE PERIOD**														
85		**Start: Patient leaves office/facility**														
86	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37											
87	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37											
101		**End: with last office visit before end of global period**														

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMM**
2						**96105**		**96105**		**96125**		**96125**		**96110 / G0451**		**96**
3		***RUC Collaboration Website***														
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 8 (RUC) & 20 (HCPAC) Specialty: ASHA, AAP, AAN, APA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	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		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		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		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		Developmental screening, with scoring and documentation, per standardized instrument		Developmental scoring and d per standardiz
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**														
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**15.0**	**0.0**	**6.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**15.0**	**0.0**	**6.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
102	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**												
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 3.88**	**$ -**	**$ 3.12**	**$ -**	**$ 11.54**	**$ -**	**$ 11.54**	**$ -**	**$ 0.40**	**$ -**	**$ 0.40**
104	SB024	gloves, sterile	0.84	pair		1										
105	SB022	gloves, non-sterile	0.084	pair				1								
106	SJ016	denture cup	0.183	item		1		1								
107	SJ061	tongue depressor	0.012	item		1		1								
108	SK003	aphasia assessment forms, average	2.84	item		1		1								
109	SK050	neurobehavioral status forms, average	5.77	item						2		2				
110	SK001	ages & stages questionnaire	0.4	item										1		1
111	SK119	Beck Youth Inventory, Second Edition (BYI-II); Combination Inventory Booklet	1.96	booklet												
112	SK088	Woodcock Johnson test record	2.44	item												
113	SK007	audio cassette tape 60 min	0.76	item												
114	SK095	battery, AA	0.45	item												
115	SK057	paper, laser printing (each sheet)	0.005	item												
116	SK067	psych testing forms, average	2.3	item												
117	SK108	MCMI-III kit and manual	0	item												
120	NEW	WAIS-IV Record Form														
121	NEW	WAIS-IV Response Booklet #1														
122	NEW	WAIS-IV Response Booklet #2														
125																
126	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**											
127		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
128	EQ087	cognitive abilities testing software (Woodcock Johnson)	558		0.002210906											
129	ED032	printer, laser, paper	1199		0.004750673											
130	ED021	computer, desktop, w-monitor	2501		0.009909453											
131	EQ185	neurobehavioral status instrument	13635		0.054024546											
132	ED039	psychological testing equipment	0													
135	NEW	Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) Kit (less forms)	$971.30	Default	0.003848481											
136	NEW	CANTAB Mobile (per single automated assessment)	$2,800													

	A	B	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
1	**RUC Practice Expense Spreadsheet**		**MENDED**	**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**CURI**
2			**L10**	**96127**		**96127**		**96127**		**96111**		**96112**		**96113**		**961**
3		***RUC Collaboration Website***														
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 8 (RUC) & 20 (HCPAC) Specialty: ASHA, AAP, AAN, APA**	screening, with documentation, ed instrument	Brief emotional/behavioral assessment, with scoring and documentation, per standardized instrument **(April 2014 RUC Recommendation)**		Brief emotional/behavioral assessment, with scoring and documentation, per standardized instrument		Brief emotional/behavioral assessment, with scoring and documentation, per standardized instrument		Developmental testing, with interpretation and report		Developmental test administration, by physician or other qualified health care professional, with interpretation and report; first hour		Developmental test administration, by physician other qualified health care professional, with interpretation and report; each additional 30 minutes		Neurobehavior (clinical ass thinking, rea judgment, e knowledge language, mer and problem visual spatial hour of the psy physician's tim face time with time interpreti
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**														
7		**TOTAL CLINICAL STAFF TIME**	**0.0**	**15.0**	**0.0**	**7.0**	**0.0**	**6.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**15.0**	**0.0**	**7.0**	**0.0**	**6.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 3.90**	**$ -**	**$ 1.82**	**$ -**	**$ 1.56**	**$ -**	**$ 1.11**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
12		**PRE-SERVICE PERIOD**														
13		**Start: Following visit when decision for surgery or procedure made**														
14	CA001	Complete pre-service diagnostic and referral forms														
15	CA002	Coordinate pre-surgery services (including test results)														
16	CA003	Schedule space and equipment in facility														
17	CA004	Provide pre-service education/obtain consent														
18	CA005	Complete pre-procedure phone calls and prescription														
19	CA006	Confirm availability of prior images/studies														
20	CA007	Review patient clinical extant information and questionnaire														
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)														
28		**End: When patient enters office/facility for surgery/procedure**														
29		**SERVICE PERIOD**														
30		**Start: When patient enters office/facility for surgery/procedure:**														
31		**Pre-Service (of service period)**														
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are available								3						
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available														
34	CA010	Obtain vital signs														
35	CA011	Provide education/obtain consent														
36	CA012	Review requisition, assess for special needs														
37	CA013	Prepare room, equipment and supplies														
38	CA014	Confirm order, protocol exam														
39	CA015	Setup scope (nonfacility setting only)														
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient														
41	CA017	Sedate/apply anesthesia														
48		**Intra-service (of service period)**														
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)														
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)														
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)														
52	CA021	Perform procedure/service---NOT directly related to physician work time														
53	CA021	Perform procedure/service---NOT directly related to physician work time														
57	CA021	Perform procedure/service---NOT directly related to physician work time		15		7		6								
58	**OLD**	***Other activity:*** **Gathering data and scoring tests**														
61		**Post-Service (of service period)**														
62	CA022	Monitor patient following procedure/service, multitasking 1:4														
63	CA023	Monitor patient following procedure/service, no multitasking														
64	CA024	Clean room/equipment by clinical staff														
65	CA025	Clean scope														
66	CA026	Clean surgical instrument package														
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions														
68	CA028	Review/read post-procedure x-ray, lab and pathology reports														
69	CA029	Check dressings, catheters, wounds														
70	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page														
71	CA031	Review examination with interpreting MD/DO														
72	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.														
73	CA033	Perform regulatory mandated quality assurance activity (service period)														
74	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)														
75	CA035	Review home care instructions, coordinate visits/prescriptions														
76	CA036	Discharge day management		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**
80	**OLD**	***Other activity:*** **Transcribe scores to data summary sheet**														
81	**OLD**	***Other activity:*** **Gather data and record result**														
83		**End: Patient leaves office**														
84		**POST-SERVICE PERIOD**														
85		**Start: Patient leaves office/facility**														
86	CA037	Conduct patient communications														
87	CA038	Coordinate post-procedure services														
101		**End: with last office visit before end of global period**														

	A	B	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
1	**RUC Practice Expense Spreadsheet**		**MENDED**	**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**CURR**
2			**110**	**96127**		**96127**		**96127**		**96111**		**96112**		**96113**		**961**
3		***RUC Collaboration Website***														
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 8 (RUC) & 20 (HCPAC) Specialty: ASHA, AAP, AAN, APA**	screening, with documentation, ed instrument	Brief emotional/behavioral assessment, with scoring and documentation, per standardized instrument **(April 2014 RUC Recommendation)**		Brief emotional/behavioral assessment, with scoring and documentation, per standardized instrument		Brief emotional/behavioral assessment, with scoring and documentation, per standardized instrument		Developmental testing, with interpretation and report		Developmental test administration, by physician or other qualified health care professional, with interpretation and report; first hour		Developmental test administration, by physician other qualified health care professional, with interpretation and report; each additional 30 minutes		Neurobehavior (clinical ass thinking, rea judgment, e knowledge language, mer and problem visual spatial hour of the psy physician's tim face time with time interpreti
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**														
7		**TOTAL CLINICAL STAFF TIME**	**0.0**	**15.0**	**0.0**	**7.0**	**0.0**	**6.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**15.0**	**0.0**	**7.0**	**0.0**	**6.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
102	**Medical Supply Code**	**MEDICAL SUPPLIES**														
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 1.96**	**$ -**	**$ 1.96**	**$ -**	**$ 1.96**	**$ -**	**$ 2.44**	**$ -**	**$ 2.44**	**$ -**	**$ -**	**$ -**	**$ 2.46**
104	SB024	gloves, sterile														
105	SB022	gloves, non-sterile														
106	SJ016	denture cup														
107	SJ061	tongue depressor														
108	SK003	aphasia assessment forms, average														0.25
109	SK050	neurobehavioral status forms, average														0.25
110	SK001	ages & stages questionnaire														
111	SK119	Beck Youth Inventory, Second Edition (BYI-II); Combination Inventory Booklet		1		1		1								
112	SK088	Woodcock Johnson test record								1		1				
113	SK007	audio cassette tape 60 min														0.25
114	SK095	battery, AA														0.25
115	SK057	paper, laser printing (each sheet)														
116	SK067	psych testing forms, average														
117	SK108	MCMI-III kit and manual														
120	NEW	WAIS-IV Record Form														
121	NEW	WAIS-IV Response Booklet #1														
122	NEW	WAIS-IV Response Booklet #2														
125																
126	**Equipment Code**	**EQUIPMENT**														
127		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 0.13**	**$ -**	**$ 0.02**	**$ -**	**$ -**	**$ -**	**$ 1.01**
128	EQ087	cognitive abilities testing software (Woodcock Johnson)								60		10				
129	ED032	printer, laser, paper														10
130	ED021	computer, desktop, w-monitor														15
131	EQ185	neurobehavioral status instrument														15
132	ED039	psychological testing equipment														
135	NEW	Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) Kit (less forms)														
136	NEW	CANTAB Mobile (per single automated assessment)														

	A	B	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU
1	**RUC Practice Expense Spreadsheet**		**RENT**	**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**RECOMM**
2			**L16**	**96116**		**96121**		**96101**		**96130**		**96131**		**96118**		**961**
3		***RUC Collaboration Website***														
4	**Clinical Activity Code**	**Meeting Date: October 2017** **Tab: 8 (RUC) & 20 (HCPAC)** **Specialty: ASHA, AAP, AAN, APA**	al status exam essment of asoning and g, acquired , attention, mory, planning solving, and abilities), per ychologist's or e, both face-to- the patient and g test results	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting		Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting		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		Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s)		Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s)		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		Neuropsychol evaluation physician or health care including integr data, interp standardized t clinical data, c making, treatr and report, a feedback to the member(s) or
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**														
7		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
12		**PRE-SERVICE PERIOD**														
13		**Start: Following visit when decision for surgery or procedure made**														
14	CA001	Complete pre-service diagnostic and referral forms														
15	CA002	Coordinate pre-surgery services (including test results)														
16	CA003	Schedule space and equipment in facility														
17	CA004	Provide pre-service education/obtain consent														
18	CA005	Complete pre-procedure phone calls and prescription														
19	CA006	Confirm availability of prior images/studies														
20	CA007	Review patient clinical extant information and questionnaire														
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)														
28		**End: When patient enters office/facility for surgery/procedure**														
29		**SERVICE PERIOD**														
30		**Start: When patient enters office/facility for surgery/procedure:**														
31		**Pre-Service (of service period)**														
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are available														
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available														
34	CA010	Obtain vital signs														
35	CA011	Provide education/obtain consent														
36	CA012	Review requisition, assess for special needs														
37	CA013	Prepare room, equipment and supplies														
38	CA014	Confirm order, protocol exam														
39	CA015	Setup scope (nonfacility setting only)														
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient														
41	CA017	Sedate/apply anesthesia														
48		**Intra-service (of service period)**														
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)														
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)														
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)														
52	CA021	Perform procedure/service---NOT directly related to physician work time														
53	CA021	Perform procedure/service---NOT directly related to physician work time														
57	CA021	Perform procedure/service---NOT directly related to physician work time														
58	**OLD**	***Other activity:*** **Gathering data and scoring tests**														
61		**Post-Service (of service period)**														
62	CA022	Monitor patient following procedure/service, multitasking 1:4														
63	CA023	Monitor patient following procedure/service, no multitasking														
64	CA024	Clean room/equipment by clinical staff														
65	CA025	Clean scope														
66	CA026	Clean surgical instrument package														
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions														
68	CA028	Review/read post-procedure x-ray, lab and pathology reports														
69	CA029	Check dressings, catheters, wounds														
70	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page														
71	CA031	Review examination with interpreting MD/DO														
72	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.														
73	CA033	Perform regulatory mandated quality assurance activity (service period)														
74	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)														
75	CA035	Review home care instructions, coordinate visits/prescriptions														
76	CA036	Discharge day management		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**
80	**OLD**	***Other activity:*** **Transcribe scores to data summary sheet**														
81	**OLD**	***Other activity:*** **Gather data and record result**														
83		**End: Patient leaves office**														
84		**POST-SERVICE PERIOD**														
85		**Start: Patient leaves office/facility**														
86	CA037	Conduct patient communications														
87	CA038	Coordinate post-procedure services														
101		**End: with last office visit before end of global period**														

	A	B	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU
1	**RUC Practice Expense Spreadsheet**		**RENT**	**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**RECOMM**
2			**L16**	**96116**		**96121**		**96101**		**96130**		**96131**		**96118**		**961**
3		***RUC Collaboration Website***														
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 8 (RUC) & 20 (HCPAC) Specialty: ASHA, AAP, AAN, APA**	al status exam essment of asoning and g, acquired , attention, mory, planning solving, and abilities), per ychologist's or e, both face-to- the patient and g test results	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting		Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting		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		Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s)		Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s)		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		Neuropsychol evaluation physician or health care including integ data, interp standardized clinical data, c making, treat and report, a feedback to the member(s) o
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**														
7		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
102	**Medical Supply Code**	**MEDICAL SUPPLIES**														
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 5.77**	**$ -**	**$ -**	**$ -**	**$ 0.25**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 9.82**	**$ -**	**$ -**
104	SB024	gloves, sterile														
105	SB022	gloves, non-sterile														
106	SJ016	denture cup														
107	SJ061	tongue depressor														
108	SK003	aphasia assessment forms, average												1		
109	SK050	neurobehavioral status forms, average		1										1		
110	SK001	ages & stages questionnaire														
111	SK119	Beck Youth Inventory, Second Edition (BYI-II); Combination Inventory Booklet														
112	SK088	Woodcock Johnson test record														
113	SK007	audio cassette tape 60 min												1		
114	SK095	battery, AA												1		
115	SK057	paper, laser printing (each sheet)						3								
116	SK067	psych testing forms, average						0.10								
117	SK108	MCMI-III kit and manual						0.10								
120	NEW	WAIS-IV Record Form														
121	NEW	WAIS-IV Response Booklet #1														
122	NEW	WAIS-IV Response Booklet #2														
125																
126	**Equipment Code**	**EQUIPMENT**														
127		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 0.15**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 0.69**	**$ -**	**$ -**
128	EQ087	cognitive abilities testing software (Woodcock Johnson)														
129	ED032	printer, laser, paper						10						10		
130	ED021	computer, desktop, w-monitor						10						10		
131	EQ185	neurobehavioral status instrument												10		
132	ED039	psychological testing equipment						10								
135	NEW	Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) Kit (less forms)														
136	NEW	CANTAB Mobile (per single automated assessment)														

	A	B	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI
1	**RUC Practice Expense Spreadsheet**		**MENDED**	**RECOMMENDED**		**CURRENT**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**CURI**
2			**132**	**96133**		**96102**		**96119**		**96136**		**96137**		**96102**		**961**
3		***RUC Collaboration Website***														
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 8 (RUC) & 20 (HCPAC) Specialty: ASHA, AAP, AAN, APA**	ogical testing services by other qualified professional, ation of patient retation of est results and linical decision ment planning nd interactive patient, family caregiver(s)	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s)		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		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		Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes		Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes		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		Neuropsychol (eg, Halste Neuropsychol Wechsler Mem Wisconsin Car with qualifie professional int report, adm technician, technician tim
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**														
7		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**60.0**	**0.0**	**60.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ -**	**$ -**	**$ 22.42**	**$ -**	**$ 22.42**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 22.42**	**$ -**	**$ 22.42**
12		**PRE-SERVICE PERIOD**														
13		**Start: Following visit when decision for surgery or procedure made**														
14	CA001	Complete pre-service diagnostic and referral forms														
15	CA002	Coordinate pre-surgery services (including test results)														
16	CA003	Schedule space and equipment in facility														
17	CA004	Provide pre-service education/obtain consent														
18	CA005	Complete pre-procedure phone calls and prescription														
19	CA006	Confirm availability of prior images/studies														
20	CA007	Review patient clinical extant information and questionnaire														
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)														
28		**End: When patient enters office/facility for surgery/procedure**														
29		**SERVICE PERIOD**														
30		**Start: When patient enters office/facility for surgery/procedure:**														
31		**Pre-Service (of service period)**														
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are available														
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available				2		2						2		2
34	CA010	Obtain vital signs														
35	CA011	Provide education/obtain consent														
36	CA012	Review requisition, assess for special needs														
37	CA013	Prepare room, equipment and supplies														
38	CA014	Confirm order, protocol exam														
39	CA015	Setup scope (nonfacility setting only)														
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient														
41	CA017	Sedate/apply anesthesia														
48		**Intra-service (of service period)**														
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)														
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)														
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)														
52	CA021	Perform procedure/service---NOT directly related to physician work time														
53	CA021	Perform procedure/service---NOT directly related to physician work time				51		51						51		51
57	CA021	Perform procedure/service---NOT directly related to physician work time														
58	**OLD**	***Other activity:*** **Gathering data and scoring tests**				7		7						7		7
61		**Post-Service (of service period)**														
62	CA022	Monitor patient following procedure/service, multitasking 1:4														
63	CA023	Monitor patient following procedure/service, no multitasking														
64	CA024	Clean room/equipment by clinical staff														
65	CA025	Clean scope														
66	CA026	Clean surgical instrument package														
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions														
68	CA028	Review/read post-procedure x-ray, lab and pathology reports														
69	CA029	Check dressings, catheters, wounds														
70	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page														
71	CA031	Review examination with interpreting MD/DO														
72	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.														
73	CA033	Perform regulatory mandated quality assurance activity (service period)														
74	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)														
75	CA035	Review home care instructions, coordinate visits/prescriptions														
76	CA036	Discharge day management		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**
80	**OLD**	***Other activity:*** **Transcribe scores to data summary sheet**														
81	**OLD**	***Other activity:*** **Gather data and record result**														
83		**End: Patient leaves office**														
84		**POST-SERVICE PERIOD**														
85		**Start: Patient leaves office/facility**														
86	CA037	Conduct patient communications														
87	CA038	Coordinate post-procedure services														
101		**End: with last office visit before end of global period**														

	A	B	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI
1	**RUC Practice Expense Spreadsheet**		**MENDED**	**RECOMMENDED**		**CURRENT**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**CURI**
2			**132**	**96133**		**96102**		**96119**		**96136**		**96137**		**96102**		**961**
3		***RUC Collaboration Website***														
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 8 (RUC) & 20 (HCPAC) Specialty: ASHA, AAP, AAN, APA**	ogical testing services by other qualified professional, ation of patient retation of est results and linical decision ment planning nd interactive patient, family caregiver(s)	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s)		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		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		Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes		Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes		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		Neuropsychol (eg, Halste Neuropsychol Wechsler Mem Wisconsin Car with qualifie professional int report, adm technician, technician tim
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**														
7		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**60.0**	**0.0**	**60.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
102	**Medical Supply Code**	**MEDICAL SUPPLIES**														
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ -**	**$ -**	**$ 0.80**	**$ -**	**$ 2.95**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 0.80**	**$ -**	**$ 2.95**
104	SB024	gloves, sterile														
105	SB022	gloves, non-sterile														
106	SJ016	denture cup														
107	SJ061	tongue depressor														
108	SK003	aphasia assessment forms, average						0.30								0.30
109	SK050	neurobehavioral status forms, average						0.30								0.30
110	SK001	ages & stages questionnaire														
111	SK119	Beck Youth Inventory, Second Edition (BYI-II); Combination Inventory Booklet														
112	SK088	Woodcock Johnson test record														
113	SK007	audio cassette tape 60 min						0.30								0.30
114	SK095	battery, AA						0.30								0.30
115	SK057	paper, laser printing (each sheet)				8								8		
116	SK067	psych testing forms, average				0.33								0.33		
117	SK108	MCMI-III kit and manual				0.33								0.33		
120	NEW	WAIS-IV Record Form								0.165		0.165				
121	NEW	WAIS-IV Response Booklet #1								0.165		0.165				
122	NEW	WAIS-IV Response Booklet #2								0.165		0.165				
125																
126	**Equipment Code**	**EQUIPMENT**														
127		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ -**	**$ -**	**$ 0.25**	**$ -**	**$ 3.88**	**$ -**	**$ 0.12**	**$ -**	**$ 0.12**	**$ -**	**$ 0.25**	**$ -**	**$ 3.88**
128	EQ087	cognitive abilities testing software (Woodcock Johnson)														
129	ED032	printer, laser, paper				10		10						10		10
130	ED021	computer, desktop, w-monitor				20		60						20		60
131	EQ185	neurobehavioral status instrument						60								60
132	ED039	psychological testing equipment				20								20		
135	NEW	Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) Kit (less forms)								30		30				
136	NEW	CANTAB Mobile (per single automated assessment)														

	A	B	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU	BV
1	**RUC Practice Expense Spreadsheet**		**RENT**	**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2			**L19**	**96138**		**96139**		**96103**		**96X11**		**96120**		**96146**	
3		***RUC Collaboration Website***													
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 8 (RUC) & 20 (HCPAC) Specialty: ASHA, AAP, AAN, APA**	ogical testing ead-Reitan ogical Battery, ory Scales and d Sorting Test), d health care erpretation and inistered by per hour of e, face-to-face	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes		Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychpathology, eg, MMPI), administered by a computer, with qualified healh care professional interpretation and report		Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed		Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report		Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only	
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**													
7		**TOTAL CLINICAL STAFF TIME**	**0.0**	**30.0**	**0.0**	**30.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**20.0**	**0.0**	**3.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**30.0**	**0.0**	**30.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**20.0**	**0.0**	**3.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 11.12**	**$ -**	**$ 11.10**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 7.86**	**$ -**	**$ 1.11**	**$ -**
12		**PRE-SERVICE PERIOD**													
13		**Start: Following visit when decision for surgery or procedure made**													
14	CA001	Complete pre-service diagnostic and referral forms													
15	CA002	Coordinate pre-surgery services (including test results)													
16	CA003	Schedule space and equipment in facility													
17	CA004	Provide pre-service education/obtain consent													
18	CA005	Complete pre-procedure phone calls and prescription													
19	CA006	Confirm availability of prior images/studies													
20	CA007	Review patient clinical extant information and questionnaire													
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)													
28		**End: When patient enters office/facility for surgery/procedure**													
29		**SERVICE PERIOD**													
30		**Start: When patient enters office/facility for surgery/procedure:**													
31		**Pre-Service (of service period)**													
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are available													
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available										4			
34	CA010	Obtain vital signs													
35	CA011	Provide education/obtain consent										1		1	
36	CA012	Review requisition, assess for special needs													
37	CA013	Prepare room, equipment and supplies		1								1			
38	CA014	Confirm order, protocol exam													
39	CA015	Setup scope (nonfacility setting only)													
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient													
41	CA017	Sedate/apply anesthesia													
48		**Intra-service (of service period)**													
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)										4			
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)													
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)													
52	CA021	Perform procedure/service---NOT directly related to physician work time													
53	CA021	Perform procedure/service---NOT directly related to physician work time		29		30								2	
57	CA021	Perform procedure/service---NOT directly related to physician work time													
58	**OLD**	***Other activity:*** **Gathering data and scoring tests**													
61		**Post-Service (of service period)**													
62	CA022	Monitor patient following procedure/service, multitasking 1:4													
63	CA023	Monitor patient following procedure/service, no multitasking													
64	CA024	Clean room/equipment by clinical staff										1			
65	CA025	Clean scope													
66	CA026	Clean surgical instrument package													
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions													
68	CA028	Review/read post-procedure x-ray, lab and pathology reports													
69	CA029	Check dressings, catheters, wounds													
70	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page													
71	CA031	Review examination with interpreting MD/DO													
72	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.													
73	CA033	Perform regulatory mandated quality assurance activity (service period)													
74	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)													
75	CA035	Review home care instructions, coordinate visits/prescriptions													
76	CA036	Discharge day management		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
80	**OLD**	***Other activity:*** **Transcribe scores to data summary sheet**													
81	**OLD**	***Other activity:*** **Gather data and record result**										9			
83		**End: Patient leaves office**													
84		**POST-SERVICE PERIOD**													
85		**Start: Patient leaves office/facility**													
86	CA037	Conduct patient communications													
87	CA038	Coordinate post-procedure services													
101		**End: with last office visit before end of global period**													

	A	B	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU	BV
1	**RUC Practice Expense Spreadsheet**		**RENT**	**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2			**L19**	**96138**		**96139**		**96103**		**96X11**		**96120**		**96146**	
3		***RUC Collaboration Website***													
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 8 (RUC) & 20 (HCPAC) Specialty: ASHA, AAP, AAN, APA**	ogical testing ead-Reitan ogical Battery, ory Scales and d Sorting Test), d health care erpretation and inistered by per hour of e, face-to-face	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes		Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychpathology, eg, MMPI), administered by a computer, with qualified healh care professional interpretation and report		Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed		Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report		Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only	
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**													
7		**TOTAL CLINICAL STAFF TIME**	**0.0**	**30.0**	**0.0**	**30.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**20.0**	**0.0**	**3.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**30.0**	**0.0**	**30.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**20.0**	**0.0**	**3.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
102	**Medical Supply Code**	**MEDICAL SUPPLIES**													
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 0.02**	**$ -**	**$ 2.30**	**$ -**	**$ 0.36**	**$ -**	**$ -**	**$ -**
104	SB024	gloves, sterile													
105	SB022	gloves, non-sterile													
106	SJ016	denture cup													
107	SJ061	tongue depressor													
108	SK003	aphasia assessment forms, average													
109	SK050	neurobehavioral status forms, average													
110	SK001	ages & stages questionnaire													
111	SK119	Beck Youth Inventory, Second Edition (BYI-II); Combination Inventory Booklet													
112	SK088	Woodcock Johnson test record													
113	SK007	audio cassette tape 60 min										0.30			
114	SK095	battery, AA										0.30			
115	SK057	paper, laser printing (each sheet)						3							
116	SK067	psych testing forms, average								1					
117	SK108	MCMI-III kit and manual													
120	NEW	WAIS-IV Record Form		0.165		0.165									
121	NEW	WAIS-IV Response Booklet #1		0.165		0.165									
122	NEW	WAIS-IV Response Booklet #2		0.165		0.165									
125															
126	**Equipment Code**	**EQUIPMENT**													
127		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 0.12**	**$ -**	**$ 0.12**	**$ -**	**$ 0.64**	**$ -**	**$ -**	**$ -**	**$ 3.88**	**$ -**	**$ -**	**$ -**
128	EQ087	cognitive abilities testing software (Woodcock Johnson)													
129	ED032	printer, laser, paper						10				10			
130	ED021	computer, desktop, w-monitor						60				60			
131	EQ185	neurobehavioral status instrument										60			
132	ED039	psychological testing equipment													
135	NEW	Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) Kit (less forms)		30		30									
136	NEW	CANTAB Mobile (per single automated assessment)												10	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2018

Chronic Care Remote Physiologic Monitoring

In September 2017, the CPT Editorial Panel revised one code and created three new codes to describe remote physiologic monitoring and management.

99457 ***Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month***
The RUC reviewed the survey responses from 53 cardiologists for CPT code 99457 and determined that the survey 25th percentile work RVU of 0.61 accurately accounts for the work required to perform this service. CPT code 99457 is a care management code that requires at least 20 minutes of service over a 30 day period in which the physician, qualified health care professional, or the clinical staff (i.e., nurse) interacts via communication with a patient. The typical time actually spent, however is 20 minutes by the physician or qualified health care professional and 40 minutes by the clinical staff (nurse). All data and any changes to the patients' care are documented in the electronic health record. The RUC recommends 20 minutes of intra-service time.

The RUC compared 99457 to the top key reference service 99490 *Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month…* (work RVU = 0.61 and 23 minutes total time) and noted that these services required the same physician work and similar time to perform, and are appropriately valued the same. The typical patient receiving 99457 has a chronic disease; specifically heart failure and has a chronic heart failure management device at home to prevent hospitalization. Thus, CPT code 99457 is similar to the chronic care management code 99490. Additionally, both CPT codes 99490 and 99457 include physician time and clinical staff time. For additional support, the RUC referenced MPC code 95251 *Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report* (work RVU = 0.70 and 20 minutes total time), which requires similar work and the same total time. **The RUC recommends a work RVU of 0.61 for CPT code 99457.**

Practice Expense
The Practice Expense (PE) Subcommittee had an extensive discussion and confirmed that the devices for these services must be recognized as a medical device by the FDA and ordered by the physician or other qualified health care provider.

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99453 ***Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment***
The PE Subcommittee discussed the specialty society's recommended supply items, shipping costs and a device reprocessing fee, and determined that they are not specifically allocable to the patient for this service, and would be considered indirect practice expenses. CMS confirmed that these items would be considered indirect practice expense under their methodology to calculate the practice expense relative value unit.

99454 ***Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days***
The PE Subcommittee maintained the specialty society's recommended supply item, a monthly service fee for the period of time being monitored. The PE Subcommittee also maintained the heart failure patient physiologic monitoring equipment, which the patient will have with them for the 30 days of the service. The RUC noted that unlike CMS' default assumption for equipment usage of 10 hours per day, 5 days per week, 50 weeks per year (for 150,000 total minutes of the year), the equipment for performing this service will be used 24 hours per day, 7 days per week, 365 days of the year (for 525,600 total minutes of the year). With this change to the utilization assumption for CMS' equipment cost formula, the net result is a rate 28.5% of the default, or 71.5% lower than the standard equipment cost per minute.

99457 ***Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month***
The PE Subcommittee confirmed that typically both the physician and the clinical staff communicate with the patient during the month. The clinical staff is making an average of 10 phone calls over the month and the provider will make 1-2 phone calls. These phone calls are not duplicative but complimentary services. The Subcommittee removed the desktop computer (ED021) as it would be considered indirect for this service.

The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee.

New Technology/New Services
These services will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Critical Care Services

Critical care is the direct delivery by a physician(s) or . . .

Providing medical care to a critically ill . . .

Inpatient critical care services . . .

Services for a patient who is not . . .

Critical care and other E/M services . . .

For reporting by professionals…

99291 *Critical care, evaluation and management . . .*

99292 *each additional 30 minutes . . .*

(Use 99292 in conjunction with 99291)

----------Coding Tip----------

Services Included in Critical Care Services
For reporting by professionals, the following services are included in critical care when performed during the critical period by the physician(s) providing critical care: the interpretation of cardiac output measurements (93561, 93562), chest X-rays (71045, 71046), pulse oximetry (94760, 94761, 94762), blood gases, and information data stored in computers (eg, ECGs, blood pressures, hematologic data [~~99090~~]); gastric intubation (43752, 43753); temporary transcutaneous pacing (92953); ventilatory management (94002-94004, 94660, 94662); and vascular access procedures (36000, 36410, 36415, 36591, 36600). Any services performed that are not listed above should be reported separately. Facilities may report the above services separately.

Evaluation and Management
Non-Face-to-Face Services
Interprofessional Telephone/Internet Consultation

The consultant should…

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These services are…

99446 *Interprofessional telephone/Internet assessment and…*

99447 *11-20 minutes …*

99448 *21-30 minutes …*

99449 *31 minutes or more of medical consultative discussion and review…*

Evaluation and Management
Non-Face-to-Face Services
Digitally Stored Data Services/Remote Physiologic Monitoring

Codes 99453 and 99454 are used to report remote physiologic monitoring services (eg weight, blood pressure, pulse oximetry) during a 30 day period. To report 99453 and 99454, the device used must be a medical device as defined by the FDA, and the service must be ordered by a physician or other qualified health care professional. Code 99453 may be used to report the set up and patient education on use of the service. Code 99454 may be used to report supply of the device for daily recording or programmed alert transmissions. Codes 99453 and 99454 are not reported if monitoring is less than 16 days. Do not report 99453 and 99454 when these services are included in other CPT codes for the duration of time of the physiologic monitoring service (eg, 95250 for continuous glucose requires a minimum of 72 hours of monitoring).

Code 99091 should…

If the services described by 99091 are provided on the same day the patient presents for an Evaluation and Management (E/M) service, these services should be considered part of the E/M service and not separately reported.

Do not report 99091 in the same calendar month as care plan oversight services 99374-99380, 99399, and 99340, and remote physiologic monitoring services 99457. Do not report 99091 if other more specific CPT codes exist (eg, 93227, 93272 for cardiographic services; 95250 for continuous glucose monitoring). Do not report 99091 for transfer and interpretation of data from hospital or clinical laboratory computers.

Code 99453 is reported for each episode of care. For coding remote monitoring of physiologic parameters, an episode of care is defined as beginning when the remote monitoring physiologic service is initiated, and ends with attainment of targeted treatment goals.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●99453	Z1	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment (Do not report 99453 more than once per episode of care) (Do not report 99453 for monitoring of less than 16 days)	XXX	0.00 (PE Only)
●99454	Z2	device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days (Do not report 99454 for monitoring of less than 16 days) (For physiologic monitoring treatment management services use 99457) (Do not report 99453, 99454 in conjunction with codes for more specific physiologic parameters eg, 93296, 94760)	XXX	0.00 (PE Only)
(e)*◢*99091	-	*Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days* *(Do not report 99091 in conjunction with 99457)* *(Do not report 99091 if it occurs within 30 days of 99374-99380, 99399, 99340, and 99457)*	*XXX*	*1.10* *(No Change)*

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Evaluation and Management Services
Non-Face-to-Face Services
Remote Physiologic Monitoring Treatment Management Services (red heading)

Remote physiologic monitoring treatment management services are provided when clinical staff/physician/qualified healthcare professional use the results of remote physiological monitoring to manage a patient under a specific treatment plan. To report remote physiological monitoring, the device used must be a medical device as defined by the FDA, and the service must be ordered by a physician or other qualified health care professional. Use 99457 for time spent managing care when patients or the practice do not meet the requirements to report 99487-99490, 99491or other more specific services. Code 99457 requires a live interactive communication with the patient/caregiver and 20 minutes or more of clinical staff/physician/qualified healthcare professional time in a calendar month. Report 99491 [2019] one time regardless of the number of physiologic monitoring modalities performed in a given calendar month.

Do not count any time on a day when the physician or other qualified healthcare professional reports an E/M service (office or other outpatient services 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, domiciliary, rest home services 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, home services 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350). Do not count any time related to other reported services (eg, 93290).

● 99457	Z3	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month (Do not report 99457 in the same month as 99487-99490, 99491) (Do not report 99457 for any time in the 30 day transitional care management period) (Do not report 99457 in conjunction with 99091) (Report once each 30 days, regardless of the number of parameters monitored)	XXX	0.61

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Medicine
Special Services, Procedures and Reports
Miscellaneous Services

The procedures with code numbers 99000 through ~~99091~~ 99082 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 in the same calendar month as care plan oversight services 99374-99380. Do not report 99091 if other more specific CPT codes exist (eg, 93227, 93272 for cardiographic services; 95250 for continuous glucose monitoring). Do not report 99091 for transfer and interpretation of data from hospital or clinical laboratory computers.~~

Codes 99050-99060…

~~**D**~~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)~~ (99090 has been deleted)	XXX	N/A (2018 work RVU = 0.00)

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Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services
Pediatric Critical Care Patient Transport

Codes 99466, 99467 are used to report the . . .

Codes 99485, 99486 are used . . .

For the definition of the critically . . .

The non-face-to-face direction of emergency . . .

Emergency department services (99281-99285), initial . . .

The following services are included when performed during the pediatric patient transport by the physician providing critical care and may not be reported separately: routine monitoring evaluations (eg, heart rate, respiratory rate, blood pressure, and pulse oximetry), the interpretation of cardiac output measurements (93562), chest X-rays (71045, 71046), pulse oximetry (94760, 94761, 94762), blood gases and information data stored in computers (eg, ECGs, blood pressures, hematologic data) (~~99090~~), gastric intubation (43752, 43753), temporary transcutaneous pacing (92953), ventilatory management (94002, 94003, 94660, 94662), and vascular access procedures (36000, 36400, 36405, 36406, 36415, 36591, 36600). Any services performed which are not listed above should be reported separately.

Care Management Services

Care management services . . .

A plan of care…

E/M services may be reported separately by the same physician or other qualified health care professional during the same calendar month. Care management services include care plan oversight services (99339, 99340, 99374-99380), prolonged services without direct patient contact (99358, 99359), home and outpatient INR monitoring (99358, 99359), medical team conferences (99366, 99367, 99368), education and training (98960, 98961, 98962, 99071, 99078), telephone services (99366, 99367, 99368, 99441, 99442, 99443), on-line medical evaluation (98969, 99444), preparation of special reports (99080), analysis of data (~~99090,~~ 99091), transitional care management services (99495, 99496), medication therapy management services (99605, 99606, 99607) and, if performed, these services may not be reported separately during the month for which 99487, 99489, 99490 are reported. All other services may be reported. Do not report 99487, 99489, 99490 if reporting ESRD services (90951-90970) during the same month. If the care management services are performed within the postoperative period of a reported surgery, the same individual may not report 99487, 99489, 99490.

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Complex Chronic Care Management Services

✚*99489* *Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 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)*

(Report 99489 in conjunction with 99487)

(Do not report 99489 for care management services of . . .

(Do not report 99487, 99489, 99490 during the same month with 90951-90970, 93792, 93793, 98960-98962, 98966-98969, 99071, 99078, 99080, ~~99090~~, 99091, 99339, 99340, 99358, 99359, 99366-99368, 99374-99380, 99441-99444, 99495, 99496, 99605-99607)

Transitional Care Management

. . .

A physician or other qualified health care professional who reports codes 99495, 99496 may not report care plan oversight services (99339, 99340, 99374-99380), prolonged services without direct patient contact (99358, 99359), home and outpatient INR monitoring (93792,93793) medical team conferences (99366-99368), education and training (98960-98962, 99071, 99078), telephone services (98966-98968, 99441-99443), end stage renal disease services (90951-90970), online medical evaluation services (98969, 99444), preparation of special reports (99080), analysis of data (~~99090~~, 99091), complex chronic care coordination services (99487-99489), medication therapy management services (99605-99607), during the time period covered by the transitional care management services codes.

★*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*

(Do not report 99495, 99496 in conjunction with 93792, 93793)

(Do not report 90951-90970, 98960-98962, 98966-98969, 99071, 99078, 99080, ~~99090~~, 99091, 99339, 99340, 99358, 99359, 99366-99368, 99374-99380, 99441-99444, 99487-99489, 99605-99607 when performed during the service time of codes 99495 or 99496)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99457 Tracking Number Z3 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.61**
Global Period: XXX Current Work RVU: **n/a** RUC Recommended RVU: **0.61**

CPT Descriptor: Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An 82-year-old female with systolic dysfunction heart failure is enrolled in a heart failure management program that uses remote physiologic monitoring services.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Based on interpreted data, the physician or other qualified health care professional uses medical decision making to assess patient's clinical stability, communicates the results to the patient, and oversees the management and/or coordination of services, as needed, for all medical conditions.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Richard Wright, MD; Thad Waites, MD		
Specialty(s):	ACC		
CPT Code:	99457		
Sample Size:	958	**Resp N:** 53	**Response:** 5.5 %
Description of Sample:	random sample of ACC heart failure section members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**10.00**	30.00	1000.00
Survey RVW:	0.25	0.61	**0.80**	1.30	75.00
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	15.00	**20.00**	30.00	120.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	99457	**Recommended Physician Work RVU: 0.61**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

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? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99490	XXX	0.61	**RUC Time**

CPT Descriptor Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	0.97	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95251	XXX	0.70	**RUC Time**	47,515

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
76700	XXX	0.81	**RUC Time**	994,284

CPT Descriptor 2 Ultrasound, abdominal, real time with image documentation; complete

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 43.3 **%**

Number of respondents who choose 2nd Key Reference Code: 17 **% of respondents:** 32.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 99457	**Top Key Reference CPT Code:** 99490	**2nd Key Reference CPT Code:** **99213**
Median Pre-Service Time	0.00	0.00	3.00
Median Intra-Service Time	20.00	15.00	15.00
Median Immediate Post-service Time	0.00	0.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**15.00**	**23.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	48%	43%	9%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	43%	48%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	48%	39%
Physical effort required	9%	65%	26%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	4%	52%	44%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	12%	29%	41%	18%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	41%	53%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	35%	59%
Physical effort required	23%	41%	36%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	23%	35%	42%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The AMA's Digital Medicine Payment Advisory Group submitted a code change application for the September 2017 CPT Meeting creating codes for chronic care remote physiologic monitoring services to complement existing care management codes. The resulting three codes describe the initial setup and education to capture remote physiologic parameter (99453, PE-only), 30 days of supplies for the device (99454, PE-only), and management services provided by the physician and/or clinical based on the monitoring data (99457, work+PE). It should also be noted that CPT made these decisions and we began the valuation process before CMS decided to unbundle and separately pay existing code 99091 for collection and interpretation of physiologic data in the final rule.

The ACC saw these codes as a possible complement to the pulmonary wireless pressure sensor services in the related tab for wireless pulmonary pressure sensors. 994X9 describes the sort of management we believe is necessary for heart failure management based on pulmonary pressure readings to be successful and was included in our September CPT submission for that code change application. The final codes approved by CPT removed that component of our proposal, but it is included here for reference.

- 9949X1 – Remote care management services for patients with an implanted wireless pulmonary artery pressure monitor; during the optimization phase, includes analysis of at least 4 daily transmitted data sets, with communication to the patient of results and treatment plan, at least twice during a 7-day period

- 9949X2 – Remote care management services for patients with an implanted wireless pulmonary artery pressure monitor, during the continuous phase, includes analysis of at least 1 transmitted data set, with communication to the patient of results, at least once during a 7-day period

Additionally, the DMPAG envisioned physiologic data for managing heart failure as a key use case for this code. Because of the similarities between chronic care remote physiologic management and heart failure remote management based on pulmonary pressure sensor readings, we approached the Research Subcommittee with a proposal to combine survey of 99457 in this tab with 93264 in the prior tab so survey respondents could consider them in a related fashion. The Subcommittee also approved a modified survey tool that allowed respondents to estimate both their own (physician) time for work RVU estimation and also their clinical staff's time to develop PE for 99457.

Random surveys were distributed to members who indicate heart failure as an interest in their member information or through board designation. An RVS panel of ACC members reviewed the data to develop these recommendations based on the 53 responses generated by the survey.

Respondents identified 20-minute chronic care management code 99490 as they key reference service (KRS). These 23 respondents generally found 994X9 to be identical or somewhat more intense/complex in comparison to 99490. Another group of 17 respondents selected level-3 office visit code 99213 as the second KRS. Those who selected the second KRS felt 99457 was generally somewhat more intense/complex than 9213.

We recommend the survey median work RVU and times of 0.80 with 20 minutes intraservice. This value tracks closely with the intensity of the KRS but a third more time and value. It also aligns well with very recently revalued MPC code 95251 for ambulatory glucose monitoring that has less intraservice time but identical total time, as shown in the summary spreadsheet.

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) 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 cardiology How often? Sometimes

Specialty other How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 750000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This service could be performed two or three times as often in the total population as in the Medicare FFS population.

Specialty cardiology Frequency 375000 Percentage 50.00 %

Specialty other Frequency 375000 Percentage 50.00 %

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? 242,333 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. CMS included this estimate for 99091 in addenda for the CY 2018 PFS final rule. This code is expected to supplant 99091. If heart failure management is the most common use, cardiology could be half or more of the utilizaiton.

Specialty cardiology Frequency 121167 Percentage 50.00 %

Specialty others Frequency 121166 Percentage 49.99 %

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. 93297

SS Rec Summary

ISSUE: Chronic Care Remote Physiologic Monitoring

TAB: 20

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99490	Chronic care management servi	23	0.041			0.61			15						15			
2nd REF	99213	Office or other outpatient visit fo	17	0.053			0.97			23	3					15			5
CURRENT				#DIV/0!						0									
SVY	99457	Remote physiologic monitoring	53	0.040	0.25	0.61	0.80	1.30	75.00	20				5	15	20	30	120	
REC	99457	Remote physiologic monitoring		0.031			0.61			20						20			
MPC	95251	Ambulatory continuous glucose		0.039			0.70			20	2					15			3
MPC	76700	Ultrasound, abdominal, real time		0.053			0.81			21	5					11			5

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	FAC-obs 38	39	26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5				1	1.0							1							
2nd REF	22222	def	15	0.055			5.15			137	10	5	5			35			5					1.0							1	1						
CURRENT	55555	abc		0.053			5.00			133	17					27			8				1	1.0							1							
SVY	55555	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10				1	1.0							1							
REC	55555	abc		0.020			4.25			142	17	1	3			30			10					1			1.0				1						

CPT Code: 99453, 99454, 99457
Specialty Society ACC

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: 99453: Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment

Global Period: XXX Meeting Date: January 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: *The ACC RVS Committee utilized a consensus panel to develop recommended inputs.*

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: *93792 is another service during which clinical staff train a patient on how to use home/remote equipment.*

3. Is this code(s) typically billed with an E/M service? *No*

4. What specialty is the dominant provider in the nonfacility? *Unknown* What percent of the time does the dominant provider provide the service(s) in the nonfacility? *Unknown* Is the dominant provider in the nonfacility different then for the global? *Unknown* (please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: *N/A*

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time: Clinical staff explain the monitoring system and protocols to the patient, then assist them in obtaining initial readings. Input from physicians working in these programs is that this training takes about half an hour.*

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

We identified two costs that effectively function as supply costs that are consumed in correlation with the initiation of the monitoring service. As of the RUC deadline, we have not yet found a provider who is able to share paid invoices due to nondisclosure agreement concerns. We have input estimated costs based on conversations with providers at two facilities performing chronic care remote physiologic monitoring and will continue working to obtain paid invoices for discreet expenses until the RUC meeting.
-The digital monitoring equipment package is transferred via overnight shipping from warehouse to patient, from patient to reprocessing center, and from reprocessing center to warehouse.
-The digital monitoring equipment package undergoes reprocessing with a data wipe and sanitation between patients for a fee that is charged to the physician practice or vendor.

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *The remote physiologic kit is a new piece of equipment. The tablet and peripherals are owned by the office or vendor that trains the patient.*

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

-The patient monitoring equipment package is in use during the entire set-up session. Default formula.

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

16. If there is any other item on your spreadsheet that needs further explanation please include here:

CPT Code: 99453, 99454, 99457
Specialty Society ACC

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: 99454: Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days

Global Period: XXX Meeting Date: January 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: *The ACC RVS Committee utilized a consensus panel to develop recommended inputs.*

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: *93271 is a similar code in that it describes the technical component of acquiring remote data and the patient is in possession of a piece of equipment owned by the physician for the entire month.*

3. Is this code(s) typically billed with an E/M service? *No.*

4. What specialty is the dominant provider in the nonfacility? *Unknown* What percent of the time does the dominant provider provide the service(s) in the nonfacility? *Unknown* Is the dominant provider in the nonfacility different then for the global? *Unknown* (please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: *N/A*

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time: N/A*

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

We identified one cost that effectively functions as a supply cost that is consumed in correlation with the data transmission of the monitoring service. As of the RUC deadline, we have not yet found a provider who is able to share paid invoices due to nondisclosure agreement concerns. We have input estimated costs based on conversations with providers at two facilities performing chronic care remote physiologic monitoring and will continue working to obtain paid invoices for discreet expenses until the RUC meeting.
-The digital monitoring equipment package requires a monthly vendor service fee for transmission of data from patient to vendor and from vendor to physician practice with alerts for data outside parameters or for patient-activated alerts.

17. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *The remote physiologic kit is a new piece of equipment. The tablet and peripherals are owned by the office or vendor that receives the transmissions.*

13. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: Other Formula

-The patient monitoring equipment package in the possession of the patient and unable to be used for other services for the entire month. Assuming a 30-day month, that's 43,200 minutes. This is the same equipment package as used in the orientation, but we placed it on a different line as it is an "other formula."

14. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

15. If there is any other item on your spreadsheet that needs further explanation please include here:

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: 99457

Global Period: XXX Meeting Date: January 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: *The ACC RVS Committee utilized a consensus panel to develop recommended inputs.*

16. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: *99490 is a similar code in that it describes chronic care management of a patient. 99457 adds the collection and consideration of patient-provided physiologic data to that care.*

2. Is this code(s) typically billed with an E/M service? *No.*

3. What specialty is the dominant provider in the nonfacility? *Unknown* What percent of the time does the dominant provider provide the service(s) in the nonfacility? *Unknown* Is the dominant provider in the nonfacility different then for the global? *Unknown* (please see provided data in PE Subcommittee folder)

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: *N/A*

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

7. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time: Clinical staff review data and discuss any readings outside normal parameters with the physician. Clinical staff typically call the patient 2.5 times a week to discuss transmitted data and manage the patient based on discussions with the physician or standing orders for management.*

8. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

10. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

11. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

12. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

13. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

-ED021, desktop computer, is used during the 40 minutes clinical staff is managing the patient as well as during the 20 minutes the physician is managing the patient. Other formula.

14. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

15. If there is any other item on your spreadsheet that needs further explanation please include here:

	A	B	D	E	F	G	H	K	L	M
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**93792**		**99453**		
3		***RUC Collaboration Website***				Patient/caregiver training for initiation of home INR monitoring under the direction of a physician or other		Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse		
4	**Clinical Activity Code**	**Meeting Date: January 2018 Revised 1/8/2018** **Tab: 20** **Specialty: ACC**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**					
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	
6		**GLOBAL PERIOD**				**XXX**		**XXX**		
7		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37					
8		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37					
9		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37					
10		**TOTAL CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37					
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**3.0**	**0.0**	**0.0**	**0.0**	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**30.0**	**0.0**	
13		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**3.0**	**0.0**	**3.0**	**0.0**	
14		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**6.0**	**0.0**	**33.0**	**0.0**	
15		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L051A**	RN	0.51	**0.0**	**0.0**	**0.0**	**0.0**	
16		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L051A**	RN	0.51	**40.0**	**0.0**	**0.0**	**0.0**	
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L051A**	RN	0.51	**0.0**	**0.0**	**0.0**	**0.0**	
18		**TOTAL CLINICAL STAFF TIME**	**L051A**	RN	0.51	**40.0**	**0.0**	**0.0**	**0.0**	
19		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER**				**$ 22.62**	**$ -**	**$ 12.21**	**$ -**	
20		**PRE-SERVICE PERIOD**								
21		**Start: Following visit when decision for surgery or procedure made**								
22	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37					
23	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37	3				
24	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37					
25	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37					
26	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37					
27	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37					
28	CA007	Review patient clinical extant information and	L037D	RN/LPN/MTA	0.37					
29	CA008	Perform regulatory mandated quality assurance activity	L037D	RN/LPN/MTA	0.37					
36		**End: When patient enters office/facility for surgery/procedure**								
37		**SERVICE PERIOD**								
38		**Start: When patient enters office/facility for surgery/procedure:**								
39		**Pre-Service (of service period)**								
40	CA009	Greet patient, provide gowning, ensure appropriate	L037D	RN/LPN/MTA	0.37			3		
41	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37					
42	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37					
43	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37					
44	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37					
45	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37					
46	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37					
47	CA016	Prepare, set-up and start IV, initial positioning and	L037D	RN/LPN/MTA	0.37					
48	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37					
55		**Intra-service (of service period)**								
56	CA018	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37					
57	CA018	Assist physician or other qualified healthcare	L051A	RN	0.51	40				
58	CA019	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37					
59	CA020	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37					
60	CA021	Perform procedure/service---NOT directly related to	L037A	Electrodiagno	0.37					
61	CA021	Perform procedure/service---NOT directly related to	L037D	RN/LPN/MTA	0.37			27		
68		**Post-Service (of service period)**								
69	CA022	Monitor patient following procedure/service,	L037D	RN/LPN/MTA	0.37					
70	CA023	Monitor patient following procedure/service, no	L037D	RN/LPN/MTA	0.37					
71	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37					
72	CA025	Clean scope	L037D	RN/LPN/MTA	0.37					
73	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37					
74	CA027	Complete post-procedure diagnostic forms, lab and x-	L037D	RN/LPN/MTA	0.37					
75	CA028	Review/read post-procedure x-ray, lab and pathology	L037D	RN/LPN/MTA	0.37					
76	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37					
77	CA030	Technologist QC's images in PACS, checking for all	L037D	RN/LPN/MTA	0.37					
78	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37					
79	CA032	Scan exam documents into PACS. Complete exam in	L037D	RN/LPN/MTA	0.37					
80	CA033	Perform regulatory mandated quality assurance activity	L037D	RN/LPN/MTA	0.37					
81	CA034	Document procedure (nonPACS) (e.g. mandated	L037D	RN/LPN/MTA	0.37					
82	CA035	Review home care instructions, coordinate	L037D	RN/LPN/MTA	0.37					
83	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**		
90		**End: Patient leaves office**								
91		**POST-SERVICE PERIOD**								
92		**Start: Patient leaves office/facility**								
93	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37	3		3		
94	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37					
108		**End: with last office visit before end of global period**								

	A	B	D	E	F	G	H	K	L	M
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**93792**		**99453**		
3		***RUC Collaboration Website***				Patient/caregiver training for initiation of home INR monitoring under the direction of a physician or other		Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse		
4	**Clinical Activity Code**	**Meeting Date: January 2018 Revised 1/8/2018** **Tab: 20** **Specialty: ACC**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**					
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	
6		**GLOBAL PERIOD**				**XXX**		**XXX**		
7		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37					
8		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37					
9		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37					
10		**TOTAL CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37					
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**3.0**	**0.0**	**0.0**	**0.0**	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**30.0**	**0.0**	
13		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**3.0**	**0.0**	**3.0**	**0.0**	
109	**Medical**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**						
110		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 133.11**	**$ -**	**$ -**	**$ -**	
111	SK057	paper, laser printing (each sheet)	0.005	item						
112	SC021	lancet	0.038	item		6				
113	SJ053	swab-pad, alcohol	0.013	item		6				
114	SJ055	test strip, INR	21.875	item		6				
115	SK062	patient education booklet	1.55	item		1				
116	SA002	kit, ambulatory Holter	4.449	kit						
117	SB022	gloves, non-sterile	0.084	pair						
118	SD053	electrode, ECG (single)	0.09	item						
119	SK095	battery, AA	0.45	item						
120	SM013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz						
121	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.046	item						
122	NEW	*Monthly cellular and licensing service fee*	69							
124	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**					
125		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 3.71**	**$ -**	**$ -**	**$ -**	
126	EQ320	pacemaker interrogation, system	123250	Default	0.46699661					
127	EQ312	INR analysis and reporting system w-software	21085	Default	0.083542908	40				
128	EQ031	INR monitor, home	2000	Default	0.009295134	40				
129	EQ297	CEM, system	209117	Other Formula	0.792348317					
130	EQ274	CEM, looping	995	Other Formula	0.003942385					
131	NEW	heart failure patient physiologic monitoring equipment package	1000	Other Formula	0.00113076					
132		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*								

	A	B	R	S	T	U	V	AA	AB	AC	AD
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**RECOMMENDED**			**REFERENCE CODE**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**93271**		**99454**			**99490**		**99457**	
3		***RUC Collaboration Website***	External patient and, when performed, auto activated electrocardiographic rhythm derived event		Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse			Chronic care management services, at least 20 minutes of clinical staff time directed by		Remote physiologic monitoring treatment management services, 20 minutes or more of clinical	
4	**Clinical Activity Code**	**Meeting Date: January 2018 Revised 1/8/2018** **Tab: 20** **Specialty: ACC**									
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**		**XXX**			**XXX**		**XXX**	
7		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**							
8		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**121.0**	**0.0**							
9		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**							
10		**TOTAL CLINICAL STAFF TIME**	**121.0**	**0.0**							
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**22.0**	**0.0**	**0.0**	**0.0**		**20.0**	**0.0**	**10.0**	**0.0**
13		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**30.0**	**0.0**
14		**TOTAL CLINICAL STAFF TIME**	**22.0**	**0.0**	**0.0**	**0.0**		**20.0**	**0.0**	**40.0**	**0.0**
15		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**									
16		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**									
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**									
18		**TOTAL CLINICAL STAFF TIME**									
19		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER**	**$ 52.91**	**$ -**	**$ -**	**$ -**		**$ 7.40**	**$ -**	**$ 14.80**	**$ -**
20		**PRE-SERVICE PERIOD**									
21		**Start: Following visit when decision for surgery or pro**									
22	CA001	Complete pre-service diagnostic and referral forms									
23	CA002	Coordinate pre-surgery services (including test results)									
24	CA003	Schedule space and equipment in facility									
25	CA004	Provide pre-service education/obtain consent									
26	CA005	Complete pre-procedure phone calls and prescription									
27	CA006	Confirm availability of prior images/studies									
28	CA007	Review patient clinical extant information and									
29	CA008	Perform regulatory mandated quality assurance activity									
36		**End: When patient enters office/facility for surgery/pro**									
37		**SERVICE PERIOD**									
38		**Start: When patient enters office/facility for surgery/pr**									
39		**Pre-Service (of service period)**									
40	CA009	Greet patient, provide gowning, ensure appropriate									
41	CA010	Obtain vital signs									
42	CA011	Provide education/obtain consent									
43	CA012	Review requisition, assess for special needs									
44	CA013	Prepare room, equipment and supplies									
45	CA014	Confirm order, protocol exam									
46	CA015	Setup scope (nonfacility setting only)									
47	CA016	Prepare, set-up and start IV, initial positioning and									
48	CA017	Sedate/apply anesthesia									
55		**Intra-service (of service period)**									
56	CA018	Assist physician or other qualified healthcare									
57	CA018	Assist physician or other qualified healthcare									
58	CA019	Assist physician or other qualified healthcare									
59	CA020	Assist physician or other qualified healthcare									
60	CA021	Perform procedure/service---NOT directly related to	121								
61	CA021	Perform procedure/service---NOT directly related to	22					20		10	
68		**Post-Service (of service period)**									
69	CA022	Monitor patient following procedure/service,									
70	CA023	Monitor patient following procedure/service, no									
71	CA024	Clean room/equipment by clinical staff									
72	CA025	Clean scope									
73	CA026	Clean surgical instrument package									
74	CA027	Complete post-procedure diagnostic forms, lab and x-									
75	CA028	Review/read post-procedure x-ray, lab and pathology									
76	CA029	Check dressings, catheters, wounds									
77	CA030	Technologist QC's images in PACS, checking for all									
78	CA031	Review examination with interpreting MD/DO									
79	CA032	Scan exam documents into PACS. Complete exam in									
80	CA033	Perform regulatory mandated quality assurance activity									
81	CA034	Document procedure (nonPACS) (e.g. mandated									
82	CA035	Review home care instructions, coordinate									
83	CA036	Discharge day management	**n/a**		**n/a**			**n/a**		**n/a**	
90		**End: Patient leaves office**									
91		**POST-SERVICE PERIOD**									
92		**Start: Patient leaves office/facility**									
93	CA037	Conduct patient communications								30	
94	CA038	Coordinate post-procedure services									
108		**End: with last office visit before end of global period**									

	A	B	R	S	T	U	V	AA	AB	AC	AD
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**RECOMMENDED**			**REFERENCE CODE**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**93271**		**99454**			**99490**		**99457**	
3		***RUC Collaboration Website***	External patient and, when performed, auto activated electrocardiographic rhythm derived event		Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse			Chronic care management services, at least 20 minutes of clinical staff time directed by		Remote physiologic monitoring treatment management services, 20 minutes or more of clinical	
4	**Clinical Activity Code**	**Meeting Date: January 2018 Revised 1/8/2018 Tab: 20 Specialty: ACC**									
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**		**XXX**			**XXX**		**XXX**	
7		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**							
8		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**121.0**	**0.0**							
9		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**							
10		**TOTAL CLINICAL STAFF TIME**	**121.0**	**0.0**							
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**22.0**	**0.0**	**0.0**	**0.0**		**20.0**	**0.0**	**10.0**	**0.0**
13		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**30.0**	**0.0**
109	**Medical**	**MEDICAL SUPPLIES**									
110		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 11.32**	**$ -**	**$ 69.00**	**$ -**		**$ -**	**$ -**	**$ -**	**$ -**
111	SK057	paper, laser printing (each sheet)									
112	SC021	lancet									
113	SJ053	swab-pad, alcohol									
114	SJ055	test strip, INR									
115	SK062	patient education booklet									
116	SA002	kit, ambulatory Holter									
117	SB022	gloves, non-sterile	1								
118	SD053	electrode, ECG (single)	60								
119	SK095	battery, AA	12								
120	SM013	disinfectant, surface (Envirocide, Sanizide)	1								
121	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	6								
122	NEW	*Monthly cellular and licensing service fee*			1						
124	**Equipment Code**	**EQUIPMENT**									
125		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 236.08**	**$ -**	**$ 48.85**	**$ -**		**$ -**	**$ -**	**$ -**	**$ -**
126	EQ320	pacemaker interrogation, system									
127	EQ312	INR analysis and reporting system w-software									
128	EQ031	INR monitor, home									
129	EQ297	CEM, system	83								
130	EQ274	CEM, looping	43200								
131	NEW	heart failure patient physiologic monitoring equipment package			43200						
132		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*									

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2018

Interprofessional Internet Consultation

In September 2017, the CPT Editorial Panel revised four codes and created two codes to describe interprofessional telephone/ internet/ electronic medical record consultation services.

99451 ***Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 or more minutes of medical consultative time***

The RUC reviewed the survey results from 55 internal medicine physicians and pediatricians for CPT code 99451 and determined a work RVU of 0.70, less than the survey median, is appropriate. The RUC recommends 15 minutes of intra-service time and 8 minutes of post-service time. The RUC determined that the physician work and time to perform 99451 is the same as CPT Code 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* (work RVU = 0.70 and 23 minutes of total time). CPT code 99447 requires both a verbal and written report, whereas 99451 requires only a written report but the intra-service time and intensity of these services are the same. The RUC could not justify a higher work RVU for CPT code 99451 based on the median survey results, therefore recommends a direct crosswalk to CPT code 99447. For additional support, the RUC referenced MPC code 95251 *Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report* (work RVU = 0.70 and 20 minutes total time), 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU = 0.70 and 23 minutes total time) and 88342 *Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure* (work RVU = 0.70 and 25 minutes total time). **The RUC recommends a work RVU of 0.70 for CPT code 99451.**

99452 ***Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health care professional, 30 minutes***

The RUC reviewed the survey results from 55 internal medicine physicians and pediatricians for CPT code 99452 and determined the survey respondents overestimated the physician work for this service relative to this family. In order to avoid a rank order anomaly, the RUC recommends a crosswalk to MPC code 99407 *Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes* (work RVU= 0.50 and 15 minutes of intra-service time). The RUC recommends 18 minutes of intra-service time for CPT code 99452, as indicated by the survey respondents. For additional support the RUC referenced code 99212 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU = 0.48 and 16 minutes total time). The RUC noted that the treating physician may report an Evaluation and

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Management (E/M) visit on the same day as this service, but the time spent performing the interprofessional consultation must be 16-30 minutes above the work of the E/M in order to report 99452. Additionally, if time spent on the interprofessional telephone/internet/electronic health record discussion with the consultant exceeds 30 minutes beyond the typical time of the appropriate E/M service performed and the patient is present (on-site) and accessible to the treating/requesting physician or other qualified health care professional, the treating physician may report a prolonged services code instead as outlined in the introductory language. Therefore, CPT code 99452 may not be reported frequently. **The RUC recommends a work RVU of 0.50 for CPT code 99452.**

Practice Expense
The RUC agreed with the specialty that there are no direct practice expense inputs associated with these two services.

New Technology/New Services
These services will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Affirmation of RUC Recommendations
The RUC affirmed the recent RUC recommendations for CPT codes 99446-99449. The relativity within the family remains correct.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Evaluation and Management **Non-Face-to-Face Services** **Interprofessional Telephone/Internet/Electronic Health ~~Medical~~ Record Consultations** The consultant should use ~~the following~~ codes 99446-99451 to report interprofessional telephone/Internet/electronic health record consultations. An interprofessional telephone/Internet/ electronic health record consultation is an assessment and management service in which a patient's treating (eg, attending or primary) physician or other qualified health care professional requests the opinion and/or treatment advice of a physician with specific specialty expertise (the consultant) to assist the treating physician or other qualified health care professional in the diagnosis and/or management of the patient's problem without patient ~~the need for the patient's~~ face-to-face contact with the consultant. ~~These services are typically provided in complex and/or urgent situations where a timely face-to-face service with the consultant may not be feasible (eg, geographic distance). These codes should not be reported by a consultant who has agreed to accept transfer of care before the telephone/Internet/electronic health medical record assessment, but are appropriate to report if the decision to accept transfer of care cannot be made~~				

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~~until after the initial interprofessional telephone/Internet consultation.~~

The patient for whom the interprofessional telephone/Internet/electronic health ~~medical~~ record consultation is requested may be either a new patient to the consultant or an established patient with a new problem or an exacerbation of an existing problem. However, the consultant should not have seen the patient in a face-to-face encounter within the last 14 days. When the telephone/Internet/electronic health ~~medical~~ record consultation leads to a ~~an immediate~~ transfer of care or other face-to-face service (eg, a surgery, a hospital visit, or a scheduled office evaluation of the patient) within the next 14 days or next available appointment date of the consultant, these codes are not reported.

~~Review of pertinent medical records, laboratory studies, imaging studies, medication profile, pathology specimens, etc may be required and transmitted electronically by fax or by mail immediately before the telephone consultation or following the consultation.~~

~~The r~~Review of pertinent medical records, laboratory studies, imaging studies, medication profile, pathology specimens, etc ~~this data~~ is included in the telephone/Internet/electronic health record consultation service and should not be reported separately when reporting 99446-99451. The majority of the service time reported (greater than 50%) must be devoted to the medical consultative verbal or Internet discussion. If greater than 50% of the time for the service is devoted to ~~and not on~~ data review and/or analysis, ~~for~~ codes 99446-99449 should not be reported. However, the service time for code 99451 is based on total review and interprofessional communication time. ~~This service should not be reported more than once within a seven day interval.~~

If more than one telephone/Internet/electronic health record contact(s) is required to complete the consultation request (eg, discussion of test results), the entirety of the service and the cumulative discussion and information review time should be reported with a single code. Codes 99446-99451 should not be reported more than once within a seven day interval.

The written or verbal request for telephone/Internet/electronic health record advice by the treating/requesting physician or other qualified health care professional should be documented in the patient's medical record, including the reason for the request. ~~, and~~ Codes 99446-99449 conclude~~s~~ with a verbal opinion report and written report from the consultant to the treating/requesting physician or other qualified health care professional. Code 99451 concludes with only a written report.

Telephone/Internet/electronic health record consultations of less than five minutes should not be reported. Consultant communications with the patient and/or family may be reported using 99441, 99442, 99443, 99444, 98966, 98967, 98968, 98969 and the time related to these services is not used in reporting 99446, 99447, 99448, 99449. Do not report 99358-99359 for any time within the service period, if reporting 99446-99451.

When the sole purpose of the telephone/Internet/electronic health record communication is to arrange a transfer of care or other face-to-face service, these codes are not reported.

The treating/requesting physician or other qualified health care professional may report 99452 if spending 16-30 minutes in a service day preparing for the referral and/or communicating with the consultant. Do not report 99452 more than once in a 14 day period. The treating/requesting physician or other qualified health care professional may report the prolonged service codes 99354, 99355, 99356, 99357 for the time spent on the interprofessional telephone/Internet/electronic health record discussion with the consultant (eg, specialist) if the time **exceeds 30 minutes** beyond the typical time of the

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appropriate E/M service performed and the patient is present (on-site) and accessible to the treating/requesting physician or other qualified health care professional. If the interprofessional telephone/Internet/electronic health record assessment and management service occurs when the patient is not present ~~or on-site~~, and the ~~discussion~~ time in a day **exceeds 30 minutes** ~~beyond the typical time of the appropriate E/M service performed~~, then the non-face-to-face prolonged service codes 99358, 99359 may be reported by the treating/requesting physician or other qualified health care professional.

(For telephone services provided by a physician to a patient, see 99441, 99442, 99443)

(For telephone services provided by a qualified health care professional to a patient, see 98966, 98967, 98968)

(For an on-line medical evaluation provided by a physician to a patient, use 99444)

(For an on-line assessment and management service provided by a qualified health care professional to a patient, use 98969)

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲99446	AA1	Interprofessional telephone/Internet/electronic health record 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 healthcare professional; 5-10 minutes of medical consultative discussion and review	XXX	0.35 (Affirmed October 2012 RUC Recommendation)
▲99447	AA2	11-20 minutes of medical consultative discussion and review	XXX	0.70 (Affirmed October 2012 RUC Recommendation)
▲99448	AA3	21-30 minutes of medical consultative discussion and review	XXX	1.05 (Affirmed October 2012 RUC Recommendation)

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▲99449	AA4	31 minutes or more of medical consultative discussion and review	XXX	1.40 (Affirmed October 2012 RUC Recommendation)
●99451	AA5	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 or more minutes of medical consultative time	XXX	0.70
●99452	AA6	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health care professional, 30 minutes	XXX	0.50

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American Academy of Pediatrics
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December 12, 2017

Peter Smith, MD
Chair, AMA/Specialty Society RVS Update Committee
American Medical Association
Department of Physician Payment Policy and Systems
AMA Plaza, 330 N Wabash Ave
Chicago, IL 60611

Re: Request for Affirmation of RUC Recommendations for Interprofessional Internet Consultation Services (99446-99449; Tracking Codes AA1-AA4)

Dear Dr Smith:

The American Academy of Pediatrics (AAP) and the American College of Physicians (ACP) respectfully request affirmation of the October 2012 RUC valuation recommendations for codes 99446, 99447, 99448, and 99449.

Please note that the RUC re-affirmed its October 2012 valuation recommendations once before as part of the October 2016 Relativity Assessment Workgroup (RAW) as these codes were flagged as new technology.

AAP and ACP have surveyed the two remaining codes in the family (994X6 and 994X0) and will be presenting valuation recommendations for these codes during the January 2018 RUC meeting.

Thank you very much.

Sincerely,

Steve Krug, MD
AAP RUC Advisor

Mary Newman, MD
ACP RUC Advisor

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December 12, 2017

Peter Smith, MD
Chair, AMA/Specialty Society RVS Update Committee
American Medical Association
Department of Physician Payment Policy and Systems
AMA Plaza, 330 N Wabash Ave
Chicago, IL 60611

Re: Direct Practice Expense Inputs for Interprofessional Internet Consultation Services (99451, 99452; Tracking Codes AA5-AA6)

Dear Dr Smith:

Codes 99451 and 99452 (*Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician*) are among the codes being considered during the January 2018 RUC meeting.

The American Academy of Pediatrics (AAP) and the American College of Physicians (ACP) have conducted physician work surveys for codes 99451 and 99452 and developed work RVU recommendations based on the survey results.

However, we recommend no direct practice expense inputs for codes 99451 and 99452.

If you have any questions, please contact Linda Walsh, AAP staff, at lwalsh@aap.org. Thank you.

Sincerely,

Steve Krug, MD
AAP RUC Advisor

Mary Newman, MD
ACP RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99451 Tracking Number AA5 Original Specialty Recommended RVU: **0.75**
Presented Recommended RVU: **0.70**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.70**

CPT Descriptor: Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 or more minutes of medical consultative time

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 54-year-old woman with dyspnea on exertion has been evaluated by her primary physician with normal chest X-ray and pulmonary function tests (flow, volumes and diffusing capacity of the lungs for carbon monoxide [DLCO]) and an echocardiogram with increased pulmonary pressures. The referring clinician asks a colleague (shared electronic record) pulmonologist for advice on the management of the patient.

Percentage of Survey Respondents who found Vignette to be Typical: 53%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The intra-service period includes clarifying nature of the patient's problem; obtaining and reviewing data or relevant information; presenting an analysis of the patient's problem, including likely diagnosis and suggested management; responding to questions to clarify diagnostic and treatment approach; relaying relevant scientific background on the diagnosis; outlining suggestions for long-term handling of the patient's problem; completing literature review in response to issues raised during communication.

Description of Post-Service Work: The post-service period includes final review, signing, and sending written report to the treating/requesting physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Steve Krug, MD; Dennis Murray, MD; Mary Newman, MD; Donna Sweet, MD		
Specialty(s):	AAP and ACP		
CPT Code:	99451		
Sample Size:	2250	**Resp N:** 55	**Response:** 2.4 %
Description of Sample:	Randomly selected members of AAP Sections on Infectious Diseases, Endocrinology, Pulmonology & Sleep Medicine, Nephrology, and Developmental & Behavioral Pediatrics; Randomly selected members of ACP Sections on Adolescent Medicine, Allergy & Immunology, Cardiovascular Disease, Critical Care Medicine, Endocrine/Diabetes/Metabolic Syndrome, Gastroenterology, Geriatric Medicine, Hematology, Hematology/Oncology, Infectious Disease, Medical Oncology, Nephrology, Pulmonary Disease, Rheumatology, Hospice & Palliative Medicine, and Sleep Medicine		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**15.00**	46.00	350.00
Survey RVW:	0.25	0.55	**0.75**	1.00	13.20
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	12.00	**15.00**	25.00	60.00

Immediate Post Service-Time:	**8.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	99451	**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:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**8.00**	**0.00**	**8.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99442	XXX	0.50	**RUC Time**

CPT Descriptor 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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99441	XXX	0.25	**RUC Time**

CPT Descriptor Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an establi`shed patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	99,736,300

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99202	XXX	0.93	**RUC Time**	2,868,073

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded 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 of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
99447	XXX	0.70	**RUC Time**

CPT Descriptor Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13 **% of respondents:** 23.6 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 12.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 99451	Top Key Reference CPT Code: 99442	2nd Key Reference CPT Code: **99441**
Median Pre-Service Time	0.00	1.00	1.00
Median Intra-Service Time	15.00	15.00	8.00
Median Immediate Post-service Time	8.00	5.00	4.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**23.00**	**21.00**	**13.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**

Overall intensity/complexity	0%	8%	15%	62%	15%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	8%	92%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	46%	54%
Physical effort required	23%	62%	15%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	15%	77%

2nd Key Reference Code

	Much Less	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	14%	43%	29%	14%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	43%	57%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	14%	71%	29%
Physical effort required	43%	43%	14%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	43%	43%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Codes 99451 and 99452 were developed by the AMA Digital Medicine Payment Advisory Group (DMPAG). AAP and ACP convened an expert panel to review the survey results for 99451. We recommend the median survey times and wRVU for this code: 0-15-8=23; 0.75 wRVU.

This recommendation is supported by code 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*). Code 99447 has October 2012 RUC survey data of 3-15-5=23 and 0.70 wRVU. None of the codes in the existing ITC family (99446-99449) could be included on the survey RSL since they did not have RBRVS-published values until release of the 2018 final rule on November 2, 2017 – which was subsequent to launch of the survey.

Codes 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*) (1-20-10=31;0.75 wRVU) and 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*) (1-15-5=21; 0.50 wRVU) further support this recommendation.

Survey respondents felt that 99451 was more intense than code 99443. Therefore, even with less total time, the value of 99451 should not be much less than 99443 at 0.75 wRVU.

While it is notable that only 53% of survey respondents found the patient typical, this is not unexpected given that the vignette included a 54-year-old patient, which is clearly not typical in the pediatric population.

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) 99446-99449

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty Internal Medicine How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 300000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. [Source: DMPAG] This number cannot be accurately calculated since there is presently no way to report this service. However, it can be assumed that each day across the United States this service occurs thousands of times. In large academic centers with centralized 800 consultation phone lines for referring physicians these calls are received by the large variety of medical and surgical specialists 50-75 times a day.

Specialty Pediatrics Frequency 75000 Percentage 25.00 %

Specialty Internal Medicine Frequency 150000 Percentage 50.00 %

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? 150,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Source: 2017 RUC Database

Specialty Pediatrics Frequency 25500 Percentage 17.00 %

Specialty Internal Medicine Frequency 75000 Percentage 50.00 %

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:
Evaluation Management

BETOS Sub-classification:
Specialist

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. 99213

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99452 Tracking Number AA6 Original Specialty Recommended RVU: **0.53**
Presented Recommended RVU: **0.53**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.50**

CPT Descriptor: Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health care professional, 30 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 10-year-old boy with attention deficit disorder has become increasingly aggressive at home and in school.

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%

Description of Pre-Service Work:

Description of Intra-Service Work: The intra-service period includes physician work reviewing records, assembling the pertinent materials, developing clinical questions/concerns, and transmitting this information to the appropriate consultant. As needed, the treating/requesting physician directly communicates with the consultant.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018					
Presenter(s):	Steve Krug, MD; Dennis Murray, MD; Mary Newman, MD; Donna Sweet, MD					
Specialty(s):	AAP and ACP					
CPT Code:	99452					
Sample Size:	2250	**Resp N:**	57	**Response:** 2.5 %		
Description of Sample:	Randomly selected members of AAP Section on on Administration & Practice Management; Randomly selected members of ACP Section on General Internal Medicine (which includes Hospitalists)					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	1.00	**5.00**	15.00	400.00	
Survey RVW:	0.12	0.90	**1.10**	1.40	2.50	
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	13.00	**18.00**	25.00	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:	99452	**Recommended Physician Work RVU: 0.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**18.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

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? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99367	XXX	1.10	**RUC Time**

CPT Descriptor Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99443	XXX	0.75	**RUC Time**

CPT Descriptor 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

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99212	XXX	0.48	**RUC Time**	13,877,540

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other 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.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99211	XXX	0.18	**RUC Time**	4,365,183

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

Other Reference CPT Code	Global	Work RVU	Time Source

88319 XXX 0.53 **RUC Time**

CPT Descriptor Special stain including interpretation and report; Group III, for enzyme constituents

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RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 24.5 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 21.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 99452	**Top Key Reference CPT Code:** 99367	**2nd Key Reference CPT Code:** **99443**
Median Pre-Service Time	0.00	5.00	1.00
Median Intra-Service Time	18.00	30.00	20.00
Median Immediate Post-service Time	0.00	5.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**18.00**	**40.00**	**31.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	36%	43%	21%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	7%	43%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	71%	14%
Physical effort required	29%	50%	21%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	64%	36%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	25%	75%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	25%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	58%	33%
Physical effort required	17%	58%	25%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	25%	25%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Codes 99451 and 99452 were developed by the AMA Digital Medicine Payment Advisory Group (DMPAG). AAP and ACP convened an expert panel to review the survey results for 99452. While we recommend the median survey times (0-18-0=18), the 25th percentile survey wRVU (0.90) will introduce rank order issues within the ITC family. Therefore, we have identified a crosswalk code, 88319 (*Special stain including interpretation and report; Group III, for enzyme constituents)*, with identical times (0-18-0=18) and 0.53 wRVU. This recommendation is further supported by codes 99442 (1-15-5=21; 0.50 wRVU) and 99212 (2-10-4=16; 0.48 wRVU).

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) 99358-99359

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Sometimes

Specialty Internal Medicine How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 300000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. [SSource: DMPAG] This number cannot be accurately calculated since there is presently no way to report this service. However, it can be assumed that each day across the United States this service occurs thousands of times. In large academic centers with centralized 800 consultation phone lines for referring physicians these calls are received by the large variety of medical and surgical specialists 50-75 times a day. In terms of utilization – the face-to-face consult code 99241 was billed some 300,000 times in 2008, code 99452 will aquire this use in the future. Therefore we estimate a total of 150,000 Medicare and 300,000 all payers.

Specialty Pediatrics Frequency 75000 Percentage 25.00 %

Specialty GP/Internal Medicine Frequency 150000 Percentage 50.00 %

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? 150,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Source: 2017 RUC Database

Specialty Pediatrics Frequency 25500 Percentage 17.00 %

Specialty Internal Medicine Frequency 75000 Percentage 50.00 %

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:
Evaluation Management

BETOS Sub-classification:

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99213

SS Rec Summary

ISSUE: Interprofessional Internet Consultation

TAB: 21

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	99442	Telephone evaluation and management service by a		0.024			0.50			21	1					15			5																			
2nd REF	99441	Telephone evaluation and management service by a		0.017			0.25			13	1					8			4																			
Other REF	99447	Interprofessional telephone/Internet assessment		0.035			0.70			23	3					15			5																			
CURRENT				#DIV/0!						0																												
SVY	99451	Interprofessional telephone/Internet/electronic	55	0.038	0.25	0.55	0.75	1.00	13.20	23	0	0	0	5	12	15	25	60	8																		
REC	99451			0.035			0.70			23						15			8																		

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	99367	Medical team conference with interdisciplinary team of health		0.029			1.10			40	5					30			5																			
2nd REF	99443	Telephone evaluation and management service by a		0.025			0.75			31	1					20			10																			
Other REF	88319	Special stain including interpretation and report;		0.029			0.53			18						18																						
CURRENT				#DIV/0!						0																												
SVY	99452	Interprofessional telephone/Internet/electronic	57	0.061	0.12	0.90	1.10	1.40	2.50	18	0	0	0	6	13	18	25	45	0																		
REC	99452	Interprofessional telephone/Internet/electronic		0.028			0.50			18						18																					
Crosswalk	99407	Smoking and tobacco use cessation counseling visit;		0.033			0.50			15						15																					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF				#DIV/0!						0																												
2nd REF				#DIV/0!						0																												
CURRENT	99446	Interprofessional telephone/Internet/electronic		0.021			0.35			16	3					8			5																			
SVY				#DIV/0!						0																												
REC				#DIV/0!						0																												

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF				#DIV/0!						0																												
2nd REF				#DIV/0!						0																												
CURRENT	99447	Interprofessional telephone/Internet/electronic		0.035			0.70			23	3					15			5																			

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
12						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
13	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
44	SVY				#DIV/0!						0																												
45	REC				#DIV/0!						0																												
46																																							
47						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
48	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
49	1st REF				#DIV/0!						0																												
50	2nd REF				#DIV/0!						0																												
51	CURRENT	99448	Interprofessional telephone/Internet/electronic		0.033			1.05			35	5					25			5																		
52	SVY				#DIV/0!						0																												
53	REC				#DIV/0!						0																												
54																																							
55						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
56	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
57	1st REF				#DIV/0!						0																												
58	2nd REF				#DIV/0!						0																												
59	CURRENT	99449	Interprofessional telephone/Internet/electronic		0.031			1.40			50	9					31			10																		
60	SVY				#DIV/0!						0																												
61	REC				#DIV/0!						0																												

AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 2012

Interprofessional Telephone Consultative Services

In June 2010, the CPT Editorial Panel created the Telephone Consultative Services Workgroup to address a proposal to create codes describing telephone/internet consultative services. The workgroup was charged with the following: Clarify use by non-physicians; Review the appropriateness of time increments for physician to patient calls; Clarify the typical patient/service descriptions based upon literature supplied; Consider appropriate use of term "consultation"; and Consider time interval for non-reporting as being distinct from a patient call (ie, if a face to face service occurs the next week or if co-management is in progress and the patient is seen every month, but more than 7 days previously, is the service reported). In May 2012, the CPT Editorial Panel approved a new Evaluation and Management subsection, guidelines and four codes to describe and report telephone/internet consultative services.

An interprofessional telephone/internet consultation is an assessment and management service in which a patient's treating (eg, attending or primary) physician or other qualified health care professional requests the opinion and/or treatment advice of a physician with specific specialty expertise (the consultant) to assist the treating physician/qualified health care professional in the diagnosis and/or management of the patient's problem without the need for the patient's face to face contact with the consulting physician.

These services are typically provided in complex and/or urgent situations where a timely face to face service with the consultant may not be feasible (eg, geographic distance). These codes should not be reported by a consultant who has agreed to accept transfer of care before the telephone/internet assessment, but are appropriate to report if the decision to accept transfer of care cannot be made until after the initial interprofessional telephone/Internet consultation.

The patient for whom the interprofessional telephone/internet consultation is requested may be either a new patient to the consulting physician or an established patient with a new problem or an exacerbation of an existing problem. However, the consultant should not have seen the patient in a face to face encounter within the last 14 days. When the telephone/internet consultation leads to an immediate transfer of care or other face-to-face service (eg, a surgery, hospital visit or a scheduled office evaluation of the patient) within the next 14 days or next available appointment date by the consultative physician, these codes are not reported.

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99446 Interprofessional telephone/internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician/qualified healthcare professional; 5-10 minutes of medical consultative discussion and review

The RUC reviewed the survey results from 48 multi-specialty physicians and determined that the survey respondents overestimated physician work. The specialty societies proposed and the RUC accepted modifications to the survey times to more accurately reflect the CPT descriptor: 3 minutes for pre-service; 8 minutes for intra service; and 5 minutes for post service. The RUC reviewed key reference service, CPT code 99441 *Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion* (work RVU=0.25) and agreed that 99446 is a more intense procedure. Typically, the patient is unknown to the consulting physician, the service is provided in a complex/urgent situation and the medical decision-making required is more intense than the key reference service. In order to maintain the proper rank order in relation to 99447 (described below), the RUC used magnitude estimation and determined that a work RVU between the survey 25th percentile (0.50) and the work RVU of 99441 (0.25) is appropriate. The RUC also compared 99446 to 99281 *Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor* (work RVU = 0.45) and determined that 99281 is a more intense service and should be valued higher. **The RUC recommends a work RVU of 0.35 for CPT code 99446.**

99447 Interprofessional telephone/internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician/qualified healthcare professional; 11-20 minutes of medical consultative discussion and review

The RUC reviewed the survey results from 31 multi-specialty physicians and determined that the survey respondents overestimated physician work. The specialty societies proposed and the RUC accepted modifications to the survey times to more accurately reflect the CPT descriptor: 3 minutes of pre-service; 15 minutes of intra service; and 5 minutes of post service. The RUC reviewed key reference service, 99442 *Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion* (work RVU=0.50) and agreed that 99447 is a more intense procedure. Typically, the patient in unknown to the consulting physician, the service is provided in a complex/urgent situation and the medical decision-making required is more intense than the key reference service. In order to maintain the proper rank order within the family of services, the specialty society indicated and the RUC agreed that a work of 0.70, lower than the survey 25th percentile is appropriate. The 0.35 increment increase in work RVU is similar to that within the telephone evaluation and management services, 99441-99443. The RUC also reviewed CPT code 99241 *Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and*

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Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family (work RVU = 0.64 and 15 minutes of intra-service time) and agreed that 99447 should be valued higher since it is typically provided in a complex/urgent situation. **The RUC recommends a work RVU of 0.70 for CPT code 99447.**

99448 Interprofessional telephone/internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician/qualified healthcare professional; 21-30 minutes of medical consultative discussion and review

The RUC reviewed the survey results from 31 multi-specialty physicians and determined that the survey respondents overestimated physician work. The specialty societies proposed and the RUC accepted modifications to the survey times to more accurately reflect the CPT descriptor: 5 minutes for pre-service; 25 minutes for intra service; and 5 minutes of post service. The RUC reviewed CPT code 99443 *Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion* (work RVU=0.75) and agreed that 99448 is a more intense procedure. Typically, the patient in unknown to the consulting physician, the service is provided in a complex/urgent situation and the medical decision-making required is more intense than the key reference service. In order to maintain the proper rank order within this family of services, the RUC used magnitude estimation and determined that a work RVU of 1.05 is appropriate (99447 work RVU of 0.70 + 0.35 = 1.05). The RUC compared 99448 to 99374 *Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker* (work RVU = 1.10) and determined that 99374 is a more intense service and should be valued higher. **The RUC recommends a work RVU of 1.05 for CPT code 99448.**

99449 Interprofessional telephone/internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician/qualified healthcare professional; 31 minutes or more of medical consultative discussion and review

The RUC reviewed the survey results from 26 multi-specialty physicians and determined that the survey respondents overestimated physician work. The RUC noted that 99449 will typically be utilized by behavioral/mental health professionals as there is a perceived need with access to care. The specialty societies proposed and the RUC accepted modifications to the survey times to more accurately reflect the CPT descriptor: 9 minutes for pre-service; 31 minutes for intra service; and 10 minutes for post service. The RUC reviewed CPT codes 92014 *Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established*

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patient, 1 or more visits (work RVU=1.42) and 99304 *Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.* (work RVU=1.64) and agreed that both services require less intra-service time and are more intense than 99449. **The RUC recommends a work RVU of 1.40 for CPT code 99449.**

New Technology
This service will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
An on-line electronic medical evaluation is a non-face-to-face evaluation and management (E/M) service by a physician to a patient using Internet resources in response to a patient's on-line inquiry. Reportable services involve the physician's personal timely response to the patient's inquiry and must involve permanent storage (electronic or hard copy) of the encounter. This service is reported only once for the same episode of care during a seven-day period, although multiple physicians could report their exchange with the same patient. If the on-line medical evaluation refers to an E/M service previously performed and reported by the physician within the previous seven days (either physician requested or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) are considered covered by the previous E/M service or procedure. A reportable service encompasses the sum of communication (eg, related telephone calls, prescription provision, laboratory orders) pertaining to the on-line patient encounter. (For an on-line medical evaluation provided by a qualified nonphysician health care professional, use 98969)				

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99444	Online evaluation and management service provided by a physician to an established patient~~,~~ or guardian not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network (Do not report 99444 when using 99339-99340, 99374-99380 for the same communication[s]) (Do not report 99444 for anticoagulation management when reporting 99363, 99364) (Do not report 99444 with 99446-99449)

Interprofessional Telephone/Internet Consultations

The consultant should use the following codes to report interprofessional telephone/internet consultations. An interprofessional telephone/internet consultation is an assessment and management service in which a patient's treating (eg, attending or primary) physician or other qualified health care professional requests the opinion and/or treatment advice of a physician with specific specialty expertise (the consultant) to assist the treating physician/qualified health care professional in the diagnosis and/or management of the patient's problem without the need for the patient's face to face contact with the consulting physician.

These services are typically provided in complex and/or urgent situations where a timely face to face service with the consultant may not be feasible (eg, geographic distance). These codes should not be reported by a consultant who has agreed to accept transfer of care before the telephone/internet assessment, but are appropriate to report if the decision to accept transfer of care cannot be made until after the initial interprofessional telephone/internet consultation.

The patient for whom the interprofessional telephone/internet consultation is requested may be either a new patient to the consulting physician or an established patient with a new problem or an exacerbation of an existing problem. However the consultant should not have seen the patient in a face to face encounter within the last 14 days. When the telephone/internet consultation leads to an immediate transfer of care or other face-to-face service (eg, a surgery, hospital visit or a scheduled office evaluation of the patient) within the next 14 days or next available appointment date by the consultative physician, these codes are not reported.

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Review of pertinent medical records, laboratory studies, imaging studies, medication profile, pathology specimens, etc may be required and transmitted electronically, by fax or by mail immediately before the telephone/internet consultation or following the consultation.

The review of this data is included in the telephone/internet consultation service and should not be reported separately. The majority of the service time reported (greater than 50%) must be devoted to the medical consultative verbal/I**nternet** discussion. This service should not be reported more than once within a seven day interval.

If more than one telephone/internet contact(s) is required to complete the consultation request (eg, discussion of test results), the entirety of the service and the cumulative discussion and information review time should be reported with a single code.

The written or verbal request for telephone/internet advice by the treating/requesting physician/qualified healthcare professional should be documented in the patient's medical record, including the reason for the request, and concludes with a verbal opinion report and written report from the consulting physician to the treating/requesting physician/qualified healthcare professional.

Telephone/internet consultations of less than 5 minutes should not be reported. Consultant communications with the patient and/or family may be reported using 99441-99444, 98966-98969) and the time related to these services is not used in reporting 99446-99449.

When the sole purpose of the telephone/internet communication is to arrange a transfer of care or other face-to-face service these codes are not reported.

The treating/requesting physician/qualified healthcare professional may report the prolonged service codes 99354-99357 for the time spent on the inter-professional telephone/internet discussion with the consulting (eg, specialist) physician if the time **exceeds 30 minute**s beyond the typical time of the appropriate E/M service performed and the patient is present (onsite) and accessible to the treating/requesting physician/qualified healthcare professional. If the interprofessional telephone/internet assessment and management service occurs when the patient is not present or on-site, and the discussion time exceeds 30 minutes beyond the typical time of the appropriate E/M service performed, then the non face-to-face prolonged service codes 99358-99359 may be reported by the treating/requesting physician/qualified healthcare professional.

(For telephone services provided by a physician to a patient, see 99441-99443)

(For telephone services provided by a qualified healthcare professional to a patient, see 98966-98968)

(For an on-line medical evaluation provided by a physician to a patient, use 99444)

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(For an on-line assessment and management service provided by a qualified healthcare professional to a patient, use 98969)				
●99446	E1	Interprofessional telephone/internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician/qualified healthcare professional; 5-10 minutes of medical consultative discussion and review	XXX	0.35
●99447	E2	11-20 minutes of medical consultative discussion and review	XXX	0.70
●99448	E3	21-30 minutes of medical consultative discussion and review	XXX	1.05
●99449	E4	31 minutes or more of medical consultative discussion and review	XXX	1.40

Medicine
Non-Face-To-Face Services
On-line Medical Evaluation

An on-line electronic medical evaluation is a non-face-to-face assessment and management service by a qualified health care professional to a patient using Internet resources in response to a patient's on-line inquiry. Reportable services involve the qualified health care professional's personal timely response to the patient's inquiry and must involve permanent storage (electronic or hard copy) of the encounter. This service is reported only once for the same episode of care during a seven-day period, although multiple qualified healthcare professionals could report their exchange with the same patient. If the on-line medical evaluation refers to an assessment and management service previously performed and reported by the qualified health care professional within the previous seven days (either qualified health care professional requested or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) are considered covered by the previous assessment and management office service or procedure. A reportable service encompasses the sum of communication (eg, related telephone calls, prescription provision, laboratory orders) pertaining to the on-line patient encounter.

(For an on-line medical evaluation provided by a physician, use 99444)

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98969	Online evaluation and management service provided by a qualified nonphysician health care professional to an established patient or guardian not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network (2/12 Panel Action) (Do not report 98969 when using 99339-99340, 99374-99380 for the same communication[s]) (Do not report 98969 for anticoagulation management when reporting 99363, 99364)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99446 Tracking Number E1 Original Specialty Recommended RVU: **0.50**
Presented Recommended RVU: **0.35**
Global Period: XXX RUC Recommended RVU: **0.35**

CPT Descriptor: Interprofessional telephone/internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician/qualified healthcare professional; 5-10 minutes of medical consultative discussion and review

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A two day old hospitalized newborn develops poor feeding and tachypnea and is diagnosed with group B streptococcal bacteremia. The patient's primary care physician telephones an infectious disease specialist located several hours away for treatment advice.

Percentage of Survey Respondents who found Vignette to be Typical: 65%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Confirms that patient, parent, or legal guardian has been informed in advance of the telephone consultation and has agreed. Decide on appropriate timing to fit call into existing daily schedule. Review any data or relevant information sent to consultant in advance of call.

Description of Intra-Service Work: Clarify from the requesting physician the nature of the patient's problem to be discussed. Obtain from the requesting physician all relevant history, physical examination, lab data, imaging. Present to requesting physician an analysis of the patient's problem, including likely diagnosis and suggested management. Provide to requesting physician alternative diagnoses and management approaches, including plusses and minuses of each. Respond to questions from the requesting physician to clarify diagnostic and treatment approach. Relay to requesting physician all relevant scientific background on the disease at issue needed to understand the consultant's recommendations or to respond to requesting physician's questions. Outline suggestions for long-term handling of the patient's problem.

Description of Post-Service Work: Review all relevant lab tests and other data not previously made available to consultant. Complete any literature review in response to issues raised during the phone call. Prepare a written response to the requesting physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012		
Presenter(s):	Steve Krug, MD, FAAP and Dennis Murray, MD, FAAP (AAP); Kevin Kerber, MD (AAN); Alfonso Bello, MD (ACRh); Allan Glass, MD (TES); Howard Lando, MD (AACE)		
Specialty(s):	American Academy of Neurology, American Academy of Pediatrics, American Association of Clinical Endocrinologists, American College of Rheumatology, The Endocrine Society		
CPT Code:	99446		
Sample Size:	1738	**Resp N:** 48	**Response:** 2.7 %
Description of Sample:	A survey was sent to 300 randomly selected AAN members; 1, 021 AAP members, 128 ACRh members, 150 TES members and 18 TES Advisors, 100 AACE members 21 members of of the Socioeconomics and Member Advocacy Committee		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.25	**22.50**	50.00	1000.00
Survey RVW:	0.25	0.50	**0.64**	1.03	49.99
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	5.00	**10.00**	15.00	90.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	99446	**Recommended Physician Work RVU: 0.35**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**8.00**		

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99441	XXX	0.25	**RUC Time**

CPT Descriptor Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99212	XXX	0.48	**RUC Time**	18,400,000

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
65205	000	0.71	**RUC Time**	28,100

CPT Descriptor 2 Removal of foreign body, external eye; conjunctival superficial

Other Reference CPT Code	Global	Work RVU	Time Source
99442	XXX	0.50	**RUC Time**

CPT Descriptor Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 15 **% of respondents:** 31.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 99446**	**Key Reference CPT Code:** 99441	**Source of Time** **RUC Time**
Median Pre-Service Time	3.00	1.00	
Median Intra-Service Time	8.00	8.00	

Median Immediate Post-service Time	5.00	4.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**16.00**	**13.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.87	3.53
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.73	3.60
Urgency of medical decision making	4.13	3.60
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.13	3.00
Physical effort required	2.13	2.33
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.87	3.53
Outcome depends on the skill and judgment of physician	4.07	3.67
Estimated risk of malpractice suit with poor outcome	3.33	3.33

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.33	2.27
Intra-Service intensity/complexity	3.47	3.40
Post-Service intensity/complexity	2.67	2.60

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

An expert panel was constituted from RUC advisors representing the surveying specialty societies. This expert panel reviewed the survey results in detail and conferred by telephone conference call on several occasions, together with specialty society staff members. As the four codes are linked and ordered by increasing time intervals for the duration of the telephone consultation, initial discussion focused on establishing 99446 as the anchor for the family. Based on survey results and comparison with other codes, the panel recommends the 25th percentile of the survey results (0.50 work RVUs) for 99446. Based on similar considerations, the panel recommends the 25th percentile of the survey results (0.75 work RVUs) for 99447.

The physician work survey results for 99448 were virtually identical to those of 99447, thus leading to a rank order anomaly if the 25th percentile were used. The panel recommends that the median physician work from the survey (1.00) should be used to avoid this rank order anomaly. In addition, this recommendation also maintains the same increment between 99446 and 99447 as between 99447 and 99448.

For 99449, the panel recommends a physician work value of 1.25, just slightly over the survey 25th percentile. This recommendation maintains the same interval between 99449 and 99448 as between 99448 and 99447 or between 99447 and 99446.

After comparison of the survey times with the times from various comparator codes, the panel recommends the median survey times for all four codes as there didn't appear to be substantial reason for modifying the survey results.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This service was not previously reported.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty Neurology/Endocrinology/Rheumatology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 112497
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel estimation

Specialty Pediatrics Frequency 83081 Percentage 73.85 %

Specialty Neurology/Endocrinology/Rheumatology Frequency 29416 Percentage 26.14 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 24,691
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel estimation

Specialty Pediatrics Frequency 0 Percentage 0.00 %

Specialty Neurology/Endocrinology/Rheumatology Frequency 24691 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99462

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99447 Tracking Number E2 Original Specialty Recommended RVU: **0.75**
Presented Recommended RVU: **0.70**
Global Period: XXX RUC Recommended RVU: **0.70**

CPT Descriptor: Interprofessional telephone/internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician/qualified healthcare professional; 11-20 minutes of medical consultative discussion and review

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66 year old male on levothyroxine and cortisone is admitted to an ICU for chest pain. The hospitalist contacts the patient's endocrinologist to obtain additional information regarding the illness(es) being treated, the dosage of the prescribed medications, any recent laboratory data and additional treatment and management options that should be considered during the hospitalization.

Percentage of Survey Respondents who found Vignette to be Typical: 74%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Confirms that patient, parent, or legal guardian has been informed in advance of the telephone consultation and has agreed. Decide on appropriate timing to fit call into existing daily schedule. Review any data or relevant information sent to consultant in advance of call.

Description of Intra-Service Work: Clarify from the requesting physician the nature of the patient's problem to be discussed. Obtain from the requesting physician all relevant history, physical examination, lab data, imaging. Present to requesting physician an analysis of the patient's problem, including likely diagnosis and suggested management. Provide to requesting physician alternative diagnoses and management approaches, including plusses and minuses of each. Respond to questions from the requesting physician to clarify diagnostic and treatment approach. Relay to requesting physician all relevant scientific background on the disease at issue needed to understand the consultant's recommendations or to respond to requesting physician's questions. Outline suggestions for long-term handling of the patient's problem.

Description of Post-Service Work: Review all relevant lab tests and other data not previously made available to consultant. Complete any literature review in response to issues raised during the phone call. Prepare a written response to the requesting physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012		
Presenter(s):	Steve Krug, MD, FAAP and Dennis Murray, MD, FAAP (AAP); Kevin Kerber, MD (AAN); Alfonso Bello, MD (ACRh); Allan Glass, MD (TES); Howard Lando, MD (AACE)		
Specialty(s):	American Academy of Neurology, American Academy of Pediatrics, American Association of Clinical Endocrinologists, American College of Rheumatology, The Endocrine Society		
CPT Code:	99447		
Sample Size:	1738	**Resp N:** 31	**Response:** 1.7 %
Description of Sample:	A survey was sent to 300 randomly selected AAN members; 1, 021 AAP members, 128 ACRh members, 150 TES members and 18 TES Advisors, 100 AACE members 21 members of of the Socioeconomics and Member Advocacy Committee		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	20.00	100.00
Survey RVW:	0.30	0.75	**0.95**	1.03	45.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	11.50	**15.00**	20.00	80.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	99447	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99442	XXX	0.50	**RUC Time**

CPT Descriptor Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	99,960,000

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
65205	000	0.71	**RUC Time**	28,100

CPT Descriptor 2 Removal of foreign body, external eye; conjunctival superficial

Other Reference CPT Code	Global	Work RVU	Time Source
99241	XXX	0.64	**RUC Time**

CPT Descriptor Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 9 **% of respondents:** 29.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 99447**	**Key Reference CPT Code:** 99442	**Source of Time RUC Time**
Median Pre-Service Time	3.00	1.00	
Median Intra-Service Time	15.00	15.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**23.00**	**21.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.00	3.67
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.11	3.67
Urgency of medical decision making	4.22	3.67
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.44	3.44
Physical effort required	2.67	2.56
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.22	4.11
Outcome depends on the skill and judgment of physician	4.44	4.44
Estimated risk of malpractice suit with poor outcome	3.78	3.89

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.78	2.78

Intra-Service intensity/complexity	3.89	3.67
Post-Service intensity/complexity	3.00	2.78

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

An expert panel was constituted from RUC advisors representing the surveying specialty societies. This expert panel reviewed the survey results in detail and conferred by telephone conference call on several occasions, together with specialty society staff members. As the four codes are linked and ordered by increasing time intervals for the duration of the telephone consultation, initial discussion focused on establishing 99446 as the anchor for the family. Based on survey results and comparison with other codes, the panel recommends the 25th percentile of the survey results (0.50 work RVUs) for 99446. Based on similar considerations, the panel recommends the 25th percentile of the survey results (0.75 work RVUs) for 99447.

The physician work survey results for 99448 were virtually identical to those of 99447, thus leading to a rank order anomaly if the 25th percentile were used. The panel recommends that the median physician work from the survey (1.00) should be used to avoid this rank order anomaly. In addition, this recommendation also maintains the same increment between 99446 and 99447 as between 99447 and 99448.

For 99449, the panel recommends a physician work value of 1.25, just slightly over the survey 25th percentile. This recommendation maintains the same interval between 99449 and 99448 as between 99448 and 99447 or between 99447 and 99446.

After comparison of the survey times with the times from various comparator codes, the panel recommends the median survey times for all four codes as there didn't appear to be substantial reason for modifying the survey results.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This service was not previously reported.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty Neurology/Endocrinology/Rheumatology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 99801
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel estimation

Specialty Pediatrics Frequency 75133 Percentage 75.28 %

Specialty Neurology/Endocrinology/Rheumatology Frequency 24668 Percentage 24.71 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 23,129
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel estimation

Specialty Pediatrics Frequency 0 Percentage 0.00 %

Specialty Neurology/Endocrinology/Rheumatology Frequency 23129 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99462

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99448 Tracking Number E3 Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **1.05**
Global Period: XXX RUC Recommended RVU: **1.05**

CPT Descriptor: Interprofessional telephone/internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician/qualified healthcare professional; 21-30 minutes of medical consultative discussion and review

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 57 year old woman was sent for a CT exam by her primary care physician for recurrent severe headaches during which a thyroid nodule is incidentally identified The primary care physician contacts an endocrinologist to discuss the appropriate diagnostic evaluation.

Percentage of Survey Respondents who found Vignette to be Typical: 74%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Confirms that patient, parent, or legal guardian has been informed in advance of the telephone consultation and has agreed. Decide on appropriate timing to fit call into existing daily schedule. Review any data or relevant information sent to consultant in advance of call.

Description of Intra-Service Work: Clarify from the requesting physician the nature of the patient's problem to be discussed. Obtain from the requesting physician all relevant history, physical examination, lab data, imaging. Present to requesting physician an analysis of the patient's problem, including likely diagnosis and suggested management. Provide to requesting physician alternative diagnoses and management approaches, including plusses and minuses of each. Respond to questions from the requesting physician to clarify diagnostic and treatment approach. Relay to requesting physician all relevant scientific background on the disease at issue needed to understand the consultant's recommendations or to respond to requesting physician's questions. Outline suggestions for long-term handling of the patient's problem.

Description of Post-Service Work: Review all relevant lab tests and other data not previously made available to consultant. Complete any literature review in response to issues raised during the phone call. Prepare a written response to the requesting physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012		
Presenter(s):	Steve Krug, MD, FAAP and Dennis Murray, MD, FAAP (AAP); Kevin Kerber, MD (AAN); Alfonso Bello, MD (ACRh); Allan Glass, MD (TES); Howard Lando, MD (AACE)		
Specialty(s):	American Academy of Neurology, American Academy of Pediatrics, American Association of Clinical Endocrinologists, American College of Rheumatology, The Endocrine Society		
CPT Code:	99448		
Sample Size:	1738	**Resp N:** 31	**Response:** 1.7 %
Description of Sample:	A survey was sent to 300 randomly selected AAN members; 1, 021 AAP members, 128 ACRh members, 150 TES members and 18 TES Advisors, 100 AACE members 21 members of of the Socioeconomics and Member Advocacy Committee		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**4.00**	25.00	100.00
Survey RVW:	0.50	0.75	**1.00**	1.50	45.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**20.00**	25.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	99448	**Recommended Physician Work RVU: 1.05**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99443	XXX	0.75	**RUC Time**

CPT Descriptor Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	99,960,000

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
99242	XXX	1.34	**RUC Time**

CPT Descriptor Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 11 **% of respondents:** 35.4 **%**

TIME ESTIMATES (Median)	**CPT Code: 99448**	**Key Reference CPT Code:** 99443	**Source of Time RUC Time**
Median Pre-Service Time	5.00	1.00	
Median Intra-Service Time	25.00	20.00	
Median Immediate Post-service Time	5.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**35.00**	**31.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.09	4.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.18	3.91
Urgency of medical decision making	4.18	3.91
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.27	3.18
Physical effort required	2.73	2.64
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.09	3.82
Outcome depends on the skill and judgment of physician	4.27	4.18
Estimated risk of malpractice suit with poor outcome	3.82	3.91

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.73	2.64

Intra-Service intensity/complexity	4.18	3.82
Post-Service intensity/complexity	2.82	2.64

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

An expert panel was constituted from RUC advisors representing the surveying specialty societies. This expert panel reviewed the survey results in detail and conferred by telephone conference call on several occasions, together with specialty society staff members. As the four codes are linked and ordered by increasing time intervals for the duration of the telephone consultation, initial discussion focused on establishing 99446 as the anchor for the family. Based on survey results and comparison with other codes, the panel recommends the 25th percentile of the survey results (0.50 work RVUs) for 99446. Based on similar considerations, the panel recommends the 25th percentile of the survey results (0.75 work RVUs) for 99447.

The physician work survey results for 99448 were virtually identical to those of 99447, thus leading to a rank order anomaly if the 25th percentile were used. The panel recommends that the median physician work from the survey (1.00) should be used to avoid this rank order anomaly. In addition, this recommendation also maintains the same increment between 99446 and 99447 as between 99447 and 99448.

For 99449, the panel recommends a physician work value of 1.25, just slightly over the survey 25th percentile. This recommendation maintains the same interval between 99449 and 99448 as between 99448 and 99447 or between 99447 and 99446.

After comparison of the survey times with the times from various comparator codes, the panel recommends the median survey times for all four codes as there didn't appear to be substantial reason for modifying the survey results.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This service was not previously reported.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty Neurology/Endocrinology/Rheumatology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 94626
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel estimation

Specialty Pediatrics Frequency 72212 Percentage 76.31 %

Specialty Neurology/Endocrinology/Rheumatology Frequency 22414 Percentage 23.68 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 21,464
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel estimation

Specialty Pediatrics Frequency 0 Percentage 0.00 %

Specialty Neurology/Endocrinology/Rheumatology Frequency 21464 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99462

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99449 Tracking Number E4 Original Specialty Recommended RVU: **1.25**
Presented Recommended RVU: **1.40**
Global Period: XXX RUC Recommended RVU: **1.40**

CPT Descriptor: Interprofessional telephone/internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician/qualified healthcare professional; 31 minutes or more of medical consultative discussion and review

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 10 year old boy with attention deficit disorder has become increasingly aggressive at home and school. The child's pediatrician arranges a telephone consultation with a child and adolescent psychiatrist and forwards historical records on the child prior to the telephone consultation.

Percentage of Survey Respondents who found Vignette to be Typical: 62%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Confirms that patient, parent, or legal guardian has been informed in advance of the telephone consultation and has agreed. Decide on appropriate timing to fit call into existing daily schedule. Review any data or relevant information sent to consultant in advance of call.

Description of Intra-Service Work: Clarify from the requesting physician the nature of the patient's problem to be discussed. Obtain from the requesting physician all relevant history, physical examination, lab data, imaging. Present to requesting physician an analysis of the patient's problem, including likely diagnosis and suggested management. Provide to requesting physician alternative diagnoses and management approaches, including plusses and minuses of each. Respond to questions from the requesting physician to clarify diagnostic and treatment approach. Relay to requesting physician all relevant scientific background on the disease at issue needed to understand the consultant's recommendations or to respond to requesting physician's questions. Outline suggestions for long-term handling of the patient's problem.

Description of Post-Service Work: Review all relevant lab tests and other data not previously made available to consultant. Complete any literature review in response to issues raised during the phone call. Prepare a written response to the requesting physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012				
Presenter(s):	Steve Krug, MD, FAAP and Dennis Murray, MD, FAAP (AAP); Kevin Kerber, MD (AAN); Alfonso Bello, MD (ACRh); Allan Glass, MD (TES); Howard Lando, MD (AACE)				
Specialty(s):	American Academy of Neurology, American Academy of Pediatrics, American Association of Clinical Endocrinologists, American College of Rheumatology, The Endocrine Society				
CPT Code:	99449				
Sample Size:	1738	**Resp N:**	26	**Response:** 1.4 %	
Description of Sample:	A survey was sent to 300 randomly selected AAN members; 1, 021 AAP members, 128 ACRh members, 150 TES members and 18 TES Advisors, 100 AACE members 21 members of of the Socioeconomics and Member Advocacy Committee				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	10.00	140.00
Survey RVW:	0.50	1.14	**1.80**	1.90	45.00
Pre-Service Evaluation Time:			**9.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	20.00	**30.00**	31.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	99449	**Recommended Physician Work RVU: 1.40**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**9.00**	**0.00**	**9.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**31.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99243	XXX	1.88	**RUC Time**

CPT Descriptor Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99238	XXX	1.28	**RUC Time**	4,800,000

CPT Descriptor 1 Hospital discharge day management; 30 minutes or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
99242	XXX	1.34	**RUC Time**

CPT Descriptor Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 10 **% of respondents:** 38.4 **%**

TIME ESTIMATES (Median)	**CPT Code: 99449**	**Key Reference CPT Code:** 99243	**Source of Time** **RUC Time**
Median Pre-Service Time	9.00	5.00	
Median Intra-Service Time	31.00	28.00	

Median Immediate Post-service Time	10.00	7.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**50.00**	**40.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.60	4.30
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.60	4.40
Urgency of medical decision making	4.50	4.20
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.90	4.10
Physical effort required	2.70	3.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.50	4.30
Outcome depends on the skill and judgment of physician	4.60	4.40
Estimated risk of malpractice suit with poor outcome	4.40	4.10

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.40	3.80
Intra-Service intensity/complexity	4.60	4.40
Post-Service intensity/complexity	3.60	4.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

An expert panel was constituted from RUC advisors representing the surveying specialty societies. This expert panel reviewed the survey results in detail and conferred by telephone conference call on several occasions, together with specialty society staff members. As the four codes are linked and ordered by increasing time intervals for the duration of the telephone consultation, initial discussion focused on establishing 99446 as the anchor for the family. Based on survey results and comparison with other codes, the panel recommends the 25th percentile of the survey results (0.50 work RVUs) for 99446. Based on similar considerations, the panel recommends the 25th percentile of the survey results (0.75 work RVUs) for 99447.

The physician work survey results for 99448 were virtually identical to those of 99447, thus leading to a rank order anomaly if the 25th percentile were used. The panel recommends that the median physician work from the survey (1.00) should be used to avoid this rank order anomaly. In addition, this recommendation also maintains the same increment between 99446 and 99447 as between 99447 and 99448.

For 99449, the panel recommends a physician work value of 1.25, just slightly over the survey 25th percentile. This recommendation maintains the same interval between 99449 and 99448 as between 99448 and 99447 or between 99447 and 99446.

After comparison of the survey times with the times from various comparator codes, the panel recommends the median survey times for all four codes as there didn't appear to be substantial reason for modifying the survey results.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This service was not previously reported.

How often do physicians <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 Pediatrics How often? Commonly

Specialty Neurology/Endocrinology/Rheumatology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 79666
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel estimation

Specialty Pediatrics Frequency 60214 Percentage 75.58 %

Specialty Neurology/Endocrinology/Rheumatology Frequency 17452 Percentage 21.90 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 18,694
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel estimation

Specialty Pediatrics Frequency 0 Percentage 0.00 %

Specialty Neurology/Endocrinology/Rheumatology Frequency 18694 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99462

SS Rec Summary

ISSUE: Interprofessional telephone/internet consultative services

TAB: 14

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	99441	Telephone evaluation and management service provided by a physician to an established patient		0.017			0.25			13	1					8			4																			
CURRENT				#DIV/0!						0																												
SVY	99446	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 5-10 minutes	48	0.042	0.25	0.50	0.64	1.03	49.99	20	5			2	5	10	15	90	5																			
REC	99446	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 5-10 minutes		0.028	0.50					20	5					10			5																			

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	99442	Telephone evaluation and management service provided by a physician to an established patient		0.024			0.50			21	1					15			5																			
CURRENT				#DIV/0!						0																												
SVY	99447	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 11-20 minutes	31	0.048	0.30	0.75	0.95	1.03	45.00	25	5			5	####	15	20	80	5																			
REC	99447	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 11-20 minutes		0.035	0.75					25	5					15			5																			

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
3						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
4	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
17						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
18	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
19	REF	99443	Telephone evaluation and management service provided by a physician to an established patient		0.025			0.75			31	1					20			10																			
20	CURRENT				#DIV/0!						0																												
21	SVY	99448	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 21-30 minutes	31	0.039	0.50	0.75	1.00	1.50	45.00	30	5			5	15	20	25	60	5																			
22	REC	99448	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 21-30 minutes		0.039	1.00					30	5					20			5																			
23																																							
24						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
25	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
26	REF	99243	Office consultation for a new or established patient		0.058			1.88			40	5					28			7																			
27	CURRENT				#DIV/0!						0																												
28	SVY	99449	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 31 minutes or more	26	0.046	0.50	1.14	1.80	1.90	45.00	49	9			10	20	30	31	60	10																			
29	REC	99449	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 31 minutes or more		0.027	1.25					49	9					30			10																			

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

REF = Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Interprofessional telephone/internet consultative services

TAB: 14

						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
REF	99442	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion		0.024			0.50			21	1					15			5																				
CURRENT				#DIV/0!						0																														
SVY	99447	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 11-20 minutes	31	0.048	0.30	0.75	0.95	1.03	45.00	25	5			5	11.50	15	20	80	5																					
REC	99447	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 11-20 minutes		0.035	0.75					25	5					15			5																				

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

REF = Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Interprofessional telephone/internet consultative services

TAB: 14

						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
REF	99443	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion		0.025			0.75			31	1					20			10																				
CURRENT				#DIV/0!						0																														
SVY	994XX3	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 21-30 minutes	31	0.039	0.50	0.75	1.00	1.50	45.00	30	5			5	15	20	25	60	5																				
REC	994XX3	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 21-30 minutes		0.039			1.00			30	5					20			5																				

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

REF = Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Interprofessional telephone/internet consultative services

TAB: 14

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	99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.		0.058			1.88			40	5					28			7																				
CURRENT				#DIV/0!						0																													
SVY	994XX4	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 31 minutes or more	26	0.046	0.50	1.14	1.80	1.90	45.00	49	9			10	20	30	31	60	10																				
REC	994XX4	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 31 minutes or more		0.027	1.25					49	9					30			10																				

Tab Number

Issue

Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

STEVEN E. KRUG, MD

Printed Signature

A. A. P.

Specialty Society

6/14/12

Date

#14_____
Tab Number

Interprofessional Telephone/Internet Consultative Services
Issue

____994XX1-994XX4
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

__Alfonso Bello, MD, MHS, FACP, FACR_____
Printed Signature

American College of Rheumatology_____
Specialty Society

October 4, 2012_____
Date

14
Tab Number

Interprofessional Telephone Consultations
Issue

994XX1-994XX4
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Allan R. Glass, MD
Printed Signature

The Endocrine Society
Specialty Society

10/4/2012
Date

14
Tab Number

Transitional Care Management codes
Issue

99490X, 99491X
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



_____
Signature

Howard Milton Lando, MD
Printed Signature

American Association of Clinical Endocrinologists
Specialty Society

_____
Date

_____
Tab Number

_____
Issue

_____
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



_____
Signature

__Kevin A. Kerber_____
Printed Signature

__AAN_____
Specialty Society

___9/7/2012_____
Date

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

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September 11, 2012

Barbara Levy, MD
Chair, AMA/Specialty Society RVS Update Committee
American Medical Association
Department of Physician Payment Policy and Systems
515 North State Street
Chicago, IL 60610

Re: Direct Practice Expense Inputs for Interprofessional Telephone/Internet Consultative Services (994XX1-994XX4; Tracking Codes E1-E4; Tab 14)

Dear Dr Levy:

Codes 994XX1-994XX4 (*Interprofessional telephone/internet assessment and management service provided by a consultative physician*) are among the codes being considered during the October 2012 RUC meeting.

The American Academy of Pediatrics (AAP), the American Academy of Neurology (AAN), the American College of Rheumatology (ACRh), The Endocrine Society (TES), and the American Association of Clinical Endocrinologists (AACE) have conducted physician work surveys for codes 994XX1-994XX4 and developed work RVU recommendations based on the survey results.

However, we recommend no direct practice expense inputs for codes 994XX1-994XX4.

If you have any questions, please contact Linda Walsh, AAP staff, at 800/433-9016 ext 7931 or lwalsh@aap.org. Thank you.

Sincerely,

Alfonso Bello, MD
ACRh RUC Advisor

Allan Glass, MD
TES RUC Advisor

Howard Milton Lando, MD
AACE RUC Advisor

Kevin Kerber, MD
AAN RUC Advisor

Steve Krug, MD
AAP RUC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations
***Negative IWPUT ***

January 2018

Exploration of Artery/Vein

The RUC identified CPT code 35761 via the negative IWPUT screen for services with Medicare utilization over 10,000 and all services or over 1,000 for Harvard valued and CMS/Other source codes, for survey at the January 2018 RUC meeting.

CPT Referral
At the January 2018 RUC meeting, the RUC reviewed CPT code 35761 *Exploration (not followed by surgical repair), with or without lysis of artery; other vessels* and recommends referral to CPT. The RUC recommends referring CPT code 35761 and the family of codes (35701, 35721, 35741) to the CPT Editorial Panel to revise the "with or without lysis" language and to condense the code set, where applicable, due to low frequency. The appropriate global period for exploration (not followed by surgical repair) will also be considered after the CPT review. **The RUC recommends referring code 35761 and the family to CPT.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
35701(f)	Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery	090	Refer to CPT September 2018
35721 (f)	Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery	090	Refer to CPT September 2018
35741(f)	Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery	090	Refer to CPT September 2018
35761	Exploration (not followed by surgical repair), with or without lysis of artery; other vessels	090	Refer to CPT September 2018

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/Specialty Society RVS Update Committee Summary of Recommendations
***Negative IWPUT ***

January 2018

Radioactive Tracer

The RUC identified services with a negative IWPUT and Medicare utilization over 10,000 for all services or over 1,000 for Harvard valued and CMS/Other source codes. CPT code 38792 was identified via this screen for review.

Compelling Evidence
The specialty society presented compelling evidence for CPT code 38792 that the specialty performing this procedure has changed. Previously, the code was surveyed by general surgery during the RUC review performed in September 1998. Since that time, diagnostic radiology has become the dominant provider and was not a participant in the prior survey. When this service was last valued, the patient typically underwent general anesthesia in the OR, whereas now it is typical for this service to be performed in the nuclear medicine department while the patient is conscious. Furthermore, the service currently has a negative IWPUT, indicating that the service was previously valued under a flawed methodology. The RUC approved compelling evidence based on change in specialty and a flawed previous methodology.

38792 ***Injection procedure; radioactive tracer for identification of sentinel node***
The RUC reviewed the survey results from 103 physicians and agreed with the following physician time component: pre-service evaluation time of 8 minutes, pre-service positioning time of 3 minutes, pre-service scrub/dress/wait time of 3 minutes, intra-service time of 8 minutes, and post-service time of 5 minutes. The RUC determined that the length of pre-service time is appropriate due to the additional work involved in handling a radiopharmaceutical. In addition, since the patient is conscious, local anesthesia is now typical and occurs during the pre-service period. The specialties noted that this is an intradermal injection, which is relatively more intense than a subcutaneous injection. The RUC reviewed the recommended work RVU of 0.65, which is the 25th percentile and agreed that this value appropriately accounts for the physician work involved. To justify the work RVU of 0.65, the RUC compared the survey code to reference code 51700 *Bladder irrigation, simple, lavage and/or instillation* (work RVU =0.60; intra-service time of 5 minutes, total time of 25 minutes) and noted that the survey code involves more intra-service and total time and should be valued somewhat higher than the reference code. For further support, the RUC compared the survey code to MPC codes 46600 *Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)* (work RVU = 0.55, intra-service time of 5 minutes, total time of 22 minutes) and MPC code 20553 *Injection(s); single or multiple trigger point(s), 3 or more muscles* (work RVU = 0.75, intra-service time of 10 minutes, total time of 27 minutes) and noted that the survey code is evenly and appropriately bracketed by these reference service codes. **The RUC recommends a work RVU of 0.65 for CPT code 38792.**

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Practice Expense
The RUC recommends the direct practice expense inputs with modifications as reviewed and approved by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
38792	Injection procedure; radioactive tracer for identification of sentinel node	000	0.65

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:38792 Tracking Number Original Specialty Recommended RVU: **0.65**
Presented Recommended RVU: **0.65**
Global Period: 000 Current Work RVU: **0.52** RUC Recommended RVU: **0.65**

CPT Descriptor: Injection procedure; radioactive tracer for identification of sentinel node

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old female with a diagnosis of malignant neoplasm of the breast undergoes injection of a radiotracer for localization of the lymph nodes prior to sentinel node biopsy [reported separately] and local excision [reported separately].

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%

Description of Pre-Service Work: Review the clinical request, pertinent medical records, and any prior imaging data. Obtain an interim medical history, including medications and concurrent medical problems. The decision is made as to the appropriateness of the injection procedure for this patient. Consult with the ordering physician to clarify the indications. Plan the injection based on the site of the primary tumor and the location of the anticipated draining nodal basin. The physician orders the appropriate radiopharmaceutical and dose and assures appropriate records are maintained per NRC and/or state regulations.

Explain the procedure and its purpose to the patient, including potential complications. Determine if patient has a history of prior allergic reactions to vital dyes, food coloring, or radioisotopes. Obtain and document informed consent.

Perform a time-out procedure to ensure correct patient, procedure, site, tracer and dose. Perform sterile prep of the injection site. Anesthetize the injection site with anesthetic injection.

Description of Intra-Service Work: Inject tracer intradermally. Perform additional injections around the lesion/scar tissue to achieve adequate tracer concentration in the local lymphatic spaces.

Description of Post-Service Work: Observe patient for evidence of allergic reaction. Make dosimetry and/or radioactivity measurements if needed after radionuclide tracer use. Provide post procedure instructions to the patient. Transport the patient to surgical preoperative holding. Dictate the injection procedure report. Review, edit, and sign report for the medical record. Communicate the findings with referring provider and/or patient as needed. Provide regulatory (NRC/state) review and oversight throughout the procedure.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Lauren Golding, MD; Gary L. Dillehay, MD; Scott C. Bartley, MD;		
Specialty(s):	American College of Radiology, Society of Nuclear Medicine and Molecular Imaging, American College of Nuclear Medicine		
CPT Code:	38792		
Sample Size:	3106	**Resp N:** 103	**Response:** 3.3 %
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform nuclear medicine, breast, and/or radiography procedures). The ACNM/SNMMI surveyed a total random sample of 2356 of their membership.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**35.00**	88.00	600.00
Survey RVW:	0.03	0.65	**0.75**	1.00	100.00
Pre-Service Evaluation Time:			**8.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**3.00**		
Intra-Service Time:	1.00	5.00	**8.00**	15.00	120.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6-NF Proc w local/topical anes care req wait time

CPT Code:	38792	**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:		**8.00**	**17.00**	**-9.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**3.00**	**5.00**	**-2.00**
Intra-Service Time:		**8.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**18.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
23350	000	1.00	**RUC Time**

CPT Descriptor Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36598	000	0.74	**RUC Time**

CPT Descriptor Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
46600	000	0.55	**RUC Time**	94,191

CPT Descriptor 1 Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
20553	000	0.75	**RUC Time**	326,995

CPT Descriptor 2 Injection(s); single or multiple trigger point(s), 3 or more muscles

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 22.3 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 9.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 38792	**Top Key Reference CPT Code:** 23350	**2nd Key Reference CPT Code:** **36598**
Median Pre-Service Time	14.00	8.00	15.00
Median Intra-Service Time	8.00	15.00	10.00
Median Immediate Post-service Time	5.00	5.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**27.00**	**28.00**	**35.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	30%	61%	4%	5%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	35%	52%	13%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	39%	57%	4%

Physical effort required	43%	52%	4%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	30%	52%	17%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	20%	40%	40%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	60%	30%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	10%	60%	30%
Physical effort required	10%	50%	40%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	40%	40%	20%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 38792 *(Injection procedure; radioactive tracer for identification of sentinel node)* was identified on a screen in regard to services with a negative IWPUT and Medicare utilization over 10,000 for all services or over 1,000 that are Harvard valued and CMS/Other source codes.

At the January 2017 RUC meeting, the Administrative Subcommittee determined that services with a negative IWPUT would be considered part of the "flawed methodology" compelling evidence standard. At the April 2017 RUC meeting, twenty-two services were identified and placed on the level of interest for action plans to review at the October 2017 meeting. The ACR along with ACNM/SNMMI have surveyed CPT code 38792 for the January 2018 RUC meeting and present the following recommendations.

Survey Process

The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform nuclear medicine, breast, and/or radiography procedures). The ACNM/SNMMI surveyed a total random sample of 2,356 individuals from their membership.

Work RVU Recommendation:

The societies recommend a work RVU of 0.65, which corresponds to the 25th percentile of the survey. This is above the existing value of 0.52 wRVU.

Compelling Evidence

The specialty performing this procedure has changed. Previously, the code was surveyed by Surgery during the RUC review performed in September 1998. Since that time, Radiology has become the dominant provider and was not a participant in the prior survey.

Time Recommendation:

The societies recommend the following survey median times: 14 minutes pre-service, 8 minutes intra-service, and 5 minutes post-service. This is a total time of 27 minutes compared to the existing time of 35 minutes.

Key Reference Services

The recommended work RVU is below the two most commonly chosen key reference services and has less total time and intra-service time.

- **36598** - *Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report*
- **23350** - *Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography*

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	% chosen
38792	**Inj procedure; radioactive tracer**	**0.65**	**27**	**14**	**8**	**5**	**0.033**	
36598	Contrast inj for rad eval of existing central venous access device	0.74	35	15	10	10	0.025	22%
23350	Inj procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography	1.00	28	8	15	5	0.049	10%

MPC Codes

The surveyed code compares well with two other MPC codes:

- **46600** - *Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)*
- **20553** - *Injection(s); single or multiple trigger point(s), 3 or more muscles*

The surveyed code is evenly bracketed by the non-radiology MPC codes 46600 and 20553, and there is correspondingly higher intra-service times compared with the wRVU. These MPC codes are included in a table below for comparison and confirm the appropriateness of the recommended wRVU within the larger RBRVS.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
46600	Anoscopy; diagnostic	0.55	22	7	5	10	0.034
38792	**Inj procedure; radioactive tracer**	**0.65**	**27**	**14**	**8**	**5**	**0.033**
20553	Inj; single or multiple trigger point(s), 3 or more muscles	0.75	27	12	10	5	0.048

Conclusion

The survey results and comparison with applicable key reference service and MPC codes support the recommended value for 38792 *(Injection procedure; radioactive tracer for identification of sentinel node)* at the 25th percentile survey value.

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) 38792

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 Nuclear Medicine How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 96231
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 38792 provided nationally in a one-year period is estimated to be 96,231.

Specialty Diagnostic Radiology Frequency 58720 Percentage 61.01 %

Specialty Nuclear Medicine Frequency 4128 Percentage 4.28 %

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? 32,007 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The ACR, SNMMI, and ACNM estimate that CPT code 38792 will be provided 32,007 times to Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 19560 Percentage 61.11 %

Specialty Nuclear Medicine Frequency 1376 Percentage 4.29 %

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:
Nuclear Medicine

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 38792

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: Radioactive Tracer

TAB: 23

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	23350	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography	23	0.049			1.00			28	5	1	2			15			5					
2nd REF	36598	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report	10	0.025			0.74			35	5	5	5			10			10					
Sep-98	38792	Injection procedure; radioactive tracer for identification of sentinel node		-0.004			0.52			35	15					10			10					
SVY	38792	Injection procedure; radioactive tracer for identification of sentinel node	103	0.046	0.03	0.65	0.75	1.00	100.00	27	8	3	3	1	5	8	15	120	5	0	10	35	88	600
ACR Total	38792	Injection procedure; radioactive tracer for identification of sentinel node	10	0.115	0.50	0.73	0.88	0.99	3.00	20	6	3	2	1	3	5	6	15	4	1	6	15	29	50
ACR-Subset	38792	Injection procedure; radioactive tracer for identification of sentinel node	6	0.081	0.68	0.73	0.78	0.91	1.00	23	8	3	2	1	3	5	6	15	5	1	3	8	14	30
ACR-Random	38792	Injection procedure; radioactive tracer for identification of sentinel node	4	0.149	0.50	0.85	1.01	1.54	3.00	18	4	3	2	3	5	5	6	10	4	15	23	28	35	50
SNMMI	38792	Injection procedure; radioactive tracer for identification of sentinel node	93	0.043	0.03	0.65	0.75	1.00	100.00	28	9	3	3	1	5	8	15	120	5	0	10	40	100	600
REC	38792	Injection procedure; radioactive tracer for identification of sentinel node		0.033			0.65			27	8	3	3			8			5					

CPT Code: 38792
Specialty Society: ACR, SNMMI, ACNM

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

38792	Injection procedure; radioactive tracer for identification of sentinel node

Global Period: 000 Meeting Date: January 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The American College of Radiology (ACR), Society of Nuclear Medicine and Molecular Imaging (SNMMI), and the American College of Nuclear Medicine (ACNM) convened a consensus panel to finalize the practice expense data for injection procedure, CPT code 38792.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

The societies included the existing PE inputs for code 38792 (*Injection procedure; radioactive tracer for identification of sentinel node*). We have also included 78300 *(Bone and/or joint imaging; limited area)* as reference.

3. Is this code(s) typically billed with an E/M service?

This code is not typically billed with an E/M service.

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)

Diagnostic Radiology is the dominant provider for the global at 60.98%.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

- **Prepare, set up IV, initial positioning and monitoring (CA016)**

We recommend 3 minutes for Prepare, set up IV, initial positioning and monitoring (CA016). The addition of 1 minute above the standard time is needed due to the increased complexity of handling radioactive material compared to typical medications.

- **Complete post-procedure diagnostic forms, lab and x-ray acquisitions (CA027)**

We recommend 2 minutes for Complete post-procedure diagnostic forms, lab and x-ray acquisitions (CA027). There is no standard time for this activity and 2 minutes is the currently allowed time for the similar procedure using radioactive material, 78300 *(Bone and/or joint imaging, limited area)* which was RUC approved in April 2016.

- **Perform regulatory mandated quality insurance activity (CA033)**

We recommend 3 minutes for Perform regulatory mandated quality insurance activity (CA033). There is no standard time for this activity and 3 minutes is required to complete activities required by the Nuclear Regulatory Commission (NRC).

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

We request an increase in the inputs with compelling evidence. This service was previously surveyed by Surgery and there has been a change in specialty since the previous RUC review performed in January 2003. The clinical staff type, the total cost of supplies, and the total cost of equipment have all changed with the change in specialty.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

   a) Pre-service clinical labor activity *"Patient clinical information and questionnaire reviewed ~~by technologist~~, order ~~from physician~~ confirmed and exam protocoled/prepared ~~by radiologist~~"* was revised by the Workgroup and divided into two line items, the first in the pre-service period and the second in the service period as follows:

   - Pre-service period
     - CA007: Review patient clinical extant information and questionnaire
   - Service period
     - CA014: Confirm order, protocol exam

   b) When the RUC reviewed the PE's for the bone imaging (reference) code (CPT code 78300) in April 2016, times were approved/designated as:

   - Pre-service period
     - Other activity: NRC/State requirements for verification of Planar or SPECT Equipment to be used in imaging (4 minutes)
     - Other activity: Prepare radiopharmaceutical (s) delivered by central pharmacy with NRC and DOT required check-in of RP, survey package, wipe test of package and all recordings for required documentation by federal or state regulators. Verify ordered dosages with received dosages and store for use with patient. (13 minutes)

   When CMS reviewed the bone imaging codes, they combined all 17 minutes into "**Perform regulatory mandated quality assurance activity (pre-service) (CA008)"** which is the current line item. The specialties are only requesting 13 minutes for CA008 since CPT code 38792 is not an imaging code, and we are only asking for time related to the regulatory quality assurance activities.

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

    - Perform procedure/service---NOT directly related to physician work time (CA021)

The technologist must assist the physician during the entire service period in the handing and management of each syringe during the administration of the radiotracer to maintain sterile technique as well as radioactive requirements. In addition to sterile technique, the radiotracer is most commonly provided in three to five separate syringes for per study dose injection. The per study dose remains as 1, however the dose is split into several syringes for an appropriate administration of the tracer. The technologist manages (following federal and local radiation safety precautions) the varying syringes as the physician injects each syringe.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
   N/A

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    N/A

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - Computer Workstation, Nuclear Medicine Analysis-viewing (ED019) –Highly Technical Formula
    - Computer Workstation, Nuclear Pharmacy Management (hardware and software) (ED020) – Highly Technical Formula
    - PACS Workstation Proxy (ED050) –PACS formula
    - Professional PACS Workstation (ED053) – Equals physician work intra time + 1/2 physician work pre-time
    - Chair, Medical Recliner (EF009) –Default Formula
    - Cobalt-57 Flood Source (ER001) –Highly Technical Formula

- Dose Calibration Source Vial Set (ER026) –Highly Technical Formula
- Dose Calibrator (Atomlab) (ER027) –Highly Technical Formula
- Gamma Camera System, Single-dual Head (ER032) –Highly Technical Formula
- Gamma Counter, Automatic (ER033) –Highly Technical Formula
- Radiation L-block Tabletop Shield (ER053) –Highly Technical Formula
- Radiation Survey Meter (ER054) –Highly Technical Formula
- Safe, Storage, Lead-lined (ER058) –Highly Technical Formula

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    N/A

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    N/A

	A	B	D	E	F	G	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**	**CURRENT**	**RECOMMENDED**
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries**				**78300**	**38792**	**38792**
3		***RUC Collaboration Website***				Bone and/or joint imaging; limited area	Injection procedure; radioactive tracer for identification of sentinel node	Injection procedure; radioactive tracer for identification of sentinel node
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 23 Specialty: ACR, SNMMI, ACNM**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	**(April 2016)**	**(January 2003)**	**(January 2018)**
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**30.0**	**0.0**
8		**TOTAL CLINICAL STAFF TIME**	**L049A**	Nuclear Medicine Technologist	0.615	**82.0**	**0.0**	**55.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**30.0**	**0.0**
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L049A**	Nuclear Medicine Technologist	0.615	**21.0**	**0.0**	**24.0**
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L049A**	Nuclear Medicine Technologist	0.615	**61.0**	**0.0**	**31.0**
13		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L049A**	Nuclear Medicine Technologist	0.615	**0.0**	**0.0**	**0.0**
14		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 50.43**	**$ 11.10**	**$ 33.83**
15		**PRE-SERVICE PERIOD**						
16		**Start: Following visit when decision for surgery or procedure made**						
17	CA001	Complete pre-service diagnostic and referral forms	**L037D**	RN/LPN/MTA	0.37		**5**	
18	CA002	Coordinate pre-surgery services (including test results)	**L037D**	RN/LPN/MTA	0.37		**10**	
19	CA002	Coordinate pre-surgery services (including test results)	**L049A**	Nuclear Medicine	0.615			**5**
20	CA003	Schedule space and equipment in facility	**L037D**	RN/LPN/MTA	0.37		**5**	
21	CA004	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA	0.37		**7**	
22	CA005	Complete pre-procedure phone calls and prescription	**L037D**	RN/LPN/MTA	0.37		**3**	
23	CA005	Complete pre-procedure phone calls and prescription	**L049A**	Nuclear Medicine	0.615			**3**
24	CA006	Confirm availability of prior images/studies	**L049A**	Nuclear Medicine	0.615	**2**		**2**
25	CA007	Review patient clinical extant information and questionnaire	**L049A**	Nuclear	0.615	**2**		**1**
26	CA008	Perform regulatory mandated quality assurance activity (pre-service)	**L049A**	Nuclear Medicine	0.615	**17**		**13**
32		**SERVICE PERIOD**						
33		**Start: When patient enters office/facility for surgery/procedure:**						
34		**Pre-Service (of service period)**						
35	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	**L037D**	RN/LPN/MTA	0.37			
36	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	**L049A**	Nuclear Medicine	0.615	**3**		**3**
37	CA010	Obtain vital signs						
38	CA011	Provide education/obtain consent	**L049A**	Nuclear Medicine	0.615	**3**		**3**
39	CA012	Review requisition, assess for special needs						
40	CA013	Prepare room, equipment and supplies	**L037D**	RN/LPN/MTA	0.37			
41	CA013	Prepare room, equipment and supplies	**L049A**	Nuclear	0.615	**2**		**2**
42	CA014	Confirm order, protocol exam	L049A	Nuclear	0.615			**1**
43	CA015	Setup scope (nonfacility setting only)						
44	CA016	Prepare, set-up and start IV, initial positioning and monitoring of	**L037D**	RN/LPN/MTA	0.37			
45	CA016	Prepare, set-up and start IV, initial positioning and monitoring of	**L049A**	Nuclear	0.615	**3**		**3**
46	CA017	Sedate/apply anesthesia	**L037D**	RN/LPN/MTA	0.37			
47	CA017	Sedate/apply anesthesia	**L049A**	Nuclear	0.615			
53		**Intra-service (of service period)**						
57	CA021	Perform procedure/service---NOT directly related to physician work time	**L049A**	Nuclear Medicine Technologist	0.615	**5**		**10**
63		**Post-Service (of service period)**						
67	CA024	Clean room/equipment by clinical staff	**L049A**	Nuclear Medicine	0.615	**3**		**3**
70	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	**L049A**	Nuclear Medicine Technologist	0.615	**2**		**2**
74	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L049A**	Nuclear Medicine Technologist	0.615	**2**		
76	CA031	Review examination with interpreting MD/DO	**L049A**	Nuclear Medicine	0.615	**2**		
78	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	**L049A**	Nuclear Medicine Technologist	0.615			**1**
79	CA032	Scan exam documents into PACS. Complete exam in RIS system	**L049A**	Nuclear	0.615	**1**		
80	CA033	Perform regulatory mandated quality assurance activity (service	**L049A**	Nuclear	0.615	**3**		**3**
81	CA034	Document procedure (nonPACS) (e.g. mandated reporting,						
82	CA035	Review home care instructions, coordinate visits/prescriptions						
83	CA036	Discharge day management				**n/a**		**n/a**
90		**End: Patient leaves office**						
91		**POST-SERVICE PERIOD**						

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6		**GLOBAL PERIOD**				**XXX**	**000**	**000**
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10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L049A**	Nuclear Medicine Technologist	0.615	**21.0**	**0.0**	**24.0**
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L049A**	Nuclear Medicine Technologist	0.615	**61.0**	**0.0**	**31.0**
109	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**				
110		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 5.55**	**$ -**	**$ 4.44**
111	SA048	pack, minimum multi-specialty visit	1.143	pack		**1**		**1**
112	SB006	drape, non-sterile, sheet 40in x 60in	0.222	item		**1**		**1**
113	SB022	gloves, non-sterile	0.084	pair				**1**
114	SB036	paper, exam table	0.014	foot				**0**
115	SB044	underpad 2ft x 3ft (Chux)	0.23	item		**1**		**1**
116	SC001	angiocatheter 14g-24g	1.505	item		**1**		
117	SC029	needle, 18-27g	0.089	item		**1**		**1**
118	SC049	stop cock, 3-way	1.175	item		**1**		
119	SC051	syringe 10-12ml	0.184	item		**1**		**1**
120	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.043	item		**1**		**1**
121	SG050	gauze, non-sterile 2in x 2in	0.013	item		**1**		**1**
122	SH047	lidocaine 1%-2% inj (Xylocaine)	0.035	ml				**5**
123	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	0.7	item		**1**		
124	SH090	sodium bicarbonate 8.4% inj w-needle (1ml uou)	2.2	item				**1**
125	SJ053	swab-pad, alcohol	0.013	item		**1**		**1**
126	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.046	item		**5**		**1**
127		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*						
128								
129	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**			
130		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 119.25**	**$ -**	**$ 2.74**
131	ED019	computer workstation, nuclear medicine analysis-viewing	55097	Highly Technical	0.208764	**49**		
132	ED020	computer workstation, nuclear pharmacy management (hardware and software)	13400	Highly Technical	0.053093	**5**		**18**
133	ED050	PACS Workstation Proxy	5557	PACS	0.022018	**58**		
134	ED053	Professional PACS Workstation	14616.93	Other Formula	0.057915	**13**		
135	EF009	chair, medical recliner	829.03	Default	0.0022	**11**		**25**
136	ER001	Cobalt-57 Flood Source (47cm dia) (10 mCi)	2243	Highly Technical	0.018151	**4**		
137	ER026	dose calibration source vial set (Cs137, Co57, and Ba137)	1159	Highly Technical	0.004592	**18**		**18**
138	ER027	dose calibrator (Atomlab)	5496.67	Highly Technical	0.021779	**18**		**18**
139	ER032	gamma camera system, single-dual head	565000	Highly Technical	2.140796	**49**		
140	ER033	gamma counter, automatic	17665	Highly Technical	0.057016	**18**		**18**
141	ER053	radiation L-block tabletop shield	725	Highly Technical	0.001924	**18**		**18**
142	ER054	radiation survey meter	756.25	Highly Technical	0.002259	**18**		**18**
143	ER058	safe, storage, lead-lined	3850	Highly Technical	0.008564	**18**		**18**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
***Negative IWPUT ***

January 2018

Hemorrhoid Injection

The RUC identified services with a negative IWPUT and Medicare utilization over 10,000 for all services or over 1,000 for Harvard valued and CMS/Other source codes. The RUC recommended that these services be surveyed for January 2018. CPT code 46500 was identified as part of this screen.

Compelling Evidence
The specialty societies presented compelling evidence that CPT code 46500 *Injection of sclerosing solution, hemorrhoids* that the original valuation was based on flawed methodology when it was reviewed in 2014. The specialty societies stated that CPT code 46500 possesses a negative IWPUT as the result of CMS rejecting the RUC recommendation in 2014 and using a flawed methodology to calculate a work RVU based on a ratio of RUC recommended total time to Harvard total time. CMS used CPT codes 41825 *Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair* (work RVU = 1.41) and 10160 *Puncture aspiration of abscess, hematoma, bulla, or cyst* (work RVU = 1.25) as support for their recommendation, however, these codes are not valid comparators. Code 41825 is a Harvard-based code with specialty assigned time and visits and marked not to use to value physician work. Code 10160 includes a 99212 follow-up visit that does not include the added work of an anoscopy. In addition, CMS did not consider the information discussed by the RUC regarding the flawed Harvard data for 46500 and did not consider differences in intensity of work for different components of time (pre, intra, post). The RUC accepted compelling evidence on the basis of negative IWPUT which represents a flawed valuation methodology and further that a flawed methodology was utilized in deriving the existing value for CPT code 46500.

46500 ***Injection of sclerosing solution, hemorrhoids***
The RUC reviewed the survey results from 37 colorectal and general surgeons and determined that the survey 25th percentile work RVU of 2.00 accurately reflects the physician work necessary for this service. The RUC recommends 8 minutes of pre-service evaluation time, 5 minutes of pre-service positioning time, 5 minutes of pre-service scrub/dress/wait time, 10 minutes intra-service time and 10 minutes immediate post-service time, yielding an IWPUT of 0.047. An Evaluation and Management (E/M) visit is typically reported with CPT code 46500. Thus, the pre-service evaluation time reflects a decrease from pre-time package 6 to account for a reduction in the evaluation time from 17 minutes to 8 minutes due to the history and physical performed as part of an E/M service. The pre-service positioning time has been increased by 4 minutes for prone positioning and the scrub/dress/wait time is 5 minutes for the anesthetic injection.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

The RUC compared CPT code 46500 to the top key reference service CPT code 46221 *Hemorrhoidectomy, internal, by rubber band ligation(s)* (work RVU = 2.36 and 15 minutes intra-service time) and noted that the reference code has 5 more minutes intra-service time, justifying a higher work value than the survey code. Conversely, the RUC compared CPT code 46500 to the other key reference service CPT code 46930 *Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)* (work RVU = 1.61, 5 minutes intra-service time and 0.047 IWPUT) and noted that the reference code has 5 less minutes intra-service time, justifying a higher work value for the survey code. The recommended work RVU of 2.00 places the value correctly between the key reference services and results in similar procedure intensity. CPT codes 46500 and 46930 are reported for almost equivalent types of hemorrhoids (grade 1) and types of procedures which supports the 25th percentile for the survey code to have an equivalent IWPUT.

The RUC also reviewed MPC code 68810 *Probing of nasolacrimal duct, with or without irrigation;* (work RVU= 1.54 and 10 intra-service time) and noted that the codes have the same intra-service time but the comparison code includes a lower level follow-up visit and therefore correctly has a lower work RVU. The RUC concluded that CPT code 46500 as currently valued is too low and should rise to the 25th percentile supported by the survey. It was noted that in the previous survey from 2014, the 25th percentile was also 2.00. **The RUC recommends a work RVU of 2.00 for CPT code 46500.**

Practice Expense

The Practice Expense Subcommittee accepted the argument for compelling evidence based on a clarification that there are two separate anoscopies, and subsequent adjustments were made to clinical staff time and equipment times. Two new clinical activities codes were proposed that separately identify scope setup and cleaning at a postop global office visit, so these activities are not confused with time that is allocated for these same activities on the day of the procedure. The time for setting up and cleaning scope equipment is necessary when a scope is used during a procedure and when it is used at a postop office visit and CMS confirmed that other services also have this clinical staff time. When endoscopy is performed *at a follow-up postop visit* in a global period, it is not separately reportable and therefore the clinical staff time to set-up and clean the equipment needs to be identified as a distinct activity from the postop office visit. 6 minutes of clinical staff time for a half day discharge was removed as the survey does not indicate that any discharge day management takes place. The RUC recommends the direct practice expense inputs with modifications as reviewed and approved by the PE Subcommittee.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
46500	Injection of sclerosing solution, hemorrhoids	010	2.00

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:46500 Tracking Number Original Specialty Recommended RVU: **1.69**
Presented Recommended RVU: **2.00**
Global Period: 010 Current Work RVU: **1.42** RUC Recommended RVU: **2.00**

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 grade 1/2 limited hemorrhoids. The patient elects to have the hemorrhoids treated by the injection of a sclerosing solution.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 5% , In the ASC 3%, In the office 92%

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%

Description of Pre-Service Work: After a separately reported E/M service (when performed) is complete and the patient has elected to proceed with an injection treatment, the physician will explain the injection procedure to the patient in more detail, including the need for a large anoscope and local anesthetic. The physician will discuss risks and expected outcome and obtain consent. The physician will request that clinical staff set up the procedure room indicating what supplies and equipment will be required. After the physician confirms the procedure room is ready, clinical staff will bring the patient to the procedure room and the physician and clinical staff will don protective clothing. The physician will draw up the sclerosant and anesthetic. The patient will be positioned either prone with buttocks effaced (typical) or left lateral decubitus. The patient will be draped. Using a spinal needle, the anesthetic is then injected and the physician waits for effect prior to proceeding with the procedure.

Description of Intra-Service Work: A lubricated operative anoscope in placed in the anal canal. The anoscope is rotated 180° and the obturator is removed. Visual inspection is performed through the anoscope, which is rotated as needed to identify all hemorrhoids. Fecal matter is removed with irrigation and suction as needed. Using a spinal needle, each hemorrhoid is injected at the superior pole, central part, and at the inferior pole of the hemorrhoid. After all hemorrhoids have been injected, the anoscope is removed.

Description of Post-Service Work: After the patient has been cleaned and is dressed, the physician will discuss activity restrictions and provide advice on diet and use of sitz baths. The physician will write prescriptions for medications (eg, topical cream for pain, stool softener), answer patient questions and provide instructions for follow-up. The procedure, including relevant anatomic findings and follow-up treatment plan are documented in the medical chart with copy to the referring provider. At the follow-up visit, the physician will perform an anoscopic exam (not separately reportable) to determine effectiveness of treatment and to assess the treated area for infection or sepsis. The physician will answer any patient questions about pain, diet and activity. The anoscopy findings and changes to the treatment plan are discussed with the patient and documented in the medical chart with copy to the referring provider.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018				
Presenter(s):	Stephen Sentovich, MD, FACS; Guy Orangio, MD, FACS; Charles Mabry, MD, FACS; Nadar Massarweh, MD, FACS				
Specialty(s):	ASCRS, ACS				
CPT Code:	46500				
Sample Size:	750	**Resp N:**	37	**Response:** 4.9 %	
Description of Sample:	ASCRS: Random selection from membership database ACS: Random selection of general surgeons from membership database				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	2.00	**5.00**	10.00	200.00
Survey RVW:	1.45	2.00	**2.20**	2.36	2.75
Pre-Service Evaluation Time:			**8.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	5.00	10.00	**10.00**	12.00	20.00

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)

6-NF Proc w local/topical anes care req wait time

CPT Code:	46500	**Recommended Physician Work RVU: 2.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**8.00**	**17.00**	**-9.00**
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:		**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)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**		**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

TOP 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
46930	090	1.61	**RUC Time**

CPT Descriptor Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)

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
68810	010	1.54	**RUC Time**	30,272

CPT Descriptor 1 Probing of nasolacrimal duct, with or without irrigation;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11641	010	2.17	**RUC Time**	42,465

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
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 22 **% of respondents:** 59.4 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 21.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 46500	Top Key Reference CPT Code: 46221	2nd Key Reference CPT Code: **46930**
Median Pre-Service Time	18.00	15.00	13.00
Median Intra-Service Time	10.00	15.00	5.00
Median Immediate Post-service Time	10.00	15.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	23.0	23.00	23.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**61.00**	**68.00**	**46.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	18%	50%	32%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	64%	27%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	55%	32%
Physical effort required	36%	50%	14%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	23%	59%	18%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	13%	50%	38%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	88%	13%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	50%	39%
Physical effort required	13%	38%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	25%	63%	13%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

2014 RUC Review

In January 2014, code 46500 was identified by the RAW 010-Day Global Post-Operative Visits Screen with 1.5 x 99212 postop office visits. the time/visit data for 46500 was Harvard-based. The intra-time of 20 minutes was based on the responses from 7 general surgeons during the Harvard study and it was not known if the Harvard estimated intra-time included time for applying and waiting for effect of anesthesia. Even during the early years of the RUC survey,

time for anesthesia was sometimes included in the pre-work and sometimes included in the intra-work. Therefore it was possible that the intra-time from the Harvard study for 46500 may have included local anesthesia time. During the RUC review in September 2014, it was also noted that the pre- and post-times fro 46500 were not surveyed, but instead were predicted using an algorithm and family code grouping. In addition, it was noted that the post-visit assignment of 1.5 x 99212 was imputed in 1997 from the algorithm-predicted time.

2016 CMS Determination

The RUC recommended maintaining a work RVU of 1.69 for code 46500 because compelling evidence was not presented. The RUC recommended time and visit are shown on the RUC Summary Excel file. In the proposed rule for CY 2016, CMS disagreed with the RUC recommendation and proposed a new calculated work RVU of 1.42 based on a ratio of reduction in total RUC recommended time from the total Harvard time. The RUC disagreed with CMS and commented on the value proposed by CMS.

In the final rule for CY 2016, CMS noted that the RUC and stakeholder specialties disagreed with the methodology CMS used to develop the proposed work RVUs stating that CMS' proposed methodology did not account for differences in preservice or postservice time. The RUC also commented that different components of total time (preservice time, intra-service time, post-service time, and post-operative visits) consist of differing levels of physician work intensity and CMS' calculations did not appear to have been based on any clinical information or any measure of physician intensity.

CMS also noted that a single commenter supported CMS's efforts to identify and address such incongruities between work times and work RVUs, stating that when work time decreases, work RVUs should decrease comparatively, absent a compelling argument that the intensity of the service has increased sufficiently to offset the decrease in work time.

The Agency's final determination was that they believed the total time ratio calculation produces an RVU that is comparable to other 10-day global services including code 41825 *(Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair)* and code 10160 *(Puncture aspiration of abscess, hematoma, bulla, or cyst).* The Agency finalized their proposed value of 1.42 work RVUs for code 46500.

The RUC (again) submitted comments to the final rule disagreeing with CMS's methodology to use an overall total time ratio to calculate new work RVUs stating that this disregarded differences in intensity of work for different components (ie, pre-, intra-, post-work) and disregarded changes in reporting anesthesia time (ie, from intra to pre time) and use of pre-time packages instead of surveyed time.

Compelling Evidence

Code 46500 was identified by the RAW as having a negative IWPUT. This is the result of CMS rejecting the RUC recommendation in 2014 and using a flawed methodology to calculate a work RVU based on a ratio of RUC recommended total time to Harvard total time. CMS used codes 41825 and 10160 as support for their recommendation, however, these codes are not valid comparators. Code 41825 is a Harvard-based code with specialty assigned time and visits and marked not to use to value physician work. Code 10160 includes a 99212 follow-up visit that does not included the added work of an anoscopy. In addition, CMS did not consider the information discussed by the RUC regarding the flawed Harvard data for 46500 and CMS did not consider differences in intensity of work for different components of time (pre, intra, post).

Recommendation

We recommend the 25th percentile work RVU of 2.00.

Preservice time: Although an E/M is typically reported with 46500, it does not negate pre-service work specifically related to the procedure. An E/M, when performed, will be provided in an exam room where the physician will review the patient history and perform a digital rectal exam and anoscopy. Based on the findings, the physician will provide information about different treatment options. At this point, the patient may choose to schedule a treatment at a later date or proceed with a treatment at this visit.

After the E/M is complete and the patient has elected to proceed with an injection treatment, the physician will explain the injection procedure to the patient in more detail, including the need for a large anoscope and anesthetic. The physician will discuss risks and expected outcome and obtain consent. The physician will request that clinical staff set

up the procedure room indicating what supplies and equipment will be required. After the procedure room is ready, clinical staff will bring the patient to the room and the physician and clinical staff will don protective clothing. The physician will draw up the sclerosant and local anesthetic. The patient will be positioned either prone with buttocks effaced (typical) or left lateral decubitus. The patient will be draped. The anesthetic is then injected through the operative anoscope and the physician waits for effect prior to proceeding with the procedure.

Pre-Time Package 6 is appropriate for this work with some adjustment to component times including: reducing the evaluation time from 17 minutes to 8 minutes to account for the H&P performed as part of an E/M service and adding 4 minutes for prone positioning.

Postservice time: Post-time packages do not apply to office-based procedures. Ten minutes is recommended for post-procedure work on the day of the procedure. After the procedure is completed and the patient has been cleaned and is dressed, the physician will discuss activity restrictions and provide advice on diet and use of sitz baths. The physician will write prescriptions for medications (eg, topical cream for pain, stool softener), answer patient questions and provide instructions for follow-up. The procedure, including relevant anatomic findings and follow-up treatment plan are documented in the medical chart with copy to the referring provider.

Follow-up office visit: At the follow-up visit (typically in 7 days), the physician will perform an anoscopic exam (46600 is not separately reportable) to determine effectiveness of treatment. Because the treatment is meant to cause necrosis (with ulceration formation), it is important to assess the treated area for infection or sepsis. The physician will answer any patient questions about diet and activity. The anoscopy findings and changes to the treatment plan are documented in the medical chart with copy to the referring provider.

Key Reference Comparison

The KRS codes and 46500 all require a follow-up visit that includes an anoscopic exam to determine the effectiveness of the treatment. The difference in intraoperative time between the procedures is reflected in the different treatments. The recommended work RVU of 2.00 places the value correctly between the KRS codes and results in similar procedure intensity.

CPT	SHORT DESCRIPTION	RVW	IWPUT	TOT MIN	PRE	INTRA	POST	OV
46930	Destruction hemorrhoid(s)	1.61	0.047	46	13	5	5	1 x 99213
46500	**Hemorrhoid injection(s)**	**2.00**	**0.047**	**61**	**18**	**10**	**10**	**1 x 99213**
46221	Hemorrhoid band ligation(s)	2.36	0.048	68	15	15	15	1 x 99213

MPC comparison

MPC code 68810 includes a lower level follow-up visit and therefore correctly has a lower work RVU. MPC code 11641 was reviewed before pre-time packages were established. The intraop work description includes patient positioning, prepping, draping, and marking and also includes injection of local anesthetic. Therefore, it is possible that the intraop time of 20 minutes actually includes time that should be part of the preservice time component. However, this does not negate the support for a work RVU of 2.00 for code 46500. The main difference in pre-time is related to positioning the patient prone.

Year	MPC CPT	SHORT DESCRIPTION	RVW	IWPUT	TOT MIN	PRE	INTRA	POST	OV
2015	68810	Probing of nasolacrimal duct	1.54	0.075	43	12	10	5	1 x **99212**
	46500	**Hemorrhoid injection(s)**	**2.00**	**0.047**	**61**	**18**	**10**	**10**	**1 x 99213**
2005	11641	Exc f/e/e/n/l mal+mrg 0.6-1 cm	2.17	0.038	63	15	20	5	1 x 99213

Comparison to Other Injection Codes

Code 46500 has a 10-day global because the treatment is meant to cause necrosis, and it is important to assess the treated area for infection or sepsis, including an anoscopy (not separately reportable), at a follow-up visit. However, almost all injection codes have a 0-day global assignment because a follow-up visit is not typical.

Another method to review the proposed value for 46500 would be to compare the value to injection procedures that have a 0-day global assignment by summing the work RVUs for the injection code plus one 99213. Column F in the

table below adds 0.97 work RVUs to the 0-day global injection code work RVU to calculate a proxy 10-day global value. These data further support the recommended work RVU of 2.00 for 46500.

A	B	C	D	E	F	G	H	I	J	K
Year	CPT	Long Descriptor	GLOB	RVW	RVW including 99213	IWPUT	TOT MIN	PRE	INTRA	POST
2010	**20600**	Drain/inj joint/bursa w/o us	000	0.66	**1.63**	0.075	21	11	5	5
2010	**20605**	Drain/inj joint/bursa w/o us	000	0.68	**1.65**	0.079	21	11	5	5
2016	**20550**	Inj tendon sheath/ligament	000	0.75	**1.72**	0.093	21	11	5	5
2002	**20551**	Inj tendon origin/insertion	000	0.75	**1.72**	0.083	20	10	5	5
2016	**20553**	Inject trigger points 3/>	000	0.75	**1.72**	0.044	27	12	10	5
2011	**64450**	N block other peripheral	000	0.75	**1.72**	0.083	20	10	5	5
2010	**20610**	Drain/inj joint/bursa w/o us	000	0.79	**1.76**	0.101	21	11	5	5
2014	**20604**	Drain/inj joint/bursa w/us	000	0.89	**1.86**	0.058	27	12	10	5
2010	**64405**	N block inj occipital	000	0.94	**1.91**	0.112	22	7	5	10
2011	**20527**	Inj dupuytren cord w/enzyme	000	1.00	**1.97**	0.142	18	8	5	5
2014	**20606**	Drain/inj joint/bursa w/us	000	1.00	**1.97**	0.069	27	12	10	5
	46500	Hemorrhoid injection(s)	010		**2.00**	0-047	61	18	10	10
2014	**11980**	Implant hormone pellet(s)	000	1.10	**2.07**	0.065	27	10	12	5
2014	**20611**	Drain/inj joint/bursa w/us	000	1.10	**2.07**	0.079	27	12	10	5
2011	**27096**	Inject sacroiliac joint	000	1.48	**2.45**	0.086	38	17	11	10
2015	**62322**	Njx interlaminar lmbr/sac	000	1.55	**2.52**	0.090	39	18	11	10

The above discussion and code comparisons support the recommended value of 2.00.

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: 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 46500 is reported >50% with an E/M.

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 in your specialty 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 utilization not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
36,188 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database 2017v2.1

Specialty colon and rectal surgery Frequency 27000 Percentage 74.61 %

Specialty general surgery Frequency 8000 Percentage 22.10 %

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: 24

						RVW					Total	PRE			INTRA					POST	POST-OFFICE				
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	15	14	13	12	11
REF1	46221	Hemorrhoidectomy, internal, by rubb	22	0.048			2.36			68	15					15			15			1		
REF2	46930	Destruction of internal hemorrhoid(s)	8	0.047			1.61			46	8	5				5			5			1		
HVD	46500	Injection of sclerosing solution, hem		0.019			1.69			70	13					20			13				1.5	
RUC REC 9/14	46500	Injection of sclerosing solution, hem		0.018			1.69			59	8	5	3			10			10			1		
CURRENT	46500	Injection of sclerosing solution, hem		-0.009			1.42			59	8	5	3			10			10			1		
SVY	46500	Injection of sclerosing solution, hem	37	0.067	1.45	2.00	2.20	2.36	2.75	61	8	5	5	5	10	10	12	20	10			1		
REC	46500	Injection of sclerosing solution, he		0.047			2.00			61	8	5	5			10			10			1		

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT	DESCRIPTOR	GLOBAL
46500	Injection of sclerosing solution, hemorrhoids	010

Meeting Date: 01/2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The ASCRS and ACS Advisors and members of their coding and reimbursement committees reviewed the previous RUC recommendation and the CMS CY 2016 proposed rule and final rule discussion and edits.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   The current data for code 46500 is used as a reference. In addition, the 2014 RUC recommendation for 46500 is also used as a reference.

3. Is this code(s) typically billed with an E/M service – in the facility?

   No, when performed in the facility setting.
   Yes, when performed in the non-facility setting.

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   Pre-service clinical staff time for 10-day global code in the facility: The typical patient will have this procedure performed in an office. Some patients—children, learning impaired, disabled, significant co-morbidities—may require more than local anesthesia requiring the procedure to be performed in a facility.

   For patients undergoing this procedure in a facility 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/equipment, and contacting the patient/family 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 activity below, three minutes is recommended for a phone call related to the activity. The RUC approved this during its review in 2014 and we request that the RUC re-affirm this recommendation. We note that 12 minutes is less than the standard for endoscopy in the facility setting.

CA001	Complete pre-service diagnostic and referral forms
CA002	Coordinate pre-surgery services (including test results)
CA003	Schedule space and equipment in facility
CA005	Complete pre-procedure phone calls and prescription

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

   Pre-service clinical staff cost: In the CY 2016 proposed rule, CMS deleted all pre-service time in the facility setting and indicated the following rationale: *"Standard 0 day global pre-service times; exception not accepted as service is rarely furnished in the facility."* Subsequently, in the CY 2016 final rule, CMS noted *"We also agree with commenters regarding the time for clinical labor task follow-up phone calls and prescriptions. Therefore, we are restoring the RUC-recommended clinical labor times for follow-up phone calls & prescriptions."* CMS did not restore the times for CA001, CA002, and CA003.

   The RUC and societies disagreed with CMS refinement of pre-service clinical staff time as noted above in comments to the rules. The fact that code 46500 is rarely performed in the facility setting is compelling evidence that these patients are "different" and will require more than zero minutes assigned to standard 10-day global pre-service clinical staff work. Patients that cannot be treated in an office setting will typically require special care and more than local anesthesia. For example, learning impaired adults or patients with physical disabilities will require special equipment and/or sedation.

   During the 2014 review, the RUC agreed that these services were typical for patients undergoing this procedure in the facility setting. We request the RUC re-affirm three minutes for CA001, CA002, and CA003.

   Discharge management clinical staff cost: CMS deleted the 6 minutes in the facility setting for clinical staff assistance with facility discharge services. The CY 2016 proposed rule and final rule did not provide any text about this deletion, so we do not know if this was a transcription error or intentional. It is possible that the time was deleted because CMS believed this code to be a 0-day global code and discharge management time does not apply to 0-day global codes. This code is a 10-day global code and for facility services, discharge management would apply.

   The typical patient will be treated in an office setting, however when a patient requires treatment in a facility, there will be discharge management. Although the physician work RVU is based on the typical patient and setting, the clinical staff, supplies and equipment have separate data for the non-facility and facility setting. As such, clinical staff time related to assistance with facility discharge services (6 minutes) should apply for this 10-day global code.

   Supplies cost: In the CY 2016 proposed rule, CMS deleted supplies (service period and post-service period) related to cleaning the anoscopy w-lightsource because they thought that the equipment item was disposable. In the CY 2016 final rule, CMS requested comment about including setting up and cleaning scope time at the postop office visit.

   We believe that setting up and cleaning the scope equipment is a necessary clinical staff activity at postop office visit(s) during the global period and is distinct from cleaning the room time (which will also be necessary) that is included in an E/M. We request that the supplies previously approved by the RUC for the postop office visit related to cleaning the scope equipment be re-affirmed.

   Equipment cost: For all equipment items, CMS agreed to used the total time for E/M in the global plus 5 minutes to set up the scope equipment (ie, 41 minutes). CMS also agreed to add five minutes related to cleaning the scope equipment to In concert with the discussion above about clinical staff activities, we believe the time to set up the scope equipment at the postop office visit to ES002 (anoscopy equipment). **We do not recommend any changes to the facility equipment time.**

EF031	table, power	=+K86+K89
EF014	light, surgical	=+K86+K89
EQ235	suction machine (Gomco)	=+K86+K89
ES002	anoscope with light source	=+K86+K89+K90

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

   N/A

7. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   N/A

8. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

   N/A

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

NEW	*Setup scope at office visit*
NEW	*Clean scope at office visit*

   To respond to CMS's concern about wanting E/M times to match associated visits, we propose two new activities that separately identify scope setup and cleaning at a postop office visit, so these activities are not confused with time that is allocated for these same activities on the day of the procedure.

10. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

    N/A

11. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    N/A

12. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    N/A

13. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    CMS agreed with the RUC 2014 recommendation that for **table, light, and suction machine** equipment items: E/M time PLUS 5 minutes.
    CMS agreed with the RUC 2014 recommendation that for the **scope equipment**: E/M time PLUS 5 minutes for setting up the scope equipment and 5 minutes for cleaning the scope equipment at the postop office visit. The scope equipment will not be used again until it is cleaned and it will not be cleaned until the patient has left the procedure room.

EF031	table, power	=+K86+K89
EF014	light, surgical	=+K86+K89
EQ235	suction machine (Gomco)	=+K86+K89
ES002	anoscope with light source	=+K86+K89+K90

14. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

    N/A

15. If there is any other item on your spreadsheet that needs further explanation please include here:

    N/A

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT	DESCRIPTOR	GLOBAL
46500	Injection of sclerosing solution, hemorrhoids	010

Meeting Date: 01/2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The ASCRS and ACS Advisors and members of their coding and reimbursement committees reviewed the previous RUC recommendation and the CMS CY 2016 proposed rule and final rule discussion and edits.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   The current data for code 46500 is used as a reference. In addition, the 2014 RUC recommendation for 46500 is also used as a reference.

3. Is this code(s) typically billed with an E/M service?

   Yes, when performed in the non-facility setting.
   No, when performed in the facility setting.

4. What specialty is the dominant provider in the nonfacility?

   Colorectal surgery

   What percent of the time does the dominant provider provide the service(s) in the nonfacility?

   77%

   Is the dominant provider in the nonfacility different than for the global? (please see provided data in PE Subcommittee folder)

   No

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   N/A

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

Clinical staff cost: In the CY 2016 proposed rule, CMS deleted all time (service period and post-service period) related to setting up and cleaning the anoscopy w-lightsource because they thought that the equipment item was disposable. In the CY 2016 final rule, CMS noted their error and reinstated the time for both activities during the service period, however went on to state: *"We did not add the set-up and clean scope time to the post-operative visits, since the clinical labor time for post-operative visits across PFS services match the clinical labor for the associated E/M visits.* ***We are seeking comment regarding whether or not we should reconsider that practice broadly before making an exception in this particular case."*** We do not believe the RUC commented on this issue.

The time for setting up and cleaning scope equipment is necessary when a scope is used during a procedure and when it is used at a postop office visit. When endoscopy is performed **at a follow-up postop visit** in a global period, it is not separately reportable and therefore the clinical staff time to set-up and clean the equipment needs to be identified as a distinct activity from the postop office visit.

To respond to CMS's concern about wanting E/M times to match associated visits, **we propose two new activities** that separately identify scope setup and cleaning at a postop office visit, so these activities are not confused with time that is allocated for these same activities on the day of the procedure. We believe this responds to CMS's concerns and serves as compelling evidence to include these activities and associated clinical staff time, supplies, and equipment inputs. We request that the inputs previously approved by the RUC be re-affirmed.

Please note that we have removed the three minutes in the pre-service period for contacting the patient prior to coming to the office as this time would be included in the E/M service when performed.

Lastly, the code requires two clinical staff to assist with the procedure (on the day of the procedure). This has not changed from prior reviews, however, the staff time for both staff were inadvertently not included in the previous spreadsheet. This has been corrected to show 2 staff on 2 separate lines.

Supplies cost: In the CY 2016 proposed rule, CMS deleted supplies (service period and post-service period) related to cleaning the anoscopy w-lightsource because they thought that the equipment item was disposable. In the CY 2016 final rule, CMS noted their error and although they reinstated the clinical staff time for cleaning the scope in the service period and requested comment about including cleaning scope time at the postop office visit, they did not add back SA042 (cleaning pack) – even for the day of service.

In concert with the discussion above about clinical staff activities, we believe cleaning the scope equipment is a necessary clinical staff activity on both the day of service and at postop office visit(s) within the global period. We believe this responds to CMS's concerns and serves as compelling evidence. We request that the supplies previously approved by the RUC be re-affirmed.

We are also recommending a slight change to two supply items:

Three pairs of shoe covers were added to the day of procedure. Water, suction, and feces can be expressed during the procedure.

The needles that were previously assigned. Although a total of four needles is correct, two of the needles should be spinal (longer) needles to be able to inject (anesthetic and sclerosant) up in the anal canal. The short needles would not reach the tissues that need to be injected. Short needles would only be used for drawing up the anesthetic and the sclerosant.

The amount of sclerosant previously identified was incorrect. A total of 1.5 ml will be injected into each hemorrhoid in 0.5 ml aliquots and the typical number of hemorrhoids would be 3. Therefore, we are

recommending 5.0 ml of sclerosant which is slightly greater than the 4.5 ml necessary for the procedure and allows for "spillage".

Please note that we have removed one multispecialty pack as one pack would be included in the E/M service when performed on the day of the procedure. The remaining pack applies to the postop visit.

Equipment cost: For all equipment items, CMS used the total service period and total time for the E/M in the global (ie, 70 minutes). In concert with the discussion above about clinical staff activities, we believe the time to set up the scope equipment at the postop office visit should be added to all four equipment items and in addition, the time to clean the scope equipment should be added to ES002.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

   N/A

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Two clinical staff will assist the physician during the intra-service (skin-to-skin) portion of the service: one staff person will assist with tasks such as irrigation, suction, etc. and one circulating staff person will hand syringes, sponges, etc.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

   N/A

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

NEW	*Setup scope at global postop office visit*
NEW	*Clean scope at global postop office visit*

    To respond to CMS's concern about wanting E/M times to match associated visits, we propose two new activities that separately identify scope setup and cleaning at a postop global office visit, so these activities are not confused with time that is allocated for these same activities on the day of the procedure.

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

    N/A

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

N/A

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    N/A

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    The procedure is performed in a procedure room that is different than the exam room where the E/M service (when performed) will be provided on the day of the procedure. In addition, the postop follow-up E/M service—which will include an anoscopy—will typically be performed entirely in the procedure room.

    For **table, light, and suction machine** equipment items, we recommend the default equation (service period time plus E/M time, which is consistent with CMS's recommendation) PLUS 5 minutes for setting up the scope at the postop office visit.

    For the **scope equipment**, note that the time includes 10 minutes to set up and clean the scope at the postop global visit. This work is not typically included and is additional time to the time for the E/M visit. With respect to the other equipment items, only time to set up the scope at the postop visit would be included with the standard day of procedure time.

EF031	table, power	=+K32+K33+K34+K35+K43+K57+K62+K68+K90+K87
EF014	light, surgical	=+K32+K33+K34+K35+K43+K57+K62+K68+K90+K87
EQ235	suction machine (Gomco)	=+K32+K33+K34+K35+K43+K57+K62+K68+K90+K87
ES002	anoscope with light source	=+K32+K33+K34+K35+K43+K58+K62+K68+K90+K91+K87

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

    We have reduced SA048 (pack, minimum multi-specialty visit) from 2 to 1 to account for the fact that E/M is typically reported on the day of service and that supply item is included in the E/M service.

16. If there is any other item on your spreadsheet that needs further explanation please include here:

    We have included 3 minutes for CA024 (clean room/equipment by clinical staff), but in addition to cleaning the procedure room (suction machine, syringes, drugs, etc), the staff will also be monitoring the patient who will not be able to sit up immediately following the procedure. This time covers both CA022 (monitor patient) and CA024 (clean room).

    Also note that because this procedure is performed in a procedure room that is separate from the exam room, the time for cleaning the procedure room and procedure supplies is distinctly different from the time allocated in an E/M to clean the exam room for the separately reported E/M service, when performed.

	A	B	D	E	F	G	H	I	J	K	L
1	RUC Practice Expense Spreadsheet					RUC 2014 Recommended		CURRENT w-CMS edits		RECOMMENDED	
2		*standards/guidelines in column C. For more*				46500		46500		46500	
4	Clinical Activity Code	REVISED 1/10/18 Meeting Date: 01/2018 Tab: 24 Specialty: ASCRS, ACS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per	Injection of sclerosing solution, hemorrhoids		Injection of sclerosing solution, hemorrhoids		Injection of sclerosing solution, hemorrhoids	
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				010	010	010	010	010	010
7		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	73	54	73	39	90	58
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	3	12	3	3	0	12
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	34	6	34	0	44	0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	36	36	36	36	46	46
11		TOTAL COST OF CLINICAL STAFF TIME x RATE PER				$ 30.71	$ 23.68	$ 27.01	$ 14.43	$ 33.30	$ 21.46
12		PRE-SERVICE PERIOD									
13		Start: Following visit when decision for surgery or procedure made									
14	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37		3		0		3
15	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37		3		0		3
16	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		3		0		3
17	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37						
18	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37	3	3	3	3	0	3
25		End: When patient enters office/facility for surgery/procedure									
26		SERVICE PERIOD									
27		Start: When patient enters office/facility for surgery/procedure:									
28		Pre-Service (of service period)									
29	CA009	Greet patient, provide gowning, ensure appropriate	L037D	RN/LPN/MTA	0.37						
30	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37						
31	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37	2		2		2	
32	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37	2		2		2	
33	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37	5		5		5	
34	CA016	Prepare, set-up and start IV, initial positioning and	L037D	RN/LPN/MTA	0.37	2		2		2	
35	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37	2		2		2	
42		Intra-service (of service period)									
43	CA018	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37	10		10		10	
44	CA018	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37					10	
54		Post-Service (of service period)									
55	CA022	Monitor patient following procedure/service,	L037D	RN/LPN/MTA	0.37						
56	CA023	Monitor patient following procedure/service, no	L037D	RN/LPN/MTA	0.37						
57	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	3		3		3	
58	CA025	Clean scope	L037D	RN/LPN/MTA	0.37	5		5		5	
62	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37	1		1		1	
68	CA035	Review home care instructions, coordinate	L037D	RN/LPN/MTA	0.37	2		2		2	
69	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	n/a	6	n/a	0	n/a	0
76		End: Patient leaves office									
77		POST-SERVICE PERIOD									
78		Start: Patient leaves office/facility									
81		*Office visits: List Number and Level of Office Visits*	MINUTES			# visits	# visits	# visits	# visits	# visits	# visits
82		99211 16 minutes	16								
83		99212 27 minutes	27								
84		99213 36 minutes	36			1	1	1	1	1	1
85		99214 53 minutes	53								
86		99215 63 minutes	63								
87	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	36	36	36	36	36	36
88	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37	5	5	0	0		
89	CA025	Clean scope	L037D	RN/LPN/MTA	0.37	5	5	0	0		
90	NEW	*Setup scope at global postop office visit*	L037D	RN/LPN/MTA	0.37					5	5
91	NEW	*Clean scope at global postop office visit*	L037D	RN/LPN/MTA	0.37					5	5
96		End: with last office visit before end of global period									

	A	B	D	E	F	G	H	I	J	K	L
1	RUC Practice Expense Spreadsheet					RUC 2014 Recommended		CURRENT w-CMS edits		RECOMMENDED	
2		*standards/guidelines in column C. For more*				46500		46500		46500	
4	Clinical Activity Code	REVISED 1/10/18 Meeting Date: 01/2018 Tab: 24 Specialty: ASCRS, ACS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per	Injection of sclerosing solution, hemorrhoids		Injection of sclerosing solution, hemorrhoids		Injection of sclerosing solution, hemorrhoids	
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				010	010	010	010	010	010
7		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	73	54	73	39	90	58
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	3	12	3	3	0	12
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	34	6	34	0	44	0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	36	36	36	36	46	46
97	Medical Supply Code	MEDICAL SUPPLIES	PRICE	UNIT							
98		TOTAL COST OF SUPPLY QUANTITY x PRICE				$ 80.70	$ 34.02	$ 46.57	$ 16.95	$ 91.07	$ 34.02
99	SA048	pack, minimum multi-specialty visit	1.143	pack		2	1	2	1	1	1
100	SB027	gown, staff, impervious	1.186	item		3	1	3	1	3	1
101	SB034	mask, surgical, with face shield	1.199	item		3	1	3	1	3	1
102	SB039	shoe covers, surgical	0.338	pair						3	
103	SC029	needle, 18-27g	0.089	item		4		4		2	
104	SC028	needle, 18-26g 1.5-3.5in, spinal	3.314	item						2	
105	SC051	syringe 10-12ml	0.184	item		2		2		2	
106	SC056	syringe 50-60ml	0.881	item		2	1	2	1	2	1
107	SD009	canister, suction	3.908	item		2	1	2	1	2	1
108	SD132	tubing, suction, non-latex (6ft uou)	1.795	item		2	1	2	1	2	1
109	SD134	tubing, suction, non-latex (6ft) with Yankauer tip (1)	2.961	item		2	1	2	1	2	1
110	SG053	gauze, sterile 2in x 2in	0.057	item		8		8		8	
111	SG055	gauze, sterile 4in x 4in	0.159	item		4		4		4	
112	SH046	lidocaine 1% w-epi inj (Xylocaine w-epi)	0.064	ml		30		30		30	
113	SH062	sclerosing solution inj	2.029	ml		3		3		5	
114	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	2.074	item		2	1	2	1	2	1
115	SJ009	basin, irrigation	1.542	item		2	1	2	1	2	1
116	SJ032	lubricating jelly (K-Y) (5gm uou)	0.066	item		8	4	8	4	8	4
117	SJ041	povidone soln (Betadine)	0.008	ml		10		10		10	
118	SJ052	swab, procto 16in	0.117	item		3		3		3	
119	SJ053	swab-pad, alcohol	0.013	item		2		2		2	
120	SA042	pack, cleaning and disinfecting, endoscope	17.062	pack		2	1	0	0	2	1
123	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute						
124		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				$ 2.36	$ 1.34	$ 2.25	$ 1.34	$ 2.21	$ 1.34
125	EF031	table, power	6153.63	Other	0.01633	73	41	70	41	68	41
126	EF014	light, surgical	4489.13	Other	0.00999	73	41	70	41	68	41
127	EQ235	suction machine (Gomco)	743.21	Other	0.00197	73	41	70	41	68	41
128	ES002	anoscope with light source	657.62	Scope	0.00381	78	46	70	46	75	46

AMA/Specialty Society RVS Update Committee Summary of Recommendations
***Negative IWPUT ***

January 2018

Dual-energy X-Ray Absorptiometry (DXA)

The RUC identified services with a negative IWPUT and Medicare utilization over 10,000 for all services or over 1,000 for Harvard valued and CMS/Other source codes. CPT code 77081 was identified via this screen for review.

77081 ***Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)***
The RUC reviewed the survey results from 67 physicians and agreed with the following physician time component: pre-service evaluation time of 2 minutes, intra-service time of 5 minutes, and post-service time of 2 minutes. The RUC reviewed the recommended work RVU of 0.20, which is the 25th percentile and agreed that this value appropriately accounts for the physician work involved. The RUC noted that the negative IWPUT was a result of the service previously having inflated pre-service and post-service times. This was a result of CMS not accepting the RUC recommendation for this service for CY 1998, but still implementing the RUC times. To justify the work RVU of 0.20, the RUC compared the survey code to MPC code 96521 *Refilling and maintenance of portable pump* (work RVU= 0.21, intra-service time of 4 minutes, total time of 10 minutes) and noted that the survey code involves slightly more intra-service time and slightly less total time, justifying a similar valuation. To further support a work RVU of 0.20, the RUC compared the survey code to CPT code 96365 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour* (work RVU= 0.21, intra-service time of 5 minutes, total time of 9 minutes) and noted that both services typically take an identical amount of time to perform and involve a similar amount of physician work intensity. **The RUC recommends a work RVU of 0.20 for CPT code 77081.**

Practice Expense
The Practice Expense Subcommittee had reviewed and approved the compelling evidence request based on a change in dominant specialty in the non-facility setting and a change in the equipment typically used to perform this procedure. The Practice Expense Subcommittee made some minor reductions in the clinical staff times relative to what the specialties originally proposed. The non-facility PE inputs reflect the dominant provider in the office setting which is internal medicine. The Practice Expense Subcommittee recommended replacing the existing equipment input ER024 *densitometry unit, whole body, DXA* with the more expensive input ER019 *densitometry unit, fan beam, DXA (w-computer hardware)*, since the more expensive unit (ER019) is the unit that is typically in the internist's office. When patients are being screened for osteoporosis, a single appendicular measurement suggesting osteoporosis needs to be confirmed with axial skeleton imaging. ER019 can do both of those measurements.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

In addition, CPT code 77080, which has much higher utilization than 77081 and requires ER019, is often performed by internal medicine; internal medicine offices would not typically have both types of scanners.

Work Neutrality
The RUC's recommendation for this code family will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	XXX	0.20

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77081 Tracking Number Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: **0.22** RUC Recommended RVU: **0.20**

CPT Descriptor: Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old female with primary hyperparathyroidism being evaluated for possible treatment presents for bone mineral density evaluation of the distal radius.

Percentage of Survey Respondents who found Vignette to be Typical: 76%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the order and reason for the examination and any pertinent clinical history, including the patient's clinical information sheet. Review any prior DXA studies or other relevant studies to determine appropriate site.

Description of Intra-Service Work: Supervise the technologist in acquiring the images. Review images to determine region to be included in bone density calculations. Interpret the DXA scan data and compare to established norms. Compare the results of the DXA scan to previous studies. Compare the reported bone density values to standards based on World Health Organization data or other criteria. Dictate report.

Description of Post-Service Work: Review, edit and sign the final report. Communicate results to the referring provider.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Andrew Moriarity, MD; Gary L. Dillehay, MD; Scott C. Bartley, MD; Fredrica Smith, MD		
Specialty(s):	American College of Radiology, Society of Nuclear Medicine and Molecular Imaging, American College of Nuclear Medicine, American College of Rheumatology		
CPT Code:	77081		
Sample Size:	3408	**Resp N:** 67	**Response:** 1.9 %
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform nuclear medicine procedures).The ACNM/SNMMI surveyed a total random sample of 2230 individuals from their membership. The ACRh surveyed a random sample of 428 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	30.00	**100.00**	400.00	7000.00
Survey RVW:	0.02	0.20	**0.30**	0.50	18.00
Pre-Service Evaluation Time:			**2.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	3.00	**5.00**	8.00	20.00

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:	77081	**Recommended Physician Work RVU: 0.20**		
		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:		**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:	**2.00**	**0.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78012	XXX	0.19	**RUC Time**

CPT Descriptor Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73521	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, hips, bilateral, with pelvis when performed; 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
96374	XXX	0.18	**RUC Time**	275,891

CPT Descriptor 1 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96521	XXX	0.21	**RUC Time**	61,879

CPT Descriptor 2 Refilling and maintenance of portable pump

Other Reference CPT Code	Global	Work RVU	Time Source
93922	XXX	0.25	**RUC Time**

CPT Descriptor 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)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13 **% of respondents:** 19.4 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 16.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 77081	Top Key Reference CPT Code: 78012	2nd Key Reference CPT Code: **73521**
Median Pre-Service Time	2.00	5.00	1.00
Median Intra-Service Time	5.00	5.00	4.00
Median Immediate Post-service Time	2.00	5.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**9.00**	**15.00**	**6.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	15%	62%	23%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or	38%	46%	16%

other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	15%	54%	31%
Physical effort required	8%	62%	31%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	23%	77%	0%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	18%	73%	9%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	36%	55%	9%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	9%	64%	27%
Physical effort required	9%	82%	9%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	45%	55%	0%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 77081 *(Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel))* was captured on a screen for services with a negative IWPUT and Medicare utilization over 10,000 for all services or over 1,000 that are Harvard valued and CMS/Other source codes.
At the January 2017 RUC meeting, the Administrative Subcommittee determined that services with a negative IWPUT would be considered part of the "flawed methodology" compelling evidence standard. At the April 2017 RUC meeting, twenty-two services were identified and placed on the level of interest for action plans to review at the October 2017 meeting. The ACR, along with the American College of Nuclear Medicine (ACNM), Society of Nuclear Medicine and Molecular Imaging (SNMMI), and American College of Rheumatology (ACRh), agreed to survey CPT code 77081 for the January 2018 RUC meeting. Our recommendations are below.

Survey Process

The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform nuclear medicine procedures). The ACNM and SNMMI surveyed a total random sample of 2230 individuals from their membership. The ACRh surveyed a random sample of 428 members.

Work RVU Recommendation:

We recommend a work RVU of 0.20, which corresponds to the 25th percentile of the survey and is below the existing value.

Time Recommendation:

We recommend the following survey median times: 2 minutes of pre-service time, 5 minutes of intra-service time, and 2 minutes of post-service time. This is a total time of 9 minutes compared to the existing time of 20 minutes.

Key Reference Services

The recommended work RVU is bracketed by the two most commonly chosen key reference services and has identical intra-service time to the most commonly chosen key reference service, 78012.

- **78012** - *Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)*
- **73521** - *Radiologic examination, hips, bilateral, with pelvis when performed; 2 views*

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	% chosen
78012	Thyroid uptake, single or multiple measurement(s)	0.19	15	5	5	5	-0.007	18.1%
77081	**DXA, bone density study; peripheral**	**0.20**	**9**	**2**	**5**	**2**	**0.022**	
73521	X-ray, hips, bilateral, w/pelvis when performed; 2 views	0.22	6	1	4	1	0.044	16.4%

MPC Codes

The surveyed code compares well with three other MPC codes, only one of which is performed by radiology:

- **96374** - *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug*
- **96521** - *Refilling and maintenance of portable pump*
- **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)*

The surveyed code is closely bracketed by the MPC codes 96374, 96521, and 93922. All four codes have similar intra times and total times, with a variance of only 1 minute. The slight differences in RVU take into account the differences in the intensities of the procedures, with CPT code 93922 having the highest IWPUT and wRVU. These three MPC codes are included in a table below for comparison and confirm the appropriateness of the recommended wRVU within the larger RBRVS.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
96374	Therapeutic, prophylactic, or diagnostic injection	0.18	9	2	5	2	0.018
77081	**DXA, bone density study; peripheral**	**0.20**	**9**	**2**	**5**	**2**	**0.022**
96521	Refilling and maintenance of portable pump	0.21	10	4	4	2	0.019
93922	Limited bilateral noninvasive, ABI	0.25	10	3	5	2	0.028

Conclusion

The survey results and comparison with applicable codes support the recommended value for 77081 *(Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel))* at the 25th percentile survey value.

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) 77081

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 Nuclear Medicine How often? Commonly

Specialty Rheumatology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 97635
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 77081provided nationally in a one-year period is estimated to be 97,635.

Specialty Diagnostic Radiology Frequency 42216 Percentage 43.23 %

Specialty Nuclear Medicine Frequency 3502 Percentage 3.58 %

Specialty Rheumatology Frequency 6366 Percentage 6.52 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 32,545 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The ACR, SNMMI, and ACNM estimate that CPT code 77081 will be provided 32,545 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 14072 Percentage 43.23 %

Specialty Nuclear Medicine Frequency 1167 Percentage 3.58 %

Specialty Rheumatology Frequency 2122 Percentage 6.52 %

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 77081

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: Dual-Energy X-Ray Absorptiometry

TAB: 25

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	13	-0.007			0.19			15	5					5			5					
2nd REF	73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	11	0.044			0.22			6	1					4			1					
CURRENT Oct 2013	77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)		-0.023			0.22			20	5					5			10					
SVY	77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	67	0.042	0.02	0.20	0.30	0.50	18.00	9	2			1	3	5	8	20	2	0	30	100	400	7000
ACR Total	77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	12	0.076	0.20	0.29	0.35	0.40	0.80	6	1			2	3	4	5	12	1	20	125	200	375	1200
ACR-Subset	77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	8	0.064	0.20	0.28	0.30	0.39	0.80	6	1			2	3	4	4	5	1	50	150	200	263	400
ACR-Random	77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	4	0.041	0.25	0.36	0.40	0.40	0.41	12	2			3	3	7	11	12	3	20	43	225	600	1200
SNMMI	77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	51	0.032	0.02	0.20	0.25	0.53	18.00	9	2			1	4	5	8	15	2	0	30	100	450	7000
ACRh	77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	4	0.025	0.22	0.35	0.49	4.19	15.00	21	5			5	6	8	13	20	8	0	0	10	21	25
REC	77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)		0.0221			0.20			9	2					5			2					

CPT Code: 77081
Specialty Society: ACR, SNMMI, ACNM, and ACRh

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)

Global Period: XXX Meeting Date: January 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The American College of Radiology (ACR), Society of Nuclear Medicine and Molecular Imaging (SNMMI), American College of Nuclear Medicine (ACNM), and the American College of Rheumatology (ACRh) convened a consensus panel to finalize the practice expense data for Dual-energy X-ray absorptiometry (DXA), CPT code 77081.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

The societies included the existing PE inputs for code 77081 (*Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel*) as well as code 77080 *(Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)* as reference.

3. Is this code(s) typically billed with an E/M service?
   No, this code is not typically billed with an E/M service.

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)

   Diagnostic Radiology is the dominant provider in the nonfacility at 75.25%. Internal Medicine is the dominant provider in the global at 31.58%.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   N/A

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

   The compelling evidence argument is made on two fronts. Firstly, in the non-facility setting, the dominant provider was previously radiology, but it is now internal medicine. Secondly, there has been a change in the type of equipment typically used to perform this procedure. Current technology

uses general purpose fan beam units with accompanying computer and software. These units allow for highly accurate and repeatable DXA scanning at extremely low radiation doses.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   N/A

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   With the patient properly positioned on the scan table, an initial scan of the region of interest is obtained. The technologist confirms the adequacy of the image (e.g. proper positioning, adequate exposure, etc.). Positioning is compared to any prior study to ensure the patient was similarly positioned. Repeat imaging is performed if needed. The technologist defines the proximal and distal regions for analysis, ensuring that any metal, healed fractures, etc. are excluded from analysis. The anatomy of interest is automatically segmented and analyzed. The bone mineral density analysis is verified by the technologist. Repeat analysis is performed if necessary. Images and bone mineral density data in report form are prepared for transmission to the picture archiving and communication system (PACS) for reporting.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
   N/A

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    N/A

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here:
    - Densitometry unit, whole body, DXA (ER024)- Highly technical formula
    - Densitometry unit, fan beam, DXA, (w-computer hardware and software)- Highly technical formula

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    N/A

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    N/A

	A	B	C	D	E	F	G	H	I
1	**RUC Practice Expense Spreadsheet**						**REFERENCE CODE**	**CURRENT**	**RECOMMENDED**
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about***					**77080**	**77081**	**77081**
3		***RUC Collaboration Website***					Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	Dual-energy X-Ray absorptiometry (DXA, bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	Dual-energy X-Ray absorptiometry (DXA, bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 25 Specialty: ACR, ACNM, SNMMI, ACRh**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	**(October 2013)**		
5		**LOCATION**					**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**					**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**		**L041B**	Radiologic Technologist	0.41	**39.0**	**22.0**	**30.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L041B**	Radiologic Technologist	0.41	**4.0**	**0.0**	**3.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L041B**	Radiologic Technologist	0.41	**35.0**	**22.0**	**27.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L041B**	Radiologic Technologist	0.41	**0.0**	**0.0**	**0.0**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**					**$ 15.99**	**$ 9.02**	**$ 12.30**
12		**PRE-SERVICE PERIOD**							
13		**Start: Following visit when decision for surgery or procedure made**							
19	CA006	Confirm availability of prior images/studies	Standard	**L041B**	Radiologic Technologist	0.41	**2**		**2**
20	CA007	Review patient clinical extant information and questionnaire	Standard	**L041B**	Radiologic Technologist	0.41	**2**		**1**
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)	No standard						
28		**End: When patient enters office/facility for surgery/procedure**							
29		**SERVICE PERIOD**							
30		**Start: When patient enters office/facility for surgery/procedure:**							
31		**Pre-Service (of service period)**							
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	Standard time	**L041B**	Radiologic Technologist	0.41	**3**	**2**	**3**
33	CA010	Obtain vital signs	Vital Sign	**L041B**	Radiologic Technologist	0.41	**5**		
34	CA011	Provide education/obtain consent	Include only the	**L041B**	Radiologic Technologist	0.41	**2**	**5**	**2**
35	CA012	Review requisition, assess for special needs	No standar						
36	CA013	Prepare room, equipment and supplies	2 minute	**L041B**	Radiologic Technologist	0.41	**2**	**2**	**2**
37	CA014	Confirm order, protocol exam	Standard time	**L041B**	Radiologic Technologist	0.41			**0**
38	CA015	Setup scope (nonfacility setting only)	5 minutes						
39	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute	**L041B**	Radiologic Technologist	0.41			**2**
40	CA017	Sedate/apply anesthesia	2						
47		**Intra-service (of service period)**							
48	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	100% of physici	**L041B**	Radiologic Technologist	0.41	**15**	**10**	
51	CA021	Perform procedure/service---NOT directly related to physician work time	No standar	**L041B**	Radiologic Technologist	0.41			**10**
58		**Post-Service (of service period)**							
61	CA024	Clean room/equipment by clinical staff	3 minute	**L041B**	Radiologic Technologist	0.41	**3**	**3**	**3**
66	CA029	Check dressings, catheters, wounds	Standar						
67	CA030	Technologist QC's images in PACS, checking for all images, reformats, and	No standar	**L041B**	Radiologic Technologist	0.41	**2**		**2**
68	CA031	Review examination with interpreting MD/DO	Standard time	**L041B**	Radiologic Technologist	0.41	**2**		**2**
69	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate	Standard time	**L041B**	Radiologic Technologist	0.41	**1**		**1**
80		**End: Patient leaves office**							
81		**POST-SERVICE PERIOD**							
82		**Start: Patient leaves office/facility**							
98		**End: with last office visit before end of**							
99	**Medical Supply Code**	**MEDICAL SUPPLIES**		**PRICE**	**UNIT**				
100		**TOTAL COST OF SUPPLY QUANTITY x**					**$ 0.94**	**$ 0.10**	**$ 0.10**
101	SB026	gown, patient		0.533	item		**1**		
102	SB036	paper, exam table		0.014	foot		**7**	**7**	**7**
103	SB037	pillow case		0.307	item		**1**		
107									
108	**Equipment Code**	**EQUIPMENT**	Please select the	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**			
109		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**					**$ 7.73**	**$ 3.50**	**$ 5.48**
110	ER024	densitometry unit, whole body, DXA		41000	Highly Technical	0.15888		**22**	
111	ER019	densitometry unit, fan beam, DXA (w-computer hardward & software)		85000	Highly Technical	0.322067	**24**		**17**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
***Negative IWPUT ***

January 2018

Fibrinolysins Screen

The RUC identified services with a negative IWPUT and Medicare utilization over 10,000 for all services or over 1,000 for Harvard valued and CMS/Other source codes. The RUC recommended that these services be surveyed for January 2018. CPT code 85390 was identified as part of this screen.

Compelling Evidence
The specialty society presented compelling evidence for CPT code 85390 *Fibrinolysins or coagulopathy screen, interpretation and report* that the original valuation was based on flawed methodology and there has been a change in technique and physician work. CPT code 85390 was last reviewed by the RUC at its First Five-Year Review in 1995. At that time, the Agency did not agree with the RUC's recommendation, recording in the Final Rule that the "vignette used to survey the code represented services well beyond the interpretation of a single test and recommended maintaining the current value of 0.37." This reflected a misunderstanding of the RUC's recommendation that accounted for the professional work associated with the interpretation of *multiple* coagulation and hematology laboratory tests and comprehensive medical patient review. Thus, the service was valued based on the interpretation of only one test and patient review, maintaining the original Harvard-based value, resulting in a negative IWPUT. Pathologists who perform this service agree that a range of tests are ordered and interpreted. The specialty indicated that the typical patient scenario involves 4 or more test interpretations.

The specialty society described this code as a complex coagulation cascade analysis. It is a more complex analysis than in the past because progress has been made in the evaluation and understanding of the coagulation cascade and more assays are available. Further, a panel of coagulation experts agreed there are more tests to evaluate and the evaluation is more complicated. The RUC accepted compelling evidence on the basis of a negative IWPUT which represents a flawed valuation methodology and a change in the complexity of work.

85390 *Fibrinolysins or coagulopathy screen, interpretation and report*
The RUC reviewed the survey results from 44 pathologists and determined that the survey 25th percentile work RVU of 0.75 accurately reflects the physician work necessary for this service. The RUC recommends 20 minutes of intra-service time, yielding an IWPUT of 0.038. There are multiple codes with 20 minutes intra-service time to support the 25th percentile recommendation including 88187 *Flow cytometry, interpretation; 2 to 8 markers* (work RVU = 0.74 and 20 minutes total time) and 88182 *Flow cytometry, cell cycle or DNA analysis* (work RVU = 0.77 and 20 minutes total time). The specialty stated that the type of smaller panels used in flow cytometry codes compared with the work in the survey code are considered fairly equivalent. Additional codes for comparison include 95991 *Refilling and maintenance of implantable pump or reservoir for*

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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 (work RVU = 0.77 and 20 minutes intra-service time), and 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* (work RVU = 0.75 and 20 minutes intra-service time).

The RUC noted that CPT code 85390 is the only interpretative code for the analysis of clotting disorders and is used only once per day in the interpretation of a number of assays. The RUC agrees that the physician work in providing this service has changed with a more complex patient population and with the existence of more tests allowing a better understanding of the coagulation disorder. It was noted that CPT code 85060 *Blood smear, peripheral, interpretation by physician with written report* (work RVU = 0.45) is just one of the standard assays that is evaluated in the coagulation work-up in CPT code 85390, which is currently valued at 0.37, providing evidence that the survey code is undervalued. Given the strong comparator codes and the increased complexity, the RUC agrees that CPT code 85390 as currently valued is too low and should rise to the level of the survey 25th percentile. **The RUC recommends a work RVU of 0.75 for CPT code 85390.**

Practice Expense
The RUC agreed with the specialty society that since these services are currently provided almost exclusively in the hospital setting there are no direct practice expense inputs recommended with this service at this time.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
85390	Fibrinolysins or coagulopathy screen, interpretation and report	XXX	0.75

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:85390 Tracking Number Original Specialty Recommended RVU: **0.75**
Presented Recommended RVU: **0.75**
Global Period: XXX Current Work RVU: **0.37** RUC Recommended RVU: **0.75**

CPT Descriptor: Fibrinolysins or coagulopathy screen, interpretation and report

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65 year old presents with symptoms of sepsis due to peritonitis following a ruptured bowel. The patient demonstrates diffuse bleeding, platelet counts of less than 30,000 per milliliter, and elevated prothrombin time-international normalized ratio (PT-INR) and activated partial thromboplastin time (PTT).

Percentage of Survey Respondents who found Vignette to be Typical: 82%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist reviews a completed worksheet prepared by a medical technologist that includes results of multiple coagulation and hematology tests (e.g. PT-INR; PTT; platelet count; RBC morphology; fibrinogen; D-dimer/fibrin degradation products; plasminogen; alpha-2 plasmin inhibitor; thrombin time; antithrombin activity; factor V activity; factor VIII activity) performed in the laboratory evaluation of suspected disseminated intravascular coagulation. The pathologist also reviews any available medical history provided such as presenting complaint, signs and symptoms, personal and family history of bleeding or clotting problems, along with all relevant past and current laboratory and clinical findings to render a diagnosis (e.g. review of RBC slide morphology as indicated). Using all available information, the pathologist makes an interpretation, and dictates, edits and signs the final report.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Jerry Hussong, MD,DDS, FCAP, Roger McLendon, MD, FCAP, Ronald McLawhon, MD, FCAP		
Specialty(s):	College of American Pathologists		
CPT Code:	85390		
Sample Size:	3000	**Resp N:** 44	**Response:** 1.4 %
Description of Sample:	A random sample of the CAP membership.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	5.00	12.00	**36.00**	105.00	3000.00
Survey RVW:	0.10	0.75	**0.93**	1.30	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:	6.00	15.00	**20.00**	30.00	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:	85390	**Recommended Physician Work RVU: 0.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

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

TOP 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 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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88173	XXX	1.39	**RUC Time**

CPT Descriptor Cytopathology, evaluation of fine needle aspirate; interpretation and report

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76830	XXX	0.69	**RUC Time**	212,326

CPT Descriptor 1 Ultrasound, transvaginal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95991	XXX	0.77	**RUC Time**	12,646

CPT Descriptor 2 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

Other Reference CPT Code	Global	Work RVU	Time Source
76817	XXX	0.75	**RUC Time**

CPT Descriptor Ultrasound, pregnant uterus, real time with image documentation, transvaginal

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13 **% of respondents:** 29.5 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 20.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 85390	**Top Key Reference CPT Code:** 88305	**2nd Key Reference CPT Code:** **88173**
Median Pre-Service Time	0.00	0.00	15.00
Median Intra-Service Time	20.00	25.00	25.00
Median Immediate Post-service Time	0.00	0.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**25.00**	**50.00**
Other time if appropriate		0.00	0.00

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	77%	23%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	15%	23%	61%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	23%	31%	46%
Physical effort required	46%	23%	31%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	15%	38%	46%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	89%	11%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	78%	22%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	22%	67%	11%
Physical effort required	33%	67%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	44%	44%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background: CPT Code 85390- Fibrinolysins or coagulopathy screen, interpretation and report.

The RUC's Relativity Assessment Workgroup added a screen to identify codes with Medicare utilization of greater than 10,000 and negative IWPUT. CPT code 85390 was identified by this screen. In August 2017, the College of American Pathologists (CAP) submitted an action plan recommending a review of physician work and practice expense at the January 2018 RUC meeting.

CPT code 85390 was last reviewed by the RUC at its First Five Year Review in 1995. The College of American Pathologists (CAP) and the American Society of Hematology (ASH) provided the recommendation. The specialty's survey results indicated a median work RVU of 1.20 with an intra-service time of 17 minutes, total time of 35 minutes, as all components of time were surveyed. ASH compared the service to 88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (25 minutes of intra and total time). The RUC agreed that the physician work of providing this service has changed during the past few years. The patients were more complex, the tests were more technical, and the physician was required to run more tests. However, the RUC did not feel that these changes warranted an increase in RVUs to 1.20. Instead the RUC believed that this service was comparable in physician work to the key reference service selected by the respondents, 88305-[Level IV Surgical pathology, gross and microscopic examination] which has an RVU of 0.75. The RUC recommended 0.75 RVUs for CPT code 85390.

Survey Process and Results

In preparation for the January 2018 RUC meeting, the College of American Pathologists' Economic Affairs Committee updated the vignette for this code based on current ICD-9 data. In addition, the CAP determined that there is no pre-service or post-service physician work involved in this service and that the standard pathology survey instrument needed to be altered accordingly to exclude pre- and post-service work questions. The vignette and the changes to the survey instrument were approved without edit by the RUC's Research Subcommittee in October 2017.

The CAP conducted a random physician work survey of 3,000 active members, surveying only for intra-service time (in contrast to the 1995 survey of all time components, as standard RUC procedure at the time). The majority of survey respondents (82%) agreed that the vignette was typical. The results of that survey are summarized below:

Code	Statistics	Intra Time	WRVU
85390	25th Percentile	15	0.75
85390	Median	20	0.93
85390	75th Percentile	30	1.30

Compelling Evidence:

The CAP's expert panel believes the RUC's compelling evidence standards have been met because there is evidence that incorrect assumptions were made in the previous valuation of this service. In 1995, the CAP recommended a value of 1.20 based on the fact that not just one test was being interpreted, but multiple coagulation and hematology tests were being interpreted in conjunction with all other patient information to render a diagnosis. In 1995, the RUC disagreed with the specialty recommended work value of 1.20 and believed that the work of CPT code 85390 was comparable to CPT code 88305 which was valued at 0.75. HCFA did not agree with the RUC's recommendation, writing in the federal rule that the "vignette used to survey the code represented services well beyond the interpretation of a single test and recommended maintaining the current value of 0.37."

Evidently, the Agency misunderstood the RUC's recommendation that accounted for the professional work associated with the interpretation of **multiple** coagulation and hematology laboratory tests and comprehensive medical patient review. (HCFA's ruling 1997 Final Ruling (November 22, 1996 pages 59520-59522) HCFA valued the service based on the interpretation of only one test and patient review. The CAP experts who perform these services agree that a range of tests are ordered and interpreted. In addition, the current CAP surveyed vignette includes three coagulation or hematological laboratory tests which the survey respondents indicated was typical (82%).

Expert Panel Review and Opinion:

The survey results for CPT code 85390 were reviewed by an expert panel consisting of CAP's Economic Affairs Committee physician members, including several experts who perform the service. The expert panel, considered the total work, time, intensity, and complexity of the typical patient case, and agreed that the current existing work RVU of 0.37 was too low for the physician work involved. Instead, the expert panel believes that the physician work RVU should rise to the level of the 25th percentile survey results of 0.75 and a median time of 20 minutes. In addition, it is important to note that AMA provided billed together data of the number of unique occurrences (same day, same patient, same provider) is typically once.

The CAP experts also reviewed the following CPT codes with similar values to compare to our recommendation of 0.75 for code 85390.
88187 - Flow cytometry, interpretation; 2 to 8 markers (0.74 RVUs, 20 minutes total time)
88182 - Flow cytometry, cell cycle or DNA analysis (0.77 RVUs, 20 minutes total time)
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 (0.77 RVUs, 20 minutes intra-service time, 37 total time, MPC code)
93015 - Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report (0.75 RVUs, intra-service time 20 minutes and total 26 minutes, MPC code)
76817 - Ultrasound, pregnant uterus, real time with image documentation, transvaginal (0.75 RVUs, total time 23 minutes, MPC code)

As currently valued at 0.37, representing the interpretation of one test, 85390 is undervalued considering multiple laboratory tests are interpreted.

Recommendation:
The CAP recommends a physician work RVU of 0.75 for CPT code 85390 with 20 minutes of intra-service and total time. The expert panel believes that our survey supports our recommendation and the compelling evidence standards have been met.

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) 85390

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? Commonly

Specialty Hematology/Oncology How often? Sometimes

Specialty Hematology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 132136
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2017 V1.2 RUC Database indicates 33,034 claims for 2016. Medicare procedures represent approximately 25% of the total volume for these types of procedures (33,034*4=132,136). Percentages are from the RUC database for the year 2016.

Specialty Pathology Frequency 119437 Percentage 90.38 %

Specialty Hematology/Oncology Frequency 5378 Percentage 4.07 %

Specialty Hematology Frequency 4929 Percentage 3.73 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 33,034 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2017 V1.2 RUC Database indicates 33,034 claims for 2016. Percentages are from the RUC database for the year 2016.

Specialty Pathology Frequency 29859 Percentage 90.38 %

Specialty Hematology/Oncology Frequency 1345 Percentage 4.07 %

Specialty Hematology Frequency 1233 Percentage 3.73 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Lab tests

BETOS Sub-classification Level II:
Other (MPFS)

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 85390

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
13	**ISSUE:**	**Fibrinolysins Screen**																		
14	**TAB:**	**26**																		
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
17	1st REF	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	13	0.030			0.75			25						25			
18	2nd REF	88173	Cytopathology, evaluation of fine needle aspirate; interpretation and	9	0.033			1.39			50	15					25			10
19	CURRENT	85390	Fibrinolysins or coagulopathy screen, interpretation and		-0.002			0.37			35	8					17			10
20	SVY	85390	Fibrinolysins or coagulopathy screen, interpretation and	44	0.047	0.10	0.75	0.93	1.30	1.90	20				6	15	20	30	90	
21	REC	85390	Fibrinolysins or coagulopathy screen, interpretation and		0.038			0.75			20						20			

CPT Code: 85390
Specialty Society: College of American Pathologists

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Fibrinolysins or coagulopathy screen, interpretation and report

Global Period: XXX Meeting Date: January 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: **These services are typically performed in the facility setting at this time. The CAP does not recommend direct practice expense inputs for these services at this time.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: N/A

3. Is this code(s) typically billed with an E/M service? N/A

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: N/A

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: N/A

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: N/A

7. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time: N/A*

8. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. N/A

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: N/A

10. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

11. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: N/A
12. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: N/A

13. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here: N/A

14. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: N/A

15. If there is any other item on your spreadsheet that needs further explanation please include here: N/A

CPT Code: 85390
Specialty Society: College of American Pathologists

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Fibrinolysins or coagulopathy screen, interpretation and report

Global Period: XXX Meeting Date: January 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: **These services are typically performed in the facility setting at this time. The CAP does not recommend direct practice expense inputs for these services at this time.**
2.

3. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: N/A

4. Is this code(s) typically billed with an E/M service? N/A

5. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder) N/A

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: N/A

7. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: N/A

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time: N/A*

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. N/A

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: N/A

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. N/A

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: N/A
14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: N/A

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: N/A

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: N/A

17. If there is any other item on your spreadsheet that needs further explanation please include here: None

	A	B	D	E	F	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2						**CPT Code 85390**		**CPT Code 85390**	
3		***RUC Collaboration Website***				Fibrinolysins or coagulopathy screen, interpretation and report		Fibrinolysins or coagulopathy screen, interpretation and report	
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 26 Specialty: Fibrinolysins screen**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**				**0.0**	**0.0**	**N/A**	**N/A**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**				**0.0**	**0.0**	**N/A**	**N/A**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**				**0.0**	**0.0**	**N/A**	**N/A**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**				**0.0**	**0.0**	**N/A**	**N/A**
11		**TOTAL CLINICAL STAFF TIME**							
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery or procedure made**							
15		Not Applicable at this time							
29		**End: When patient enters office/facility for surgery/procedure**							
30		**SERVICE PERIOD**							
31		**Start: When patient enters office/facility for surgery/procedure:**							
32		**Pre-Service (of service period)**							
33		Not Applicable at this time							
48		**Intra-service (of service period)**							
49		Not Applicable at this time							
59		**Post-Service (of service period)**							
82		**POST-SERVICE PERIOD**							
83		**Start: When examination by Pathologist is complete**							
84		Not Applicable at this time							
99		**End: with last office visit before end of global period**							
100	**Medical**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ -**	**$ -**	**$ -**
102		Not Applicable at this time							
106									
107									
108		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*							
109									
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**
112		Not Applicable at this time							
117									
118		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
***Negative IWPUT ***

January 2018

Cardiac Output Measurement

The RUC identified services with a negative IWPUT and Medicare utilization over 10,000 for all services or over 1,000 for Harvard valued and CMS/Other source codes. The specialty societies noted that CPT code 93561 and 93562 are primarily performed in the pediatric population, thus the Medicare utilization for these Harvard –source services are not over 1,000. However, the specialty societies requested and the RUC agreed that these services should be reviewed under this negative IWPUT screen. The RUC recommended that these services be surveyed for January 2018.

Compelling Evidence
Change in Patient Population: CPT codes 93561 and 93562, first considered by the RUC in 1995, are Harvard valued. Historically, these codes were reportable with general cardiac catheterization codes that did not discriminate between non-congenital (typically performed in adults) and congenital (typically pediatric) patient populations. Congenital cardiac catheterization codes were added to CPT in 1998. Therefore, 93561 and 93562 were valued based on a non-congenital, adult patient population. Today, CPT codes 93561 and 93562 are only reportable in addition to the congenital cardiac catheter patient population, which are typically pediatric patients.

Incorrect Assumptions in Prior Valuation: Additionally, these codes were previously included in the Appendix G list of codes for which moderate sedation was inherent. Removal of the physician work value for moderate sedation from these adjunct procedures has compounded the negative IWPUT. CPT code 93561 previously had a value of 0.50, which was reduced to 0.25 and CPT code 93562 previously had a value of 0.16, which was reduced to 0.01 because CMS did not create a negative work RVU when it removed 0.25 for moderate sedation. Likewise, the negative IWPUT confirms that this previous methodology in which the current work RVU was derived from is flawed. **The RUC agreed that there is compelling evidence that the physician work for CPT codes 93561 and 93562 has changed based on a change in patient population and previous incorrect assumptions used in prior valuation.**

93561 ***Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (List separately in addition to code for primary procedure)***
The RUC reviewed the survey responses from 32 cardiologists and pediatricians and determined that the survey 25th percentile work RVU of 0.95 appropriately accounts for the work required to perform this service. The RUC recommends 15 minutes intra-service time. The RUC compared CPT code 93561 to top key reference service 93567 *Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)* (work RVU = 0.97 and 15 minutes intra-service), noting that these services require the same physician time and nearly the same physician work. For additional support the

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

RUC referenced MPC codes 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)* (work RVU = 1.00 and 10 minutes) and 51797 *Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)* (work RVU = 0.80 and 15 minutes). **The RUC recommends a work RVU of 0.95 for CPT code 93561.**

93562 ***Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output (List separately in addition to code for primary procedure)***
The RUC reviewed the survey responses from 30 cardiologists and pediatricians 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 12 minutes intra-service time. The RUC noted that 93562 is sensibly less than 93561 as it requires slightly less physician time and work due to the physician's familiarity with the patients' anatomy that is garnered from the initial study. The RUC compared CPT code 93562 to top key reference service 93567 *Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)* (work RVU = 0.97 and 15 minutes intra-service), noting that CPT code 93562 requires slightly less physician time and physician work. For additional support the RUC referenced MPC codes 51797 *Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)* (work RVU = 0.80 and 15 minutes) and 15003 *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; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)* (work RVU = 0.80 and 15 minutes intra-service time). **The RUC recommends a work RVU of 0.77 for CPT code 93562.**

Global Period
CPT Codes 93561 and 93562 are currently 000 global procedures with the antiquated "(separate procedure)" parenthetical. However, in reality they are always billed as an adjunct to congenital cardiac catheterization codes (93530-93533). In consultation with AMA RUC staff and AMA CPT staff submitted a parallel CPT code change application for consideration at February 2018 CPT meeting to align these codes with the current presentation of ZZZ global procedures codes which are tagged with an "add-on"/"+" sign and include "(List separately…)" language. The codes were surveyed as ZZZ procedures. The Research Subcommittee reviewed and approved the new vignettes in advance of the survey.

Practice Expense
The RUC agreed with the specialty that there are no direct practice cost inputs for this add-on service performed in a facility setting.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
93561	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement ~~*(separate procedure)*~~ *(List separately in addition to code for primary procedure)**	~~000~~ ZZZ	0.95
93562(f)	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output *(List separately in addition to code for primary procedure)**	~~000~~ ZZZ	0.77

**Specialty to propose this modification to the CPT Editorial Panel at the February 2018 meeting.*

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93561 Tracking Number Original Specialty Recommended RVU: **0.95**
Presented Recommended RVU: **0.95**
Global Period: ZZZ Current Work RVU: **0.25** RUC Recommended RVU: **0.95**

CPT Descriptor: Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (list separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 12-year-old boy with d-transposition of the great arteries who underwent surgical repair in infancy. He now presents with progressive fatigue and dyspnea. He is known to now have an intact atrial and ventricular septa following his previous surgical repair. Thermodilution studies are performed during a separately reported cardiac catheterization.

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%

Description of Pre-Service Work:

Description of Intra-Service Work: Following completion of congenital, right heart catheterizaion or combined right and left heart catheterization (separately reportable), an angiographic catheter is introduced and placed into the pulmonary artery for purpose of assessing cardiac index by thermodilution. Multiple (typically between 3 and 6) injections are performed and evaluated. If there is consistency in the initial 3 or 4, these are averaged. If not, additional injections are perrformed until the operator is satisfied that enough measurements have been obtained to represent the true value. Data from the study is documented in the medical record.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Cliff Kavinsky, MD; Richard Wright, MD; Thad Waites, MD; David Kanter, MD; Steve Krug, MD; Sergio Bartakian, MD		
Specialty(s):	SCAI, ACC, AAP		
CPT Code:	93561		
Sample Size:	600	**Resp N:** 32	**Response:** 5.3 %
Description of Sample:	Random: 44 pediatricians identified by membership status as interventional cardiologists, 238 interventional cardiologists identified by membership status as pediatricians, 318 interventional cardiologists		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**22.00**	55.00	300.00
Survey RVW:	0.20	0.95	**1.12**	2.20	8.50
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	10.00	**15.00**	21.00	120.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	93561	**Recommended Physician Work RVU: 0.95**		
		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:		**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)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93567	ZZZ	0.97	**RUC Time**

CPT Descriptor Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36227	ZZZ	2.09	**RUC Time**

CPT Descriptor Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64484	ZZZ	1.00	**RUC Time**	473,367

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51797	ZZZ	0.80	**RUC Time**	127,566

CPT Descriptor 2 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 18 **% of respondents:** 56.2 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 12.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 93561	**Top Key Reference CPT Code:** 93567	**2nd Key Reference CPT Code:** **36227**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	15.00	15.00	15.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**15.00**	**15.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	28%	33%	33%	6%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	34%	33%	34%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	44%	50%
Physical effort required	17%	56%	28%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	44%	50%	6%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	25%	25%	25%	25%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	50%	50%
Physical effort required	0%	75%	25%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	25%	50%	25%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Codes 93561 and 93562 describe congenital cardiac indicator dilution studies—predominantly performed on pediatric patients—to measure cardiac output were identified by societies for consideration under the RAW negative IWPUT screen. These are Harvard-valued codes that are currently 000 global procedures with the archaic "(separate procedure)" parenthetical. However, in reality they are always billed as an adjunct to congenital cardiac catheterization codes. In consultation with the Research Subcommittee a parallel CPT code change application was submitted for consideration at February CPT to align these codes with the current presentation of ZZZ global procedures codes which are tagged with an "add-on"/"+" sign and include "(List separately…)" language. The codes were surveyed as ZZZ procedures. The research subcommittee also reviewed the newly written typical patient vignettes in advance of the survey.

SCAI, AAP, and ACC distributed a random survey to 600 members that garnered 32 responses. A joint RVS panel of SCAI, AAP, and ACC members reviewed the survey data to develop these recommendations.

Compelling Evidence for the Family

Change in Patient Population: Codes 93561 and 93562, first considered by the RUC in 1995, are Harvard valued. Historically, these codes were reportable with general cardiac catheterization codes that did not discriminate between non-congenital (typically performed in adults) and congenital (typically pediatric) patient populations. Congenital cardiac catheterization codes were added to CPT in 1998. Therefore, we believe codes, 93561 and 93562 were valued based on a non-congenital, adult patient population. Today, codes 93561 and 93562 are only reportable in addition to the congenital cardiac congenital patient population, which are typically pediatric patients. We believe this change in patient population in which these studies are performed supports compelling evidence to support an increase in value.

Incorrect Assumptions in Prior Valuation: Additionally, these codes were previously included in the Appendix G list of codes for which moderate sedation was inherent. Removal of the physician work value for moderate sedation from these adjunct procedures has compounded the negative IWPUT. Code 93562 previously had a value of 0.16, which was adjusted to 0.01 because CMS did not create a negative work RVU when it removed 0.25 for sedation. We believe the lack of inclusion of adequate value to maintain a positive RVU shows errors were made at some point(s) in the past.

Rationale

Key reference code 93567 for supravalvular aortography injection during cardiac catheterization with a work RVU of 0.97 was selected by 18 respondents. The 15 minutes of intraservice time for 93567 matches the survey median for 93561. Respondents nearly evenly divided their estimation of overall intensity between somewhat less, identical, and somewhat more intensity. That even distribution and the identical time support a value at the survey 25th-percentile of 0.95, just below the key reference service.

Additionally, MPC code 64484 for lumbar/sacral injection of anesthetic agent also has a work RVW of 0.97, but with 5 minutes less time. MPC code 51797 for urodynamic voiding pressure studies has an identical 15 minutes of time but a lower value. The increased intensity that results from a higher value for 93561 in comparison to 51797 can be appropriately accounted for by magnitude estimation. Consistent with the survey, KRS code 93567, as well as MPC codes 64484 and 51797, **we recommend the survey 25th-percentile value of 0.95 with an intraservice time of 15 minutes.** These values and comparisons are included in the summary spreadsheet.

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. 93561 would be reported with congenital catheterization codes 93530, 93531, 93532, or 93533. No multiple procedure reduction applies this add-on code.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93561

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty interventional cardiology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 300-400 interventional cardiologists focus on pediatric cases. Some perform these procedures several times a month while others' utilization is less frequent. Based on the estimated number of pediatric interventional cardiologists in the U.S. and known pediatric cardiac programs, we estimate approximately 1000 of these procedures are performed a year.

Specialty interventional cardiology Frequency 1000 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? 100
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2016 utilization. This congenital service has been fairly steady below 100 services the past few years.

Specialty interventional cardiology Frequency 100 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:
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 93561

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:93562 Tracking Number Original Specialty Recommended RVU: **0.77**
Presented Recommended RVU: **0.77**
Global Period: ZZZ Current Work RVU: **0.01** RUC Recommended RVU: **0.77**

CPT Descriptor: Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 3-year-old girl with history of prematurity, chronic lung disease, and a previously repaired ventricular septal defect presents to cardiology for evaluation of pulmonary hypertension. she is taken to the cardiac catheterization lab for diagnostic right and left heart catheterization as well as pulmonary vaso-reactivity resting. during the separately reported cardiac catheterization, thermodilution studies are performed.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Following completion of an initial assessment of cardiac index by thermodilution, an additional thermodilution study is performed to assess cardiac output under a different inhalant. An angiographic catheter is introduced and placed into the pulmonary artery for purpose of assessing cardiac index by thermodilution. Multiple (typically between 3 and 6) injections are performed and evaluated. If there is consistency in the initial 3 or 4, these are averaged. If not, additional injections are performed until the operator is satisfied that enough measurements have been obtained to represent the true value. Documentation of data from the study in the medical record.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Cliff Kavinsky, MD; Richard Wright, MD; Thad Waites, MD; David Kanter, MD; Steve Krug, MD; Sergio Bartakian, MD		
Specialty(s):	SCAI, ACC, AAP		
CPT Code:	93562		
Sample Size:	600	**Resp N:** 30	**Response:** 5.0 %
Description of Sample:	Random: 44 pediatricians identified by membership status as interventional cardiologists, 238 interventional cardiologists identified by membership status as pediatricians, 318 interventional cardiologists		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	7.00	**25.00**	48.00	300.00
Survey RVW:	0.20	0.77	**0.97**	1.48	8.50
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	7.00	**12.00**	18.00	120.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	93562	**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:		**12.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93567	ZZZ	0.97	**RUC Time**

CPT Descriptor Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93462	ZZZ	3.73	**RUC Time**

CPT Descriptor Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (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
51797	ZZZ	0.80	**RUC Time**	127,566

CPT Descriptor 1 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
15003	ZZZ	0.80	**RUC Time**	43,959

CPT Descriptor 2 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 20 **% of respondents:** 66.6 **%**

Number of respondents who choose 2nd Key Reference Code: 3 **% of respondents:** 10.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93562	Top Key Reference CPT Code: 93567	2nd Key Reference CPT Code: 93462
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	12.00	15.00	40.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**12.00**	**15.00**	**40.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	25%	25%	45%	5%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	35%	35%	30%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	5%	50%
Physical effort required	10%	55%	35%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	30%	55%	15%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	67%	0%	33%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	33%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	33%	33%	33%
Physical effort required	0%	67%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	33%	33%	33%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Code 93562 is the add-on code for additional dilution studies reported in conjunction with 93561. Like 93561, this is a Harvard-valued code that is currently a 000 global procedure that we are working to clearly establish as ZZZ and have surveyed as such. A joint RVS panel of SCAI, AAP, and ACC members reviewed the survey data from the 30 responses to develop these recommendations. In consultation with the Research Subcommittee a parallel CPT code change application was submitted for consideration at February CPT to align these codes with the current presentation of ZZZ global procedures codes which are tagged with an "add-on"/"+" sign and include "(List separately…)" language. The codes were surveyed as ZZZ procedures. The research subcommittee also reviewed the newly written typical patient vignettes in advance of the survey.

SCAI, AAP, and ACC distributed a random survey to 600 members that garnered 30responses. A joint RVS panel of SCAI, AAP, and ACC members reviewed the survey data to develop these recommendations.

Rationale

Key reference code 93567 for supravalvular aortography injection during cardiac catheterization with a work RVU of 0.97 was selected by 20 respondents. The 15 minutes of intraservice time for 93567 is slightly higher than the survey median of 12 minutes for 93562. Most respondents estimated the overall intensity to be somewhat higher than the key reference service. This makes sense as the additional dilution studies would be more difficult or in more complex patients. While not a perfect alignment, the slightly lower time and 25th-percentile work RVU from the survey create a similar IWPUT to the KRS as well as to prior code 93561.

MPC codes 51797 (for urodynamic voiding pressure) and 15003 (for surgical wound prep) are both slightly longer services with work RVUs of 0.80. The increased intensity that results from the shorter time for 93562 in comparison to these MPC codes can appropriately be accounted for by magnitude estimation. Consistent with the survey, and relative to KRS code 93567, MPC code 51797, and MPC code 15003, **we recommend the survey 25th-percentile value of 0.77 with an intraservice time of 12 minutes.** This is a sensible step down in value for this slightly shorter service that takes less time because of the physician's familiarity with the patient's anatomy that is garnered from the initial study.

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. 93562 would be reported with initial code 93561 and congenital catheterization codes 93530, 93531, 93532, or 93533. No multiple procedure reduction applies this add-on code.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93562

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty interventional cardiology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 300-400 interventional cardiologists focus on pediatric cases. Some perform these procedures several times a month while others' utilization is less frequent. The need for additional dilition studies occurs in approximately 50% of cases in which an initial dilution study is performed. Based on the estimated number of pediatric interventional cardiologists in the U.S. and known pediatric cardiac programs, we estimate approximately 500 of these procedures are performed a year.

Specialty interventional cardiology Frequency 500 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? 100
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2016 utilization data. This congenital service has been fairly steady below 100 services the past few years.

Specialty interventional cardiology Frequency 100 Percentage 100.00 %

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:
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 93562

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: Cardiac Dilution Studies

TAB: 27

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	93567	Injection procedure during cardi	18	0.065			0.97			15						15								
2nd REF	36227	Selective catheter placement, ex	4	0.139			2.09			15						15								
CURRENT	93561	Indicator dilution studies such as		-0.022			0.25			78	15		15			29			19					
SVY	93561	Indicator dilution studies such as	32	0.075	0.20	0.95	1.12	2.20	8.50	15				4	10	15	21	120		0	10	22	55	300
REC	93561	Indicator dilution studies such as		0.063			0.95			15						15								
MPC	64484	Injection(s), anesthetic agent and		0.100			1.00			10						10								
MPC	51797	Voiding pressure studies, intra-a		0.053			0.80			15						15								

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	93567	Injection procedure during cardi	20	0.065			0.97			15						15								
2nd REF	93462	Left heart catheterization by tran	3	0.093			3.73			40						40								
CURRENT	93562	Indicator dilution studies such as		-0.025			0.01			44	2		15			16			11					
SVY	93562	Indicator dilution studies such as	30	0.081	0.20	0.77	0.97	1.48	8.50	12				2	7	12	18	120		0	7	25	48	300
REC	93562	Indicator dilution studies such as		0.064			0.77			12						12								

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2018

Peripheral Artery Disease (PAD) Rehabilitation (PE Only)

During 2017, CMS issued a national coverage determination (NCD) for Medicare coverage of supervised exercise therapy (SET) for the treatment of peripheral artery disease (PAD). Previously the service had been assigned PROCSTAT N (noncovered service by Medicare). CPT code 93668 was payable before the end of CY 2017, retroactive to the effective date of the NCD, and for CY 2018, CMS made payment for Medicare-covered SET for the treatment of PAD, consistent with the NCD, reported with CPT code 93668. CMS used the most recent RUC-recommended work and direct PE inputs and requested that the RUC review the service, which had not been reviewed since 2001, for direct practice (PE) inputs.

The RUC agreed that the staff type should be changed from an RN (L051A) to an RN/LPN/MTA (L037D). The bulk of the time is allocated to clinical activity *Perform procedure/service---NOT directly related to physician work time* (CA021) for 15 minutes. The clinical staff is monitoring the patients at a 4:1 ratio while they are using the treadmill for 1 hour, so the clinical staff devotes 15 minutes to the patient which correlates to 60 minutes of equipment time for EQ078, *cardiac monitor w-treadmill (12-lead PC-based ECG).* Additionally, the specialty recommended removing supply item SK068, *razor*.

The RUC recommends the direct practice expense inputs as reviewed and approved with modification by the PE Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
93668	Peripheral arterial disease (PAD) rehabilitation, per session	XXX	0.00 (PE Only)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code: 93668
Specialty Society SVS, ACC, ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: 93368: Peripheral arterial disease (PAD) rehabilitation, per session

Global Period: XXX Meeting Date: January 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: *A joint RVS Committee of the societies utilized a consensus panel to develop recommended inputs.*

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: *Current inputs for 93668 are used for comparison, along with cardiac rehab code 93798.*

3. Is this code(s) typically billed with an E/M service? *No. As directed by CPT, new arrhythmias or symptoms of angina would warrant review and examination by a physician that would be separately reported as E/M. Such interactions would not by typical.*

4. What specialty is the dominant provider in the nonfacility? *Unknown* What percent of the time does the dominant provider provide the service(s) in the nonfacility? *Unknown* Is the dominant provider in the nonfacility different then for the global? *Unknown* (please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: *Recognizing the current RN staff type is not typical for this service, we are recommending the RN/LPN/MTA blend. However, after additional consideration in response to reviewer comments, we do think it would be correct that pulse and blood pressure would be obtained prior to an exercise session. We believe the prior valuation incorrectly left out that activity.*

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time: Clinical staff greet the patient, prepare the room, and discuss the rehabilitation program for the session. Clinical staff supervise the exercise session at an assumed ratio of four patients per hour. Clinical staff execute progressive conferences with the patient that culminate in a discharge conference, and ultimately complete a report for the referring physician.*

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*
13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: *The cardiac monitor with treadmill is used for the full session. While not monitoring the patient post-op, we used the monitoring formula that assumes a 4:1 ratio for clinical staff correlated to 60 minutes of equipment time.*

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *No.*

16. If there is any other item on your spreadsheet that needs further explanation please include here:

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ****Please do not modify formulas in gray shaded cells*** ****Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**93798**		**93668**		**93668**	
3		***RUC Collaboration Website***				Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with		Peripheral arterial disease (PAD) rehabilitation, per session		Peripheral arterial disease (PAD) rehabilitation, per session	
4	**Clinical Activity Code**	**Meeting Date: January 2018** **Tab: 28** **Specialty: SVS, ACC, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**		**XXX**		**XXX**	
7		**TOTAL CLINICAL STAFF TIME**	**L051A**	RN	0.51	**0.0**	**0.0**	**20.0**	**0.0**	**0.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L051A**	RN	0.51	**0.0**	**0.0**	**5.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L051A**	RN	0.51	**0.0**	**0.0**	**15.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L051A**	RN	0.51	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**18.0**	**0.0**	**0.0**	**0.0**	**23.0**	**0.0**
12		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**18.0**	**0.0**	**0.0**	**0.0**	**23.0**	**0.0**
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
15		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 6.66**	**$ -**	**$ 10.20**	**$ -**	**$ 8.51**	**$ -**
16		**PRE-SERVICE PERIOD**									
17		**Start: Following visit when decision for surgery or procedure made**									
18	CA001	Complete pre-service diagnostic and referral forms	L051A	RN	0.51			3			
19	CA002	Coordinate pre-surgery services (including test results)	L051A	RN	0.51						
20	CA003	Schedule space and equipment in facility	L051A	RN	0.51						
21	CA004	Provide pre-service education/obtain consent	L051A	RN	0.51			2			
22	CA005	Complete pre-procedure phone calls and prescription	L051A	RN	0.51						
23	CA006	Confirm availability of prior images/studies	L051A	RN	0.51						
24	CA007	Review patient clinical extant information and questionnaire	L051A	RN	0.51						
25	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L051A	RN	0.51						
32		**End: When patient enters office/facility for surgery/procedure**									
33		**SERVICE PERIOD**									
34		**Start: When patient enters office/facility for surgery/procedure:**									
35		**Pre-Service (of service period)**									
36	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L051A	RN	0.51						
37	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.37	3				3	
38	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37					3	
39	CA011	Provide education/obtain consent	L051A	RN	0.51						
40	CA012	Review requisition, assess for special needs	L051A	RN	0.51						
41	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37					2	
42	CA014	Confirm order, protocol exam	L051A	RN	0.51						
43	CA015	Setup scope (nonfacility setting only)	L051A	RN	0.51						
44	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L051A	RN	0.51						
45	CA017	Sedate/apply anesthesia	L051A	RN	0.51						
52		**Intra-service (of service period)**									
53	CA018	Assist physician or other qualified healthcare professional---directly	L051A	RN	0.51						
54	CA019	Assist physician or other qualified healthcare professional---directly	L051A	RN	0.51						
55	CA020	Assist physician or other qualified healthcare professional---directly	L051A	RN	0.51						
56	CA021	Perform procedure/service---NOT directly related to physician work time	L051A	RN	0.51			15			
57	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37	15				15	
64		**Post-Service (of service period)**									
65	CA022	Monitor patient following procedure/service, multitasking 1:4	L051A	RN	0.51						
66	CA023	Monitor patient following procedure/service, no multitasking	L051A	RN	0.51						
67	CA024	Clean room/equipment by clinical staff	L051A	RN	0.51						
68	CA025	Clean scope	L051A	RN	0.51						
69	CA026	Clean surgical instrument package	L051A	RN	0.51						
70	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L051A	RN	0.51						
71	CA028	Review/read post-procedure x-ray, lab and pathology reports	L051A	RN	0.51						
72	CA029	Check dressings, catheters, wounds	L051A	RN	0.51						
73	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L051A	RN	0.51						
74	CA031	Review examination with interpreting MD/DO	L051A	RN	0.51						
75	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L051A	RN	0.51						
76	CA033	Perform regulatory mandated quality assurance activity (service period)	L051A	RN	0.51						
77	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L051A	RN	0.51						
78	CA035	Review home care instructions, coordinate visits/prescriptions	L051A	RN	0.51						
79	CA036	Discharge day management	L051A	RN	0.51	**n/a**		**n/a**		**n/a**	
86		**End: Patient leaves office**									
87		**POST-SERVICE PERIOD**									
88		**Start: Patient leaves office/facility**									
89	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37						
90	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37						
91		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
92		99211 16 minutes	16								
93		99212 27 minutes	27								
94		99213 36 minutes	36								
95		99214 53 minutes	53								
96		99215 63 minutes	63								
97	CA039	Post-operative visits (total time)	L051A	RN	0.51	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
104		**End: with last office visit before end of global period**									

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ****Please do not modify formulas in gray shaded cells*** ****Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**93798**		**93668**		**93668**	
3		***RUC Collaboration Website***				Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with		Peripheral arterial disease (PAD) rehabilitation, per session		Peripheral arterial disease (PAD) rehabilitation, per session	
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5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**		**XXX**		**XXX**	
7		**TOTAL CLINICAL STAFF TIME**	**L051A**	RN	0.51	**0.0**	**0.0**	**20.0**	**0.0**	**0.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L051A**	RN	0.51	**0.0**	**0.0**	**5.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L051A**	RN	0.51	**0.0**	**0.0**	**15.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L051A**	RN	0.51	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
105	**Medical**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
106		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 0.95**	**$ -**	**$ 1.03**	**$ -**	**$ 0.30**	**$ -**
107	SD053	electrode, ECG (single)	0.09	item		10		3		3	
108	SG039	dressing, 5in x 9in (ABD-Combine)	0.273	item				1		0	
109	SJ053	swab-pad, alcohol	0.013	item				2		2	
110	SK059	paper, recording (per sheet)	0.067	item				1		0	
111	SK068	razor	0.389	item				1		0	
112	SG050	gauze, non-sterile 2in x 2in	0.013	item		2					
113	SK057	paper, laser printing (each sheet)	0.005	item		4					
114		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*									
116	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
117		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 2.27**	**$ -**	**$ 2.27**	**$ -**	**$ 2.27**	**$ -**
118	EQ078	cardiac monitor w-treadmill (12-lead PC-based ECG)	14271.03	Monitoring	0.037871411	60		60		60	
119		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*									